

R S Property Investments Limited

Gresley House Residential Home

Inspection report

Gresley House
Market Street, Church Gresley
Swadlincote
Derbyshire
DE11 9PN

Date of inspection visit:
06 July 2022

Date of publication:
02 November 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Gresley House is a residential care home providing personal care for up to 37 people. The service provides support to older and younger adults, including people who have dementia. At the time of our inspection there were 36 people using the service.

People's experience of this service and what we found

Risks to people's health and safety were not always identified or managed effectively. These included environmental risks and risks associated with people's care and support. People were not consistently protected from the risk of infections.

People did not always receive their medicines as prescribed. Improvements were needed to ensure people's medicine records were an accurate reflection of their needs and prescriptions.

Oversight arrangements for the quality and safety of people's care were not effectively operated. Not all concerns found on inspection had been identified. Systems to monitor the running of the service were not always effective in identifying and ensuring improvements were made and sustained. The provider remained unable to demonstrate sufficient improvements to the service had been made or sustained since our last inspection to achieve a good rating.

People were supported by enough staff to meet their needs. Staff, including agency staff, were safely recruited, inducted into the service and received on-going training and support. Staff were aware of people's needs and provided personalised care and support. People were supported to maintain their health and well-being. 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 were supported to interact, participate in in-house activities, and maintain links with family and friends. We have made a recommendation around the activity provision for people who have dementia to ensure all activities are inclusive.

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

Rating and update

The last rating for this service was requires improvement (published 28 November 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to people's health and safety, including the prevention and control of the risk of infections, the safe management of medicines and leadership and governance of the service at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.
Details are in our effective findings below.

Good ●

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 ●

Gresley House 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Gresley House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gresley House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all information we had received about the service. The provider had not been sent a recent provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We gave the provider's representative and the registered manager the opportunity to share this information during the inspection visit.

During the inspection

We met with four people to understand their views about the care and support provided. We observed interactions between people and staff in communal areas, during activities and the lunchtime meal. We spoke with eight staff members including the registered manager, regional manager, care staff, activity coordinator and a cook. We also contacted 11 relatives by telephone for their views about the service. We reviewed a range of records including care plans and related records for four people, three staff recruitment files, staff training information, key policies, and other documentation relating to the management of the service.

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 comprehensive inspection this key question was rated as requires improvement. At this inspection the rating has remained the same. 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's health and safety were not always identified or managed effectively. For example, people's individual personal emergency evacuation plans (PEEPS) did not consistently record the level of support to enable them to mobilise safely in an emergency. This is essential information to inform staff how to evacuate people safely and efficiently. Additionally, people were supported by agency staff during night-time hours. This meant staff who may not know people well, would not have the information they need to keep people safe during an emergency.
- People were not consistently protected from the risk of harm from potential environmental and equipment hazards. We found a ceiling strip light in a communal bathroom hanging from its fixing screws. Although this had been reported to maintenance the day before our inspection visit, it had not been actioned due to staff absence and presented a potential risk of falling on a person. We also found high risk areas, including a sluice room, cleaning cupboard and a cupboard used to store personal protective equipment (PPE) had been left unlocked. These areas stored substances that could present significant harm for people, such as flammable and toxic cleaning substances.
- We found some care equipment was not properly maintained. For example, we found a bath hoist and toilet frame were rusty. This meant the equipment could not be effectively cleaned and presented a risk of cross infection for people using this equipment.
- The staff room was dirty and cluttered and included seating with torn coverings. We also found discarded, used facemasks and a used lateral flow test on the floor of the staff room. It is essential that this equipment is disposed of via safe clinical waste systems to protect other staff from the risk of infections through cross contamination.
- The laundry room was situated in the cellar and did not support safe or effective cleaning to reduce the risk of infections. We found thick layers of dust around pipe work and machines and flooring was dirty and dusty. Wall sealants were broken in places, making it impossible to undertake deep cleaning. Additionally, soiled laundry was taken through an area storing clean, dry laundry. This increased the risk of cross infection within the laundry processes.

