

R S Property Investments Limited

Gresley House Residential Home

Inspection report

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

Tel: 01283212094

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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 Residential Home is a residential care home that was providing personal care for 23 people aged 65 and over at the time of the inspection.

The home has three lounges for people to use and a shared dining room. Bedrooms are on the ground and first floor, which can be accessed by a lift. There is secure garden to the rear of the property.

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

Risk assessments had been reviewed and generally ensured people could continue to enjoy activities as safely as possible and maintain their independence. Further review was needed to ensure all risks associated with eating and drinking and pressure care was managed. Medicines management systems were in place although these needed to be reviewed to ensure there were accurate records of all medicines in the home. Quality assurance reviews were completed, however further review was needed to ensure all aspects of the service were monitored.

Staff understood their responsibility to safeguard people from harm and they worked with the local authority to ensure people remained safe. People's care needs had been assessed and reviewed to ensure they received care to meet their individual needs. The care plans detailed how people wished to be cared for and supported and evidenced where people had been involved with any review.

There was suitable staffing to meet the support needs of people. The staff understood their role and how to support people safely. Staff received training and support to gain the skills they needed to care for people.

People were being supported to make decisions about their care. 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 encouraged and assisted to eat and drink and there was a varied choice of meals. People's special dietary requirements were met and where concerns were identified, people's weight was monitored. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported and had developed good relationships with staff. People chose how to spend their day and they took part in activities that interested them. People were confident they could raise any concerns with the registered manager or staff and were complimentary about the service provided.

The registered manager was approachable and provided support to the staff team. People were encouraged and supported to provide feedback on the service and there were effective systems in place to review and improve the quality of the service provided.

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

Rating at last inspection

The last rating for this service was Inadequate (Published 24 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection and each month to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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 Care Act 2014.

Inspection team

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

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff and the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one health care professional

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 inspection this key question was rated as Inadequate. At this inspection this key question has now improved to 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.

Assessing risk, safety monitoring and management

- On our last two inspections we identified that lessons had not been learned and improvements had not been made when things had gone wrong. Staff did not always have a good understanding of how to protect people and had not recognised where they may be at risk of harm. This meant there was a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. On this inspection we found improvements had been made and the provider was no longer in breach, although further improvements were still needed.
- We saw information relating to pressure mattresses was not available to ensure these were correctly set to promote good skin care. Following our inspection, the registered manager liaised with the district nursing team to ensure this equipment was used correctly.
- We also found that where people needed to have their food and fluids monitored to ensure their well-being, the records were not always totalled at the end of the day. We saw one person only had small amounts of fluids on some days, but staff had not identified this or taken action to alert the registered manager. During our inspection, the registered manager took action to ensure staff knew how much they needed to drink to stay well and reviewed the system to monitor any food or fluid.
- When people were resistive to receiving personal care, staff had now received training and guidance to support them to stay safe. The care plan recorded how to provide their support and staff told us they now felt confident when providing care and this had resulted in fewer incidents where they became agitated. One member of staff told us, "We now 'plan and prepare'. This means we get everything ready before we start providing their personal care and this is working better. It's also about your attitude and providing people with reassurance."
- Where people were at risk of falls, safety measures were in place, including sensor and safety mats. We saw people had beds which could be lowered to the ground to reduce the risk of harm if they fell from their bed.

Staffing and recruitment

- People felt there were enough staff in the home. During the day, we saw that staff were present in communal areas and available to support people when they needed assistance. However, some people needed the support of two staff and there were only two staff on duty throughout the night. This meant when these people needed support, there were no other staff available to provide support and to ensure their safe evacuation in an emergency. The provider agreed that additional staff were needed and during our inspection, increased the night staffing to three staff to ensure people received the support they needed.
- Safe recruitment practices were followed to help ensure that all staff were of good character and checks were made to ensure new staff were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- On our last inspection, we saw the provider had not identified where people may have been harmed and a referral had not been made to the adult safeguarding team. On this inspection, we found that the provider and staff now understood how to identify the different forms of abuse and were clear on their responsibilities to raise any concern. Staff had received training for safeguarding adults as were confident that understood how to make necessary referrals to ensure people's safety.
- The registered manager had worked closely with the local authority safeguarding team to ensure any concern was investigated. Where needed, information was sent to us to demonstrate how they were supporting people to stay safe.

