

The Poppies Care Home Limited

Gresham Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 10 August 2017, and was unannounced. This was the first inspection of this provider following a change to their company name.

The service is registered to provide accommodation for up to 21 people. On the day of our inspection there were 20 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, there are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibility to safeguard people from harm and abuse. Risks to people's health and wellbeing were identified and understood by staff. People were supported to live their lives even if risks were present. Sufficient staff were provided with the right skills and knowledge to support people. Recruitment processes were robust, this helped to protect people from staff who may not be suitable to work in the care industry. Staff undertook training to manage medicine's safely.

Training was provided for staff to ensure they had the skills required to support people. New staff shadowed experienced staff until they were competent in their role. Staff received supervision and appraisals, which allowed discussion to be held about training or performance issues.

People's rights were protected and staff advised and supported people to make informed decisions for themselves. The registered manager and staff were aware of their responsibilities in regard to the Mental Capacity Act 2005.

People were supported appropriately to eat and drink to help maintain their nutritional intake. Staff reported any concerns to relevant health care professionals. People nutritional needs were met.

Staff supported people with kindness and compassion. People's privacy and dignity was maintained. Care records were monitored and reviewed regularly or as people's needs changed, which helped to maintain people's wellbeing. Confidential information was held securely. Information about advocacy services was provided to people. End of life care was provided.

A complaints procedure was in place. People at the service told us they had no complaints to raise and they were satisfied with the service they received.

Staff understood the management system in place and understood their roles and responsibilities. There was an 'on call' system in place outside of office hours. This allowed people, their relatives or staff to gain help and advice, at any time. Quality assurance checks occurred to monitor the service and identify any

areas for improvement. People's views were sought and were acted upon.

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.

People were protected from abuse and avoidable harm.

Staff knew about the potential risks present to people's health and wellbeing. If accidents or incidents occurred they were investigated and action was taken to prevent future re-occurrence.

There were enough suitably trained staff provided to meet people's needs.

Medicine management systems were in place and staff received appropriate training.

Recruitment at the service was robust.

Is the service effective?

Good ●

The service was effective. Staff monitored people's health and wellbeing.

Staff were provided with training to maintain and develop their skills.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully. This helped to protect people's rights.

People nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with care, compassion, dignity and respect.

Staff listened to and acted upon what people said.

There was a welcoming atmosphere at the service.

Is the service responsive?

Good ●

The service was responsive.

People's individual likes, dislikes and preferences for their care were recorded and respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff supported people to participate in activities in the service and in the community.

A complaints procedure was in place, which informed people about how to raise issues.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service they received and their views were sought.

The service was monitored, when shortfalls were found action was taken to maintain or improve the service.

The registered manager reported accidents and other notifiable incidents that occurred to the Commission.

Gresham Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 August 2017, and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission [CQC] had received. This helped inform us and assisted us to make a judgement about the level of risk present at the service. We also considered information received from the local authorities safeguarding and commissioning teams.

Some people at the service were living with dementia and could not tell us about their experiences. We used a number of different methods to help us understand the experiences of people including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported well by staff and provided us with evidence that the staff understood people's individual needs and preferences.

During our visits we undertook a tour of the building. We used observation to see how people were cared for whilst they were present in communal areas. We watched lunch being served and observed part of a medicine round. We spoke with the registered manager, deputy manager and with four staff. We looked at the care records for three people, which included care plans, risk assessments and medicine administration records and records made by staff supporting people.

We looked at records relating to the management of the service, quality assurance documentation and audits, policies and procedures and complaints information. We inspected staff rotas, three staff files and

staff training and supervision records. Information relating to staff recruitment was also inspected.

Is the service safe?

Our findings

People we spoke with told us they were safe living at the service. One person said, "Yes, I'm okay here. I feel safe." Another person said, "Oh yes, I'm comfortable here. I can relax. I know that it's a good place." People confirmed there was enough staff to support them. Relatives we spoke with said their relatives were safe living at the service and they could leave after visiting without having to worry. One relative said, "Dad is safe here."