The provider had failed to sufficiently protect people from risks associated with unsafe premises, equipment and infection prevention and control measures. This is a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider representative took immediate action to make safe the bathroom light and ensured all high risk storage areas were locked during our inspection visit.
- We found some areas of the building required maintenance, including flooring and equipment. We raised

this with the registered manager during our inspection visit who told us they would take action.

- Following our inspection visit, the registered manager submitted a service improvement plan to address the concerns we had raised. This included plans to replace equipment, increased supervision and checks to ensure staff kept high risk storage areas locked, and decorative works to the laundry area pending plans to relocate the laundry to a more appropriate area.
- The registered manager also introduced more robust daily checks and audits to ensure records accurately reflected when people had been supported to change their position through the night-time hours.
- Individual risks associated with people's care and support had been assessed and measures to reduce risks identified through comprehensive risk assessments, For example, robust risk assessments were in place to support a person to go out independently and for people who had specific health conditions. These provided staff with guidance around actions they needed to take to keep people safe.
- We were assured that the provider was accessing testing for people using the service and staff. There were no visiting restrictions in place, though visitors were encouraged to participate in screening and wear face masks during visits.

Using medicines safely

- People were not always supported to take medicines as prescribed by a health professionals and medicines records were not always an accurate reflection of people's current needs.
- We reviewed a sample of people's medicine administration records (MAR) charts and found four people had allergies that were stated on their medicines care plan which had not been included in their MAR chart. This meant staff administering medicines from MAR charts may not be aware of people's allergies. This also presented a risk that people may receive unsafe treatment if an external health professional needed to use the MAR information to treat a person in an emergency.
- Where people were prescribed over the counter medicines by their GP, to be administered at a set daily dose, for example pain relief, staff were administering these on an as and when required basis rather than as prescribed by the GP on a daily basis. Staff had not arranged a review of people's medicines to support any change in prescriptions. This meant people were not receiving their medicines as currently prescribed.

Medicines were not always administered as prescribed and records did not fully reflect people's needs. This is a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed a medicines round and saw that staff consulted with people and gave them time to take their medicines.
- Medicines were stored safely and staff had completed training in administering medicines which included competency checks.

Staffing and recruitment

- Prior to our inspection, the service had experienced a significant turnover of staff. The provider was reliant on agency staff covering a significant number of day and night shifts alongside permanent staff, to maintain safe staffing levels.
- We observed there were enough staff to meet people's needs and spend time with people, and this was confirmed by people, relatives and staff. One staff member told us, "We are busy at peak times but still have enough time to spend talking with people. We do use a lot of agency staff, but they tend to be regular staff who get to know people well. We would prefer to have permanent staff but everywhere is struggling to recruit at the moment. The [registered] manager is working on this."
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record

and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

- The registered manager had obtained profiles of agency workers to ensure they were sufficiently skilled, experienced and safe to employ in the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe using the service. One person told us, "I feel safe here because the staff look after me well. They are always around, and I can identify them from their uniforms."
- Relatives felt their family members' were safe. One relative told us, "[Name] is safe as staff are around to watch them and make sure they are using their walking frame. Staff check the walking frame to make sure it is safe and they always work in twos when they use a hoist. It's all very safe."
- There was a clear safeguarding policy in place which had recently been reviewed. Staff told us they knew how to access this policy if needed. Staff had also received safeguarding training and knew how to recognise and report any abuse.

Learning lessons when things go wrong

- Incidents and accidents were monitored which enabled the provider to identify any patterns and trends to help inform people's safety needs. Incidents were discussed to support staff with learning and to minimise the risk of a reoccurrence.
- Referrals were made to external health and social care professionals where needed to reduce the risk of further incidents or accidents.