Using medicines safely

- There were systems in place to manage medicines and these were stored securely in the home. We checked a sample of medicines and found that the quantities of tablets where people needed 'as required medicines' did not always match the records of medicines received into the home and administered. It was not always clear on the medication administration sheets when 'as required' medicines had been administered. The registered manager agreed the medicine system needed to be reviewed and following our inspection provided evidence of the new system to ensure information was recorded clearly.
- People felt they received their medicines as prescribed and staff had received training in the safe handling of medicines. We saw people were given time to take their medicines and were offered a drink.
- Where people needed medicines on a 'when required' basis, staff knew when they would need these and there was guidance on when to give this, for staff to refer to.

Preventing and controlling infection

- The home was clean and tidy, and staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections.
- The provider had infection control and hygiene monitoring systems in place to ensure people were protected from the risk of infection.

Learning lessons when things go wrong

- The provider and registered manager had reviewed where improvements could be made and were working closely to raise standards within the home.
- Lessons were learned when incidents or accidents happened and shared with the staff team. Risk assessments and care plans were updated after accidents and incidents to help ensure that the measures in place were effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- On our last inspection, we found the provider had not ensured that people's support was provided in line with current legislation and best practice guidelines. There was a lack of information within support plans to ensure effective care. On this inspection, we found improvements had been made.
- Before providing a service, assessments were completed to establish if people's needs could be met in the home. People were consulted about how they wanted their care to be delivered.
- Care plans and risk assessments were being developed and written to ensure best practice was embedded across the home. Where we identified improvements could be made, prompt action was taken to liaise with care professionals to review current practices.
- Where people had complex needs, the care plan had been developed to guide staff to support people safely.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- On our last inspection we identified that capacity was not assumed, and capacity assessments were being completed for every person in the home. This meant the principles of MCA were not being followed. The assessments did not demonstrate how decisions about capacity had been reached. On this inspection, we found improvements had been made.
- Where people were no longer able to make decisions about their safety and care; decision specific capacity assessments had been completed and best interest decisions had been made.
- Staff understood their responsibilities for supporting people to make their own decisions and we saw this was done. Where restrictions were identified, DoLS applications had been made to the relevant authority to ensure restrictions were lawful.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to provide their care. Staff received an induction into the service and training to develop a good understanding of each individual's care needs and the philosophy of the home.
- Staff spoke positively about the training and one member of staff told us, "We've recently done the moving and handling training. This was done here with our equipment, so we knew how to use it properly."
- Staff were knowledgeable about people they supported and knew how their needs should be met. New staff spent time shadowing a more experienced member of staff before they worked alone. This was to make sure they understood people's individual needs and how risks were managed.

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

- People enjoyed the food that was prepared and were provided with a varied diet with a choice of food and drink. People enjoyed their main meal in the evening and there was a daily menu displayed with photographs of the meals to be served. This helped people to make a choice about what meal they would like to be prepared.
- The meal time was a pleasant experience and the tables were laid with table cloths and condiments were available. People could sit with who they enjoyed spending time with. People chose what they would like to eat and drink and enough food was prepared to ensure people could change their mind or have an extra course. Where people needed a soft diet, the food was served separately on their plate to enable them to taste the different flavours.
- People were weighed regularly where there were concerns. We saw people had nutritional supplements or a thickening agent was used in people's meals and drinks when required. For example, if people had swallowing difficulties because of their health condition and were at risk of choking.

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

- The home met people's needs with all shared facilities on the ground floor. There were three lounges and a dining room on the ground floor. People were able to move about their home safely as there was enough communal space to enable people to pass or have room to use their wheelchair or walking aids.
- Bedroom doors had people's name on and a memorable image. There was signage on bathrooms and toilets which helped people living with dementia to identify these rooms.
- Communal areas were being renovated and decorated. Around the home there were objects to touch and items to use, such as hats, handbags and dusters and specially designed features such as fidget boards for people to touch and use. For example, there were different forms of locks for people to touch. Touch based activity boards have been shown to reduce agitation for people living with dementia who may show agitation through fidgety hands.

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

- People felt they received the support they needed to stay well and were supported to access health care services such as GPs, chiropodists and opticians. One person told us, "If I need the doctor then I just ask the staff and they will arrange it. I saw the optician recently too."
- People received care from the district nursing team where they needed any wounds monitoring or to check the integrity of their skin. One relative told us, "If they need a doctor, the senior staff will sort it out and a nurse comes regularly to check them. They need specialist care and the staff have learnt how to do this, as they got trained." Any support was recorded in the care plan to ensure all staff had the necessary information to provide the support people needed.
- People had an oral health plan and checks could be made through a local dentist. Staff knew the importance of good oral hygiene.

