

Geraint House Limited

Geraint House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Geraint House is a residential care service providing personal care and accommodation to people with mental health needs. At the time of inspection the service was providing personal care to 11 people.

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

Quality assurance systems were in place to monitor the quality of care and support people experienced. However, processes to improve the service through actions identified were not always evidenced as being carried out.

Staff went through a recruitment process to ensure the provider only employed suitable staff, though this was not sufficiently robust for one member of staff.

Not all staff had received training to provide them with the knowledge and skills to do their job well and effectively meet people's needs.

People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Care plans provided guidance for staff to follow, though not all staff had read the care plans. Risk assessments provided staff with guidance and information which reduced risks for people.

People received their medicines as prescribed and they were protected from the risk of infections through staff working practices. There were enough staff to meet people's needs.

People were provided with care and support which ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity, and supported people to be independent.

People were involved and consulted when deciding how support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received help to maintain their health and wellbeing.

People knew how to raise any concerns or make a complaint. The provider had a system in place to respond to complaints appropriately. The complaints policy provided information about how these would be

managed and responded to.

People and staff spoke positively about the management and leadership of the service. They said staff were very friendly and caring, and they had built good relationships with them.

The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection

This was the first inspection of the service under a new provider.

Why we inspected

This was a planned inspection.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well Led findings below.

Requires Improvement ●

Geraint House

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a residential home. It provides personal care and accommodation to people with mental health needs, people with substance misuse issues and younger adults.

The service had a manager who was registered with the Care Quality Commission. This means 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

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. This included notifications. We sought feedback from the local authority. 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

We spoke with six people who lived in the service about their experience of the care provided. We also spoke with two members of care staff, the registered manager and the assistant manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Prospective staff member's suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. However, there was no evidence of a risk assessment for past relevant activity being in place at the time DBS was received. The assistant manager said that a risk assessment had been carried out, but this had been misplaced, and immediately completed a new one. The risk assessment was not robust. This meant people had not been comprehensively protected against the risk of unsuitable staff providing care to them.
- References had been requested and received so the provider was aware of employees' performance and conduct in previous roles.

Assessing risk, safety monitoring and management.

- An assessment of all aspects of health and safety of the premises had been carried out. This included plans to evacuate people safely in the event of fire. Fire checks were in place including holding fire drills. There were individual personal evacuation plans in place.
- The management team had assessed individual risks to people's safety. Information and guidance was in place for staff to follow if action needed to be taken to reduce these risks. For example, a risk assessment was in place for a risk of self-harm.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to manage situations if someone was distressed.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe and secure with staff. A person said, "Staff always look out for us."
- Staff members knew how to recognise signs of abuse and what action to take, including referring any incidents to a relevant outside agency if needed. Staff had received safeguarding training.
- A whistleblowing procedure was in place for staff to report concerns to outside agencies if they were not confident management would deal with the incident properly.

Using medicines safely

- People said staff always gave them their medicines. Records showed people had received their medicines at prescribed times. We saw staff supplying people with medicine. This was carried out correctly with the staff member staying with the person until they had taken the medicine.
- Medicines were kept safely. Temperatures for storing medicines in the medicine room were monitored to ensure medicine was effective to use.
- A medicine spot check confirmed medicine was supplied to people as prescribed.

Preventing and controlling infection

- The premises were clean. Staff cleaned the dining room immediately after people had used it.
- Staff were aware of the need to use protective equipment such as gloves and aprons when supporting people with personal care.
- Staff received infection control training. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

Learning lessons when things go wrong

- The assistant manager was aware of the need to learn lessons if situations went wrong.
- Lessons were learnt so staff knew how to safeguard people and manage distressed behaviour.

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 this inspection this key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs were assessed prior to admission to ensure they received the right support. This included their cultural and religious needs.
- Staff we spoke with said management asked them to read care plans, which helped them to provide care that met people's needs, though this did not apply to new staff employed in the past seven months. This meant there was a risk that new staff would not be able to meet people's needs effectively.
- Staff we spoke with received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People said they thought staff had been well trained to support them. One person said; "Staff help when I need them. They know how to help me."
- People were supported by experienced staff who had received relevant training. However, new staff had not received comprehensive training.
- New staff had not received an induction or training in relevant areas such as health and safety or safeguarding. New staff did not receive opportunities to review their individual support and development needs in direct supervision or appraisal sessions. The registered manager said training and support to new staff would be quickly addressed.

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

- People generally said they were happy with the facilities in the service and they liked their bedrooms.
- People were able to personalise their rooms with their own belongings.
- Many doors in the home were squeaky, which could cause a noise nuisance and upset people. The registered manager said this issue would be attended to.
- The garden was overgrown and looked unappealing. The assistant manager said some building works had just completed which was the reason for this situation. The registered manager said this was due to be attended to shortly.

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

- People said they liked the food provided. One person said; "I like the food. It is fantastic. We always get a choice." People were provided with food of their choice after staff asked them what they wanted.
- Staff had information about people's needs to ensure food was safe for people to eat and drink. Other drinks and snacks were available to people to ensure they were not hungry or did not become dehydrated.
- Staff were aware of people's dietary requirements, such as catering for people with diabetes. People said

the food respected their cultural choices.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on their health and social needs and the support required to maintain these. For example, information was included about working with community psychiatric nurses and social workers.
- If people had an accident staff knew they had to call the emergency services to obtain healthcare. A person said staff had done this for them when they had an accident.