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 our last comprehensive inspection, this key question was rated as good. At this inspection, the rating 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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met. Assessments formed the basis of people's care plans and included lifestyle choices, cultural and spiritual needs and preferences.
- People were supported to make choices about their care. For example, people chose how they spent their time and what outcomes they wanted to achieve from their care.
- Relatives confirmed they were involved and consulted in assessments for their family member.

Staff support: induction, training, skills and experience

- People were supported by staff who received training and support for their roles. The service had experienced a high staff turnover and this meant a large proportion of staff were regularly deployed to the service on a temporary basis through an agency.
- New staff and agency staff undertook an induction programme before they started providing people's care, which ensured they understood people's needs and the support they required.
- All the staff we spoke with were positive about the training and support they received. One agency staff member told us, "I work here several times a week so I know people well. I know about procedures; a senior staff member showed me around and made sure I knew where everything was. They went through residents needs as part of an induction. The staff here are very supportive."
- Records showed staff were supported to access training appropriate for their roles. One staff member told us, "I got a lot of training and support when I first started and this is on-going. I have done some online training, like Safeguarding and COVID-19, but then did face to face for manual handling."

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

- People were supported to have enough to eat and drink and encouraged to maintain a healthy diet.
- When people were at risk of dehydration or poor nutrition, staff monitored their individual food and fluid intake. However, some people's related records did not provide accurate guidance for staff regarding people's minimum daily target. The registered manager told us this was addressed immediately following our inspection visit.
- People's preferences and needs were catered for. This included medical needs, for example people who were at nutritional risk or at risk of choking. People's weights were monitored and where people had specific needs external professionals such as Speech and Language Therapists were involved.
- We observed the lunchtime meal and saw the food was homecooked and well presented. One person told us, "Oh this looks lovely, my favourite. The food here is good."

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

- People were supported to access routine and specialised healthcare services when needed. People's records showed they had regular access to services such as dental care and GP.
- People's care plans included detailed guidance for staff to follow on supporting people to maintain good oral healthcare and access oral healthcare services.
- Staff monitored people's health and well-being needs and responded to any changes by making referrals and working in partnership with health and social professionals. Examples included referrals for dental appointments, community nurse teams and social workers.

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

- People were able to personalise their rooms and were involved and consulted in any décor changes around the service.
- People told us they felt comfortable in communal areas and were able to choose where they spent their time.

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 MCA 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 Mental Capacity Act (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- Appropriate DoLS applications had been made in a timely manner and, any individual conditions applied were being met.
- People's care plans included detailed information around their mental capacity, informed by comprehensive mental capacity assessments.
- Staff understood the importance of supporting people to make decisions about their day to day lives. Decisions made in people's best interests were clearly recorded.

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 our last comprehensive inspection, this key question was rated as good. At this inspection, the rating has remained the same. 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 told us they were supported by staff who were kind and caring. One person told us, "I enjoy being in the lounge with other people, staff look after me well. They spend time talking with me." Relatives confirmed they felt staff were caring and respectful. Relative comments included, "Staff always respect [Name]. They ask for permission and consent and are always polite," and "I can say staff are really good; they always try their best."
- People's care records included information about their needs and preference. This included information around spiritual and cultural needs and lifestyle choices.
- Staff were able to spend time with individual people, talking with them and providing reassurance.

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

- Staff encouraged people to be involved in making decisions about their care. They also involved people's relatives or representatives, when this was appropriate.
- People were consulted about their preferences for their care and how they wanted to spend their time.
- We observed positive interactions between people and staff in communal areas. We saw people engaged in good humour and banter with staff, and staff consulted with and respected decisions people made.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included details of their abilities to help people maintain their independence and achieve their outcomes.
- One person was working towards re-gaining more independence and told us they had no means of making drinks independently. We raised this with the registered manager who told us they had requested and were waiting for equipment from the provider.
- Staff addressed people respectfully and care recordings were personalised and respectful.

Is the service responsive?

