

Greystones Nursing Home Ltd

Greystones Nursing Home

Inspection report

9 Parsons Road
Heaton
Bradford
West Yorkshire
BD9 4DW

Tel: 01274542625

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10 June 2021

24 June 2021

28 June 2021

30 June 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greystones Nursing Home is a residential care home providing personal and nursing care for up to 31 people who are living with dementia or have mental health needs. At the time of the inspection there were 21 people using the service.

People's experience of using this service and what we found

Significant improvements had been made since the last inspection which had resulted in better outcomes for people using the service. Comments included "It's like a second home" and "It's spot on. Number one." One person described the atmosphere as 'happy and bubbly'.

People received person centred care. Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse. Care records detailed information about people's needs and preferences. People's health care and nutritional needs were well managed and they received their medicines when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff to meet people's needs. Recruitment processes ensured staff were suitable to work in the care service. Staff were trained and said they felt well supported in their roles. They had the required skills to meet people's needs.

The service was well run. The provider and manager worked together to ensure improvements were made and sustained. The registered manager promoted good practice and worked alongside the staff supporting them and making sure the quality of care was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 31 December 2020) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 31 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Greystones Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Greystones Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection shortly before carrying out the site visit because we needed to check the arrangements in place for preventing and containing transmission of COVID-19 prior to entering the building. Inspection activity started on 10 June 2021 and ended on 30 June 2021. We visited the service on 10 June 2021. The other dates were spent reviewing information off site.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority commissioners and safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

While on site we spent time with people in the communal areas observing the care and support provided by staff. We spoke with seven people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, nursing, housekeeping and care staff. We also spoke with a volunteer activity co-ordinator.

We reviewed a range of records. This included three people's care records and five people's medicine records. We looked at three staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to recruit staff safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

Staffing and recruitment

- Robust recruitment processes were in place with all checks carried out before staff were employed.
- Three staff had been recruited since the last inspection. Application forms had been completed with employment histories. Criminal record checks and two references had been obtained. Interview records were in place.
- A recruitment file was in place for a self-employed person who worked at the service on a regular basis and full checks had been completed. This was good practice.

At our last inspection we found staffing levels were not appropriately managed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs and keep them safe.
- People said there were always staff around if they needed them. Our observations confirmed this and showed staff were available and responsive to people.
- The provider had implemented a staffing tool which calculated staffing levels according to people's dependencies. The tool showed these levels were being met and at times exceeded.
- Duty rotas had improved and now included all staff working in the home. Domestic hours had been arranged to ensure weekend cover.
- Staff said there were always enough staff on shift and the staffing arrangements worked well. One staff member said, "We have enough time and we can spend quality time with people. Yes, there's definitely enough staff."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Detailed risk assessments were in place which assessed the levels of risk, such as nutrition and mobility,

and recorded how people should be supported safely. Assessments were reviewed at least monthly.

- Safety was promoted. People attended an activity session and were encouraged to wear masks. The volunteer who co-ordinated the session chatted about COVID-19 and keeping safe, which was well received.
- Checks had been carried out to ensure the premises and equipment were safe.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to protect people from the risk of abuse and harm.
- People told us they felt safe. One person said they felt safe because the staff were looking after them.
- Staff had completed safeguarding training and understood their responsibility to report concerns. They were confident any issues would be dealt with appropriately.
- Where safeguarding incidents had occurred, action had been taken to make sure people were safe. Referrals had been made to the local authority safeguarding team and notified to CQC.

Using medicines safely

- Medicines were managed safely.
- People said they received their medicines when they needed them.
- Medicines were ordered, stored, administered and disposed of safely.
- Medicines administration records were well completed. Nurses completed daily audits to ensure people had received their medicines and to check records were filled in correctly.
- Staff administering medicines had received training and had their competency assessed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Effective systems were in place to make improvements and share lessons learned when things went wrong.
- Accident, incident and falls analysis had improved; trends and themes were identified and action was taken to mitigate risks and prevent a recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service. Due to COVID-19 information had been gathered through phone calls with the person, relatives and relevant health and social care professionals rather than through face to face meetings.
- The assessment was used to develop care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they required to fulfil their roles.
- People said the staff were well trained and described them as 'very professional'.
- The training matrix showed staff training was kept up to date and staff were receiving regular supervision. Additional dementia care training was planned for August 2021.
- Staff said they had recently completed their mandatory training and felt well supported in their role. One member of staff said, "It's definitely a happy team, communication is good. We get on really well."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met.
- People told us they enjoyed the food and said there was plenty of choice. Comments included; "The food's always good. This morning I had bacon, eggs, tomatoes...it was delicious" and "They [the cook] make a beautiful chicken curry."
- A variety of snacks and drinks were available and offered to people throughout the day.
- Menus were displayed and changed weekly offering a range of different foods. Menus highlighted dietary content. For example, suitable for diabetics and gluten free. The cook was adaptable often making individual meals on request.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access the healthcare support they needed.
- People's care records confirmed the involvement of other professionals in providing care such as the mental health team, social workers, physiotherapist and tissue viability nurse.
- People were registered with a community dentist and received regular check-ups.
- The GP surgery was in contact with the service on a weekly basis to review, advise and respond to any changes in people's health care needs. The service had been working alongside the surgery in trialling a new

comprehensive telehealth examination system.

