

Ewood Residential Homes Limited

Grey Gables Residential Home

Inspection report

Grey Gables
1 Lodges Grove, Bare
Morecambe
Lancashire
LA4 6HE

Tel: 01524923225

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02 October 2019

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30 October 2019

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

About The service

Grey Gables is a residential home situated in an area of Bare near Morecambe. The building is a large detached property with wheelchair access and parking available. The home is registered for 16 older people. At the time of the inspection 15 people lived at Grey Gables.

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

People were protected from the risk of abuse and kept safe by staff who were trained to protect them. The management team recorded and audited any incidents and accidents and learnt from them. Staff continued to be recruited safely and sufficient numbers of staff supported people to live an independent life as possible whilst living with dementia. Medicines were managed safely by trained staff. Infection control systems and audits continued to ensure a clean environment and reduce any risks. The provider ensured safety checks of the home environment were completed regularly.

The registered manager ensured staff received an effective induction and training programme that was continually updated. One staff member said, "We are always supported to attend training and improve our dementia knowledge." People spoke positively about the quality of meals and praised the cooks for choices and home-made foods available. People received support with their healthcare needs promptly. 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.

People we spoke with and our observations confirmed that the staff and management team were kind, caring, and treated people with respect. One relative said, "So relieved we found this place the staff know how to treat people with dementia and are wonderful and kind to [relative]."

Information about local advocacy services was available, to ensure people could access support to express their views if required.

Activities were varied, and people told us there were trips and entertainment regularly provided. An activity co-ordinator was employed to support people and their interest at the home. People's communication needs had been assessed and where support was required these had been met. People knew how they could raise concerns about the service and a procedure was in place.

The management team were clear about their roles and provided care which resulted in good outcomes for people who lived at the home. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The registered manager and management team used a variety of methods to assess and monitor the quality of the service on a regular basis. This was to ensure Grey Gables continued to evolve and improve.

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

Rating at the last inspection

The last rating for this service was good (published 30 March 2017)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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 caring?

Good ●

The service was caring

Details are in our caring 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.

Grey Gables Residential 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Grey Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

During the inspection

We spoke with five people who lived at the home, one relative, the manager and deputy manager. We also spoke with the three members of staff, the cook and briefly with the registered manager. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of one person and arrangements for meal provision. We also looked at records relating to the management of the home, recruitment of a staff member and medicines records of two people. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

After the inspection

We continued to communicate with the provider to corroborate our findings and further information was sent by the provider in response to the feedback provided during the inspection visit.

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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. Staff understood their responsibilities around safeguarding people and training was provided for them. A staff member said, "We have safeguarding training as part of our mandatory courses."
- People we spoke with told us they thought the service was safe. A relative said, "We are so glad to be here I feel relaxed knowing [relative] is safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team managed risk. The management team documented assessments information for staff about people's risks and how best to support the person to reduce that risk. They kept these under review and updated risk assessments where required to ensure staff had access to information and support people safely.
- The management team reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Staffing and recruitment

- Staff continued to be recruited safely. The management team continued to ensure checks had been carried out prior to staff commencing employment at Grey Gables. A recently employed member of staff said, "I had all my checks done which took a while before I started here."
- The service was staffed sufficiently, and staff spoken with confirmed this. We observed during the inspection visit staff were visible around the building to support people. One person said, "It is a small building so with plenty of staff around I feel perfectly safe and get help whenever I need it."

Using medicines safely

- Medicines continued to be managed safely, and people received their medicines when they should. Our observations and people spoken with confirmed this.
- Staff who administered medicines had completed relevant training to administer medicines safely and confirmed this was the case. We observed medicines being administered at lunch time.
- The provider had systems to audit medicines to check people had received their medicines as they needed.

Preventing and controlling infection

- The registered manager continued to have safe and effective infection control procedures. Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use

of these to ensure correct practices were followed and reduce the risk of infection.

- Staff received training and regular infection control audits were undertaken to ensure standards were maintained.

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 good. At this inspection this key question has remained the same. 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

- The management team assessed people's needs and preferences in relation to their care and developed a care plan to ensure their needs could be met. Records were consistent, and staff provided support that had been agreed during the assessment process. A relative confirmed this.
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care plans continued to be regularly reviewed and updated when required. This meant staff had up to date information and ensured people received the right support.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff told us they regularly updated training sessions in dementia care to meet individual's specific needs. A relative said, "I come here a lot and the staff are so knowledgeable about dementia it gives me confidence they know what they are doing."
- Staff told us they felt supported by the management team and received regular supervision and appraisal of their duties.