Staff we spoke with understood their responsibilities to report potential abuse or harm straight away. We found there was a safeguarding and whistleblowing (reporting issues) policy and procedure in place. Staff confirmed they would report issues to the registered manager who would inform the local authority and the Care Quality Commission immediately. Staff were aware of the different types of abuse that may occur. We looked at the staff's training records; they confirmed safeguarding training was completed regularly. A member of staff said, "I would raise any safeguarding issues with the management team straight away. We have a whistle blowing policy to follow."

People's risk assessments contained information about how staff monitored their health to reduce risks to people's wellbeing. For example risks such as the risk of falls, gaining pressure damage due to immobility or the risk of choking had been identified for certain people. Staff we spoke with were aware of these risks and they monitored each person to reduce or prevent harm. People's risk assessments were reviewed and updated regularly to make sure they reflected their full and current needs. Special equipment, for example walking aids and special mattresses was provided when people were assessed as requiring this to maintain their health and wellbeing.

The registered manager and provider monitored the building, facilities and equipment to help maintain people's safety. We saw there was a business continuity plan in place. This stated how the service was to be provided or maintained in the event of an emergency, such as a power cut, fire or flood. There was a programme of maintenance and servicing in place. Checks occurred regarding the fire alarm system, emergency lighting, gas, water and electricity, as necessary. People had personal emergency evacuation plans (PEEP's) in place, which detailed the help and support they required in an emergency. This helped to maintain people's health and safety.

We found staff were observant and monitored people in communal areas of the service and in their bedrooms to make sure they were safe. Staff we spoke with were aware of the risks present to people's health and wellbeing, for example; the risk of falls or choking. We saw people had risk assessments in place to inform staff and help them monitor people's wellbeing.

We saw people in their rooms, either asleep or awake, in their bed or chair, had their call bells within easy reach and staff attended promptly when people wanted help. One person we spoke with said, "Staff are always about. I leave my door open so that I'm not lonely. They pop in to bring me tea or to see if I'm alright."

We observed there was a sufficient number of suitably trained staff to meet people's needs. A dependency tool was used by the registered manager to help them provide enough staff to take care of people. Staffing levels were reviewed and the registered manager told us they could be increased when people's needs changed or for outings or hospital appointments. We were informed the staff at the service worked as a team and covered colleagues sickness and absence, which helped to provide continuity of care to people.

The registered manager monitored accidents and incidents that occurred and looked for any patterns or themes. We saw corrective action was taken as necessary; this included gaining help and advice from relevant health care professions to help prevent any further re-occurrence. For example staff gained advice from occupational therapists or physiotherapists if people were falling.

We looked at how medicines were ordered, stored, administered and returned. Medicine policies and procedures were in place. Staff received training about how to deal with medicines safely. We observed a member of staff giving people some medicine; we saw they were competent and proficient. They administered medicines as prescribed and stayed with people until their medicine was taken, before recording this on the medication administration record (MAR). People's MAR's had photographs present and vital information, such as allergies recorded. This helped to minimise potential errors or risk. Medicines were stored in line with manufacturer's guidelines. We found one missing signature on the MAR's we looked at this was dealt with straightaway. The person had received their medicine so this omission had no impact on their wellbeing.

We looked at how staff were recruited and found these systems to be robust. We saw the provider's recruitment policy was followed. Potential staff filled in an application form, attended an interview, references were gained and a Disclosure and Barring Service (DBS) check was undertaken. This helped to ensure staff were suitable to work in the care industry. New staff had a period of induction to complete, they shadowed more experienced care staff to make sure they could deliver safe care to people living at the service.

Is the service effective?

Our findings

People told us they were supported by staff who knew what they were doing. They confirmed staff gained their consent before providing care and support to them. One person we spoke with said, "Staff ask me before doing anything." Another said, "They ask me if I want assistance."