Adapting service, design, decoration to meet people's needs

- An extensive refurbishment plan was underway. The lounge had been redecorated and refurbished and the dining room was being redesigned to provide a better dining experience for people. A new shower room had been installed.
- Some bedrooms had been redecorated and the provider was committed to ensuring empty rooms were redecorated and/or refurbished before people moved in.
- A landscaping company had been brought in to manage the gardens and maintain them on a monthly basis, so people could access and enjoy the grounds safely.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked the capacity to make their own choices and decisions, capacity assessments and best interest decisions were completed.
- Staff understood when DoLS were required and under what circumstances. Effective systems were in place to monitor DoLS applications submitted to the local authority and ensured any conditions were met.
- Staff said people were encouraged to make choices about their care. For example, one person had discussed their wishes with staff and their advocate, and these were recorded in their care plan.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's needs were identified and met. Care planning focussed on people's abilities and the support required to achieve their goals. For example, one person talked about specific plans which helped them manage their condition. Their care plan clearly reflected the support the person described.
- People told us they were happy with the support they received and praised the staff. Comments included: "A lot of them have been here years, so they're really good", "Smashing [living here] I can't put my finger on it, nice staff" and "To sum it up, I'm really happy here."
- Staff said the electronic care recording system worked well and since the last inspection care plans had evolved and were more focused on people's individual needs and preferences. Staff were confident people received good individualised care. One member of staff said, "We centre it on the person, it is not categorised."
- People's communication needs were identified and met. Everyone had a communication plan which outlined their preferred communication methods taking into account any sensory loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Personalised activities were arranged with people in response to their interests and preferences.
- A volunteer organised activities with people who were encouraged to choose what they wanted to do. We saw people were engaged and happy to see the volunteer and enjoyed the activities, particularly discussing and planning the sweepstake for Euro 2020.
- People were comfortable with staff and relaxed in their environment. People decided where they wanted to spend their time, for example, which communal area they used, when to go outside or to their room.
- People were supported to go out safely during the pandemic to visit the local park and had take-out drinks from the cafe. More recently people had enjoyed minibus trips to local beauty spots where they had a picnic. A trip to Blackpool was planned for when COVID-19 restrictions were lifted.
- Links had been forged with the local community including a local academy school who were working with people in the service and sharing arts and crafts resources.

Improving care quality in response to complaints or concerns

- Effective systems were in place to manage complaints. No complaints had been received since the last inspection.
- People knew how to raise any concerns and felt confident in doing so.

End of life care and support

- The service encouraged people to consider their preferences and wishes for end of life care. However, staff respected the person's choice if this was not a matter they were ready to discuss and kept this decision under review.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Significant improvements had been made since the last inspection, all regulatory breaches had been met and the service was well run and organised with strong and effective leadership.
- The provider and registered manager worked together in promoting an open and inclusive culture which focussed on making life as good as possible for the people using the service.
- People looked happier, they were relaxed and engaging with staff and were comfortable in the environment. They said the service was well managed and praised both the provider and registered manager. Comments included; "[The registered manager's] really good, she's a kind person"; "It's a nice place to live" and "The owner and their [relative] are really kind and nice, they'll do anything for you. They go the extra mile for you."
- Staff were clear about their roles and understood their responsibilities. They provided positive feedback about the management of the service. One staff member said, "It is much improved for people here, much better." Another staff member said, "Yes it has improved. Management have taken on board what went wrong. They sat down, did an action plan and addressed issues with staffing, they have done some refurbishment and involved the residents. People like it."
- The registered manager was actively involved in people's care and worked alongside staff providing support and guidance to ensure good standards of care were maintained. One staff member said, "She is very approachable, and will go through things if you have a query. She is a bubbly character."
- Quality assurance systems had improved. Regular audits were carried out and any issues identified had been addressed.
- Provider oversight and monitoring had improved. Audit reports were detailed and comprehensive, identifying actions and ensuring these had been completed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were involved in discussions about the running of the service and encouraged

to share their views.

- Monthly residents meeting minutes showed people were asked their views and involved in decision making.
- Staff confirmed they attended regular meetings and were asked to put forward ideas and suggestions. Staff meeting minutes showed discussions reviewed where things were going well and what needed to improve.
- Since the last inspection satisfaction surveys had been sent out to health and social care professionals who were involved with the service. Feedback was positive.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.

Continuous learning and improving care

- The registered manager promoted best practice. For example, care plans included links to the national institute for health and care excellence (NICE) guidance so staff could easily access current best practice guidance.
- One staff member participated in an oral mentorship programme with the improvement senior dental nurse at Bradford District Care NHS Foundation Trust. They are now the oral health champion in the service providing support and guidance to people and staff.
- Case studies demonstrated lessons learned and showed what actions had been taken to make improvements.
- The registered manager was enthusiastic, knowledgeable and drove improvement. One staff member said, "The service continues to improve and there is more to come. [Registered manager] is nice with everybody."