Supporting people to live healthier lives, access healthcare services and support

- People said if they needed to see a doctor, this was arranged. Some people were able to go to the surgery themselves, with or without staff assistance. People said staff helped them with their health. One person said; "Staff help us go to appointments. It means we don't miss any."
- People's health and wellbeing were supported by staff. Records showed this happened as there was contact with a range of professionals such as specialist nurses, GPs and consultants.
- People confirmed staff encouraged them to go to the dentist and to brush their teeth. A staff member explained how people were encouraged to maintain their oral hygiene. This information was included in people's care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We found this to be the case.

- Staff were trained to understand the MCA. Authorisations had been obtained from the DoLS team to show this was being done lawfully.
- People said they were asked for their permission before being provided with support from staff.
- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.
- Staff were aware of what the MCA was for.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were friendly and caring. One person said, "Staff are brilliant. They could not be better." Another person said, "Staff always help us when we need them." People said they were treated fairly. Observed conversations between staff and people were relaxed, friendly and positive. One person said staff sometimes told people off. The registered manager said she was not aware of this but would follow up with staff to ensure they always spoke with people in a friendly manner.
- The service statement of purpose included a statement of rights including the right to be treated in a respectful and dignified way. People said that they could go to places of worship if they wanted. People's sexuality was positively considered in care plans to ensure people were treated with dignity.

Supporting people to express their views and be involved in making decisions about their care

- People said they were involved in care planning. A person said, "I have a key worker and I can go to them if I need any help."
- People said the management team checked they were satisfied with the service they received. For example, in residents' meetings people were asked about what food they wanted and what activities they wanted to do.
- Reviews of people's care had taken place. People confirmed they had been consulted about whether care provided still met their needs. They had signed to agree to their care plans.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected people's privacy and dignity. One person said, "Staff always knock. They don't barge in."
- People said they were able to make lifestyle choices such as when to get up, involvement in activities and food and drinks choices. Care plans had information about people's preferences. People said they could do things when they wanted to. One person said; "I go out and do some shopping when I want."
- People said staff supported and promoted their independence in areas such as meal preparation and doing their own laundry.
- People said staff respected their beliefs, for example if they wanted to pray. One person said, "I can go to church. This has never been a problem."

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as 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

- People said they were happy with the care provided. One person said, "I know I can get help from staff when I need it."
- Staff responded to people's needs. For example, during the inspection we saw a person was reminded to lift their cup up so they did not spill their hot drink on themselves.
- People said there were enough staff to provide care when they needed it.
- Care plans had information about people's preferences and this covered their life histories and likes and dislikes. This meant staff had detailed information to assist them to meet people's individual needs. Staff members were aware of people's important routines.

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.

- The service identified people's information and communication needs by assessing them.
- The assistant manager said only one person needed alternative methods of information. We saw this information, which had been tailored to their needs.
- The assistant manager said that other formats, such as large print and translating information into people's first languages, could be provided if this was needed.

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.

- Care plans contained information about what they enjoyed doing.
- People were able to take part in a variety of activities. These included games, walks, watching films, a daily coffee morning shopping and going out to activities in the community, such as arts groups and social groups. Staff said people were offered activities but they often refused to take part. People confirmed this was the case. □
- Links with family, friends and the local community were promoted. People said that if there were visitors they were welcomed by staff.

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint. No one said they had any complaints. People were confident the management team would sort out issues if they arose. This gave reassurance that swift action

would be taken if needed.

- There was a complaint policy and procedure in the service user's guide. The procedure for complainants included information about referral to outside bodies if they were not satisfied with the provider's investigation.
- Two minor complaints had been made. These had been followed up appropriately.

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 this inspection this key question was rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to share their views about the service through surveys provided to them and in residents meetings. However, there was no evidence people's suggestions had been acted on such as the standard of décor. Staff did not receive a survey to put forward comments about whether improvements were needed. The registered manager said these issues would be followed up.
- People said they were happy living in the home. One person said, "I think this is the best place I have been in. Staff really care for us."
- Staff were supported to share their views about people's care directly with the assistant manager, and in staff meetings. They said they felt confident they could always raise any issues and ideas to further improve the service.
- Management staff promoted positive team working. One staff member told us, "We are like a family here and [name of assistant manager] always helps out when needed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The assistant manager was delegated to carry out management tasks but there had been no training provided to support them to do this properly. The registered manager said this issue would be followed up and resolved.
- Quality audits were carried out to drive improvement of the service. Some audits had not been carried out such as staff training and supervision, staffing levels and staff recruitment. This had resulted in staff being employed without all the necessary recruitment checks in place, staff training not being provided to new staff, and not all staff being supported with regular supervision. The registered manager said these systems would be reviewed and followed up.
- A manager was registered with the Care Quality Commission (CQC). The management team were clear about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who took pride in providing care and support for the people using the service. Staff said there was good teamwork and all staff worked together to provide a good quality service to people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People said individual care was provided around their needs and preferences.
- The management team worked closely with healthcare professionals to improve people's health.
- The registered manager and assistant manager understood their duty of candour responsibility, to apologise and explain to people and their representatives if things went wrong.

Continuous learning and improving care

- There were reviews of people's needs to ensure the care provided was appropriate and people were provided with the care they needed.
- Staff meeting minutes showed different issues were discussed each month to remind staff about important issues such as training, safeguarding people and infection control.

Working in partnership with others

- The service worked with a range of health and social care professionals.
- People were supported to use local services if they wanted to such as drop in community groups.