During our visit we looked at staff training records. They confirmed staff completed training in a variety of subjects to develop their skills and knowledge for example; first aid, food safety, health and safety, fire prevention, safeguarding, dementia awareness, infection control, The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, moving and transferring people and nutrition. We saw when training was due to be updated it was highlighted and the staff were informed to ensure their skills remained up to date. Staff told us there was a lot of training provided and this helped them to deliver effective care for people. One member of staff said, "We undertake yearly mandatory training. I like finding out about things."

We saw staff were provided with regular supervisions from the registered manager. Discussions were held regarding any issues, best practice or further training needs. One member of staff said, "I have supervision and I have had an appraisal." Yearly appraisals took place, the registered manager discussed with staff their performance and development needs. Staff we spoke with said this was helpful.

We observed during our visit staff spoke with people and gained their consent before providing care and support. People's capacity to consent to their care was assessed and the outcome of this was recorded. When people lacked the capacity to make informed decisions for themselves we saw best interest meetings took place. People's relatives or relevant healthcare professionals provided information and were involved in these meetings, which helped to protect people's rights.

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. Staff supported people in line with the principles of the MCA.

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. The application procedures for this in care homes are 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 were being met. The registered manager informed us four people had DoLS in place and four applications had been made to the local authority, for their consideration.

We saw in people's care plans, information was provided for staff about the action they must take if people displayed behaviour that may challenge the service and others. People's care records described signs or triggers that people may display when getting upset. Information about techniques or distractions to be used by staff to help reduce people's anxiety was recorded. We observed staff using distraction and

reminiscence techniques successfully to help calm people. A member of staff told us, "We have mental capacity assessments in place, care plans and best interest meetings. Family members give us ideas and help us understand people."

During our visit we spoke with the chef. They informed us about people's special dietary needs including if food or drink had to be a certain texture or thickness. We saw the food provided was home cooked and included home baking. All the staff we spoke with were knowledgeable about people's dietary needs. People told us the food was good. One person said, "The food is good. I have no complaints. I get enough to eat."

The dining room was set with cloths, cutlery and napkins and flowers on the tables. It was well presented and inviting with background music playing. We observed lunch, food served looked appetising and nutritious. Lunch was a sociable occasion. People could choose where to eat, either in their bedroom, dining room or lounge. We observed staff assisted and prompted people to eat and drink with patience and kindness. Drinks and snacks were offered throughout the day. Drinks were provided in people's bedrooms and in communal areas. People we spoke with told us they were given choices of things to eat and drink and they confirmed if they did not like something alternatives were offered. We observed staff and a relative reminding people to drink.

We saw people's food and fluid intake was recorded if staff had concerns about people's dietary intake. Staff contacted relevant health care professionals, for example GP's, dieticians or speech and language therapists for help and advice to ensure people's dietary needs were met.

The service is a house with a modern extension at the back of the property. Bedrooms were located mainly on the ground floor, some had en-suite and some rooms had access to the patio and gardens. Rooms were numbered and people's names were present. Memory boxes [for personal items, such as photographs] were present to help people living with dementia find their room. Signage was present to help people locate bathrooms and toilets. Memorabilia and nostalgia posters were displayed to aid reminiscence. The communal areas were located on the ground floor. The provider told us there were plans in place to develop a sensory garden and to re-furbish the greenhouse. This project was about to commence with assistance from a local group in the community. We found the garden was pleasant and secure.

Is the service caring?

Our findings

People we spoke with told us they were well cared for by the staff. We received the following comments; "They [staff] are worth their weight in gold", "The staff are beautiful", "They come in and have a chat", "They [staff] are easy to get on with", "The staff are spot on" and "The staff are good." Relatives and visitors told us the staff were caring and praised the staff. One relative said, "I know dad is in good hands." Another said, "The staff are lovely, some are champion." People told us there was a welcoming atmosphere at the service.

We observed staff treating people with care and compassion and spoke with them in a considerate manner. We saw staff spent meaningful time with people on a one to one basis. We observed friendly banter between both parties. People told us they were treated with dignity and respect and staff understood their preferences for their care and support. This helped people to feel well cared for.