Our findings

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

At our last comprehensive inspection this key question was rated as good. At this inspection the rating remains 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's needs were assessed in a personalised way. Care plans were individualised and records detailed people's wishes and preferences, including lifestyle choices and cultural and spiritual needs.
- Staff understood people's needs and preferences which helped to ensure people received the right support. For example, one person's care plan detailed the impact their dementia had on their ability to communicate. Records guided staff on how to communicate effectively with the person and support them to make decisions and choices about their care and how they wanted to spend their time.
- Relatives confirmed they were consulted about people's needs and preferences and kept informed about people's care.

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 communication needs were assessed to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The registered provider had a procedure for receiving and managing any complaints about the service. A relative told us they were confident speaking to the registered manager or care staff if they had any concerns about the care provided. They told us, "Your concerns are never ignored".
- Staff understood people's right to complain about the service. They supported people to express their views and shared any concerns with the registered manager.

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 supported to develop and maintain relationships. This included spending time with relatives where they chose to.
- People were supported to be involved in a choice of activities. We observed bingo and an art and craft session held in communal area and saw people enjoyed participating and interacting with others. Some people were not involved in the activities and it was not clear if this was due to their choice or they required more intensive support to participate.
- An activity co-ordinator was responsible for developing and organising activities for people. They told us,

"I do bingo everyday. I know what works as people will tell me if they are not happy with anything. I don't do much 1-1 activities but I do support one person to go out occasionally."

- We have made a recommendation that the provider develops the activity provision to ensure it is inclusive and varied to meet people's individual needs.

End of Life care and support

- Staff had received training on end of life care. No one was receiving end of life care when we inspected. The service worked with other agencies to support people to spend their last days at Gresley House if this was what they wanted.
- People's care plans demonstrated they had been provided with opportunities to discuss end of life wishes and arrangements if they wished to.

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 requires improvement. At this inspection this key question has remained the same. 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.

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

- Systems and processes to ensure accurate oversight of the quality and safety of people's care, were not effectively operated.
- Records showed audits were completed by the registered manager, but these failed to identify the areas we found that required improvement at this inspection.
- For example, audits and checks did not identify people received their medicines safely, people were kept safe from environmental and infection hazards and risks and information to support people in an emergency was accurate and up to date.
- The provider had failed to achieve a good rating overall over five consecutive inspections. This demonstrated the provider had consistently failed to establish and operate effective systems and processes to ensure people received safe, good care.

The registered provider had failed to effectively operate systems to ensure the quality and safety of people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were able to share their views directly with staff and the registered manager and through meetings. We reviewed minutes of meetings and saw these were held regularly. People were consulted and supported to make decisions about key events and changes in the service.
- Relatives told us they felt involved in their family member's care.
- Relatives felt staff knew their family well and were able to understand and meet their individual needs.
- Staff felt able to share their views in a variety of forums and had the support they needed to provide personalised care. One staff member told us, "[Registered manager] is great; firm when they need to be but always fair. They will help on the floor if they need to. They police the floor when they come out the office and picks things up with staff on the floor."
- People were supported to achieve their goals and outcomes. One relative described how staff supported their family to stay safe whilst moving around independently, something which had been a concern before

they moved to the service. A person described how they were working towards more independence; a protocol and risk assessments had been developed to support this.

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 their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- The registered provider shared their current rating and constraints, including staff recruitment, with key stakeholders and relatives.

Continuous learning and improving care. Working in partnership with others

- All staff involved were open and transparent throughout the inspection. Concerns raised during feedback were considered and actions put into place to address immediate risks.
- The provider had plans in place for improvements to the environment and service delivery. They implemented a service improvement action plan following our summary inspection feedback.
- We saw referrals were made to external professionals as required and their advice was followed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not always identified or managed effectively. This included risks from the environment and measures to control the risk of infection. Medicines were not always administered or managed safely.

The enforcement action we took:

Warning notice