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

- Staff ensured people's nutritional needs were managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed.
- People were provided with meals and drinks they enjoyed, and their comments confirmed this. One person said, "The food is always nice. There is always a choice."
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating.
- Lunch was organised, managed well and sufficient staff were able to support people who required help. We observed people were supported in a sensitive way when requiring assistance at meal times.

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

- The management team continued to work effectively with healthcare professionals to ensure people's healthcare needs were met. They worked closely with healthcare services including GPs, and district nurses and documented outcomes and support required in care plans.
- People were supported by staff to attend healthcare appointments when required and they

confirmed this when spoken with. Staff supported people in managing their health and wellbeing needs by making appropriate referrals to specialist services.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
- We discussed the provision of more dementia friendly signage around the building which would help support people who lived with dementia. The manager informed us they were in the process of seeking guidance to improve this.

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 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.

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The management team had made DoLS applications when required.
- We saw people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been signed by people with the appropriate legal authority to do so. Care records contained consent to care documentation that was signed by the person receiving care or their representative.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People continued to be treated with respect and kindness, by staff who promoted equality and valued diversity.
- We observed caring and friendly interactions between staff and people living at Grey Gables. Staff spoke to people in a friendly and respectful way.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and supported them to maintain their individuality. Documents included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

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

- People and relatives continued to be consulted about care and make decisions for their wellbeing. Staff encouraged people to make daily choices. One person who lived at the home said, "I do choose what I want to do on my own."
- The culture of the service was caring, kind and compassionate. This reflected the attitude of staff and management team who worked there and their values. One relative said, "The staff are so good with people and encourage people to express themselves."
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with respect and their dignity was upheld. We saw this was demonstrated by how staff supported people. One person said, "They always knock before coming into my room and respect my privacy."
- Staff were knowledgeable about accessing services, so people could have equipment and adaptations to be able to support them and promote their independence.

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 good. At this inspection this key question has remained the same. 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 continued to receive care and support which was personalised to them. Care records of people contained information about their preferences, needs and choices. Staff were familiar with people's likes and preferences including activities, and signs to indicate distress or anxiety. They also understood people's individual communication methods. This created a person-centred environment for people to express their views. One staff member said, "We are a small home and know everyone and their ways very well."
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to spend their time.

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 management team had identified how people needed information to be provided and people's communication preferences and were contained in their care information.

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

- People were encouraged to take part in events at the home and develop relationships. Care records highlighted the positive impact this service had on people and the support provided to enable them to pursue activities of their choice. One person said, "We have a lady who comes in and does games and other activities. She is very good, and I do join in. It keeps me entertained."

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and dealt with appropriately. People knew how to make complaints and felt confident these would be acted upon. The registered manager told us they learnt from complaints or concerns as a positive experience to improve the service. No formal complaints had been received since the previous inspection.
- People told us they had no reason to complain about anything however they were sure concerns would be dealt with appropriately.

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. No one was on end of life care.

However, training had been provided and would continue so that all staff had the knowledge and skills to provide sensitive support.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team planned and delivered effective, safe and appropriate person-centred care. Current and relevant legislation along with best practice guidelines had been followed.
- The service continued to have systems to make sure people received care which met their needs and reflected their preferences.
- Staff meetings were held to discuss issues and matters relating to people's care and support. Staff told us they found these useful and the meetings offered a chance to discuss any issues or improvements they felt may be beneficial for people.

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; Continuous learning and improving care

- The management team encouraged candour through openness. People told us good communication and relationships had been developed between staff, the management team, people who lived at the home and relatives.
- The management team continued to regularly assess and monitor the service through formal and informal methods such as audits, and meetings with people. We saw evidence the management team had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and improve the service.

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

- The registered manager/owner was experienced and had a good management team who were knowledgeable about the needs of the people they supported. A staff member said, "We have a great team at the moment with a wealth of experience."
- Discussion with staff confirmed they were clear about their role and between them provided a consistent and organised service.
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

characteristics

- The registered manager created an open culture and encouraged people to provide their views about how the service was run.
- Relatives and relevant others were regularly involved in consultation about the provision of the service and its quality. A relative spoken with confirmed this.

Working in partnership with others

- The management team continued to work in partnership with other organisations to ensure sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs and district nurses. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.
- Staff and people who lived at Grey Gables were encouraged to build links with the local community and people we spoke with felt this had enhanced their daily lives. One person said, "We go out to local events from time to time and I enjoy that."