During the inspection we staff monitored people's wellbeing and people were encouraged to maintain their independence. For example, one person was unsteady on their feet, staff immediately attended to give support whilst encouraging them to walk a short distance to help keep them mobile. The person was pleased they had achieved this and thanked the staff for the caring way they had assisted, they said, "That is kind of you." We saw another person show a member of staff something they were worried about on their hand. A member of staff sat beside them, listened and looked at their hand. After some conversation the person was reassured and appeared less apprehensive. We saw staff assisted people with the minimum of fuss and at their pace.

We saw information was provided with people and their relatives about what the service could offer them. Leaflets about advocacy services were provided to people so they could choose to have assistance to raise their views, if required.

We observed staff took their time and gained good eye contact when speaking with people, especially those living with dementia. Staff repeated or re-phrased questions or information to help people understand what was being said and waited for a response. We saw staff reassured people by using appropriate touch, and body language, such as smiling.

We found staff were knowledgeable about people's family lives. We saw when staff spoke with people about their family they became animated, especially when speaking about special occasions such as weddings and births. Staff told us they loved speaking with people about their life because it helped them build relationships with people and enhanced their wellbeing.

All the staff we spoke with told us they enjoyed caring for the people living at the service. Staff told us they treated people as individuals and maintained their privacy and dignity by closing bedroom curtains and doors before providing personal care. A member of staff said, "There are lovely people here and staff who are loyal and caring."

We saw people's records were held securely. Information held in the office on computers was password

protected and documentation was stored in lockable facilities to maintain data protection. There was a confidentiality policy in place. This helped to maintain data protection.

End of life care was provided at the service. Staff we spoke with told us they supported the people they cared for and their family at this time.

Is the service responsive?

Our findings

People we spoke with told us staff understood their needs and they chose how to spend their time. We received the following comments; "They [staff] know what they're doing", "Most staff know my needs," "I have my tablets on time" and, "Staff are not on the doorstep, but if I needed they would help me."

Relatives said their relations needs were met by responsive staff and they were kept informed. We received the following comments; "I am kept informed [by staff]", "I check the book [care records containing monitoring charts regarding fluids and other personal daily information] when I come in, so that I can see what's going on" and "I have met up with staff to talk about my relatives end of life plan."

We found an assessment occurred before people were offered a place at the service. People and their representatives were able to ask questions and find out what the service could offer them. Information gained from people along with hospital discharge letters and local authority care plans helped staff understand people's needs. Individual care plans and risk assessments were created using this information and these were reviewed and updated over time and as people's needs changed. Other information such as important memories, life and work histories and preferences for people's care and support was recorded in people's care records. This enabled staff to provide personalised care in line with people's needs and preferences. We saw staff involved people in decisions about their care and support to promote their independent living skills.

During our visit we spoke with a visiting health care professional. They told us staff were responsive to people's needs and said they were contacted for help and advice to maintain or improve people's wellbeing. They said, "Staff get in touch if they are worried, this is done timely and they follow my instructions. Staff understand people's conditions and know what they are doing." We found people were supported by GP's, hospital consultants, chiropodist, dentists, district nurses and occupational therapists to maintain their health.

Staff were observant and they supported people appropriately if they were distressed or uncomfortable. We observed one person was engaged in doll therapy, [Doll therapy is a recognised way help to alleviate distress for some people living with dementia] which helped them to relax. We also observed one resident who choose to stay in their room was not left on their own. Staff checked on this person and others who were in their room on a regular basis. One person said, "Staff are always about. I leave my door open so that I'm not lonely. They pop in to bring me tea or to see if I'm alright." This helped to reduce social isolation.

Activities were provided by staff for people. Staff understood people's preferences and hobbies. For example, one person who was a cricket fan was unable to get out of bed; staff ensured they switched on the radio from them to listen to the cricket commentary. We observed the Daily Telegraph [newspaper] had been requested and was available for people to read. A good variety of books were provided including novels, poetry, the bible and puzzles which helped to make sure people's interests were covered. We saw board games where out for easy use. Outings occurred these included; trips to Cleethorpes or the theatre, local church events and attending a local sports day. We saw staff manicuring people's nails, sitting to

reminisce with them and undertaking a quiz. Staff spent meaningful time with people on a one to one basis. Computer games were also provided. One person we spoke with said, "There's always something going on." People we spoke with told us they enjoyed the activities provided. Visitors told us they could come and go as they pleased but they tended to avoid mealtimes.

There was a complaints policy in place that was displayed. This informed people how complaints would be dealt with and the timeframe for the response. The registered manager told us any issues were quickly acted upon to make sure people remained happy with the service they received. People we spoke with told us they had no complaints to raise. One person said, "I have no complaints. I would be able to voice my opinion, if necessary." We saw compliments had been received, this included 'Thank you cards' which were displayed for people, relatives, visitors and staff to read.

Is the service well-led?

Our findings

People we spoke with told us they were happy with how the service ran and said the service was well-led. One person we spoke with said, "It [the service] is well run." Another said, "I am happy here." Relatives told us they had no concerns about how the service was run and said the registered manager and provider were approachable. One relative told us, "I like this place. It is small and I like small care homes. People here get attention. It is as homely as it can be. I am invited to meetings, I go. I am able to raise my views."

The service had an experienced registered manager in place. They were aware of their responsibilities to report accidents, incidents and other notifiable events that occurred to the Care Quality Commission. The registered manager continually monitored the service along with the provider. There was an open and transparent ethos in place.

The registered manager was supported by a deputy and senior staff, along with the provider. This made up the management team. People we spoke with, their relatives and the staff confirmed they could speak with the management team at any time. The registered manager told us there was an 'open door' policy in place and they welcomed any feedback they received. Staff said they were able to contact the registered manager, deputy or provider for help and advice out of hours. This helped staff dealt with any issues and helped them to feel supported. One member of staff said, "We can raise issues at any time."

We found a series of audits and checks were carried out by the management team. Areas that were audited included; people's care records, medicine management, infection control, call bells, moving and handling equipment and the environment. This helped to maintain standards and ensure the home remained a pleasant place for people to live. The registered manager reviewed the service in relation to areas such as; accidents and incidents, skin integrity, weight loss and Deprivation of Liberty Safeguards. This information was also monitored by the provider to ensure potential issues were corrected immediately to rectify any shortfalls found.

The provider had a range of policies and procedures in place. These informed the staff about what was expected from them and how the service was to be run. They were reviewed by the management team to make sure they were kept up to date.

We saw questionnaires were completed by people who used the service, relatives and staff on a regular basis to gain their views. We looked at the results gained. We saw, for example the questionnaire about daily living completed by people was positive. One person had commented, "The staff are very approachable and respond promptly to my concerns." The management team told us feedback received from any of the questionnaires was assessed by the management team and used to maintain or improve the standards of service provided.

We saw people were encouraged to make comments and suggestions to staff or by using a comments box. There was also a 'Niggles and grumbles' book for feedback. Resident and relatives meetings were also held to gain people's views. We looked at the minutes from the last meeting; they covered areas such as the food

provided, suggestions for outings and the new residents guide. People were also asked if they wished to raise any issues. Minutes of the meeting were produced and were displayed for people to read.

Staff meetings occurred. Staff told us they could speak about anything that they wanted to raise with the management team. One member of staff said, "We have regular staff meetings, there is one at the end of the month." Minutes of the staff meeting were produced so staff who could not attend were kept informed.

We found staff allocated as 'champions' in certain areas, for example there was a dignity and safeguarding champion. These staff helped promote their subjects to staff and they monitored the service to see where improvements could be made.

During our visit we spoke with the provider. They told us they wanted to continually improve the service. They said, "We want to continue to develop the service. We are a family run and family orientated home and we want to maintain and develop this. It is important to us."