- Information was available for when people needed to go to hospital so important information could be shared to ensure consistent care.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- On our last inspection, we found that people were not always involved with developing their care plan and deciding how to receive their care. On this inspection, we found improvements had been made. People knew they had a care plan which included information about how they wanted to be supported.
- People were encouraged to express their views and staff listened to their responses. People were given time to consider their options before making a decision and staff encouraged them to express their views and listened to their responses. One person told us, "I can choose what to do. I can stay in my room if I want. I can get up and go to bed when I want. Nobody forces me to do what I don't want to do."
- People chose how to dress to express themselves. People could have their bags and personal possessions near to them. We saw when people were supported to move, staff remembered to take their personal belongings with them and asked people where they could place these, so they could reach them.

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

- On our last inspection we identified that the provider had not ensured improvements were made within the service for people to receive safe care or understood the importance of ensuring staff had the necessary skills to give people the support they needed. On this inspection we found improvements had been made.
- People were happy and liked living in their home. They told us that the staff were kind and caring and were always happy to help. One person told us, "The staff are very nice to me. I trust them, and they never shout." Another person told us, "Staff are good with me. They know my habits."
- Staff enjoyed working in the home and had a commitment to providing compassionate care and welcomed the improvements that had been made. One member of staff told us, "Our ultimate goal is that people are happy and cared for."
- The registered manager had commissioned bags to be individually made for people's walking frames, so they could carry personal belongings safely. Staff told us this had been very successful, and we saw people using these, so they had their personal items close to hand.
- People were treated with kindness and were positive about the staff's caring attitude. The staff knew people well and their preferences and used this knowledge to provide their care and support in the way they liked.
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. They spoke kindly to people and touched their hands, arms and shoulders to offer reassurance which people responded positively to.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff understood the importance of treating people with respect and did not discriminate based on people's protected

characteristics.

- The staff were respectful when talking with people calling them by their preferred names. Staff were observed speaking with people discretely about their care needs and knocking on people's doors and waiting before entering and people told us that personal care was carried out respectfully. One person told us, "Staff respect me and treat me very well. They help me to wash in private."
- People remained independent and staff encouraged people to carry out their own personal care where possible.
- People maintained relationships with family and friends and staff recognised people's rights to have personal relationships and have opportunities to be intimate and share time together. We saw family and friends visited throughout the day and there was a relaxed atmosphere and people were comfortable with staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- On our last inspection, where people had been identified as nearing the end of their life, consideration had not been given to specific wishes people may have and there was no information to guide staff about the actions needed to keep people comfortable. This meant there was a breach of Regulation 9 of the health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. On this inspection we found improvements had been made and the provider was no longer in breach.
- People's needs had now been considered as part of their end of life planning. Their expressed views or wishes were recorded in their care plan. This included where people did not want to receive active treatment made with healthcare professionals. One relative told us, "The manager knows his end of life wishes. We talked about it as a family."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- On our last inspection we identified that improvements were needed to ensure care plans had been reviewed to reflect how people wanted to be supported. On this inspection we found improvements had been made.
- People received care and support in the way they preferred. Their needs were met and they were supported by staff who knew them well, understood their preferences and were responsive to their changing needs.
- When people's care needs changed, the plans were reviewed with them and their families to ensure they reflected how they wanted to be supported. Staff were kept informed about people's changing care needs at each handover between each shift. We saw that care plans were regularly updated to reflect any changes. One member of staff told us, "I'm proud to be working in this team. We work across all areas and talk with all staff members to make sure we know what is happening."

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.

- Care plans contained information about people's communication needs and the registered manager was developing the care plans in an easy read style to ensure this were accessible for people.
- The registered manager was knowledgeable about their responsibilities to ensure information provided to people was in an appropriate format to enable them to read and review it. Information about the service was being developed to ensure all people had this information in an accessible format.
- The registered manager had used pictures and photographs to support understanding. For example, the

menu included photographs of meals to be served and there was accessible information about having their say about the service.

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 involved in activities that interested them in the home. We saw staff asking people what they wanted to do. One person told us, "I like knitting and sewing. We had a choir come here to sing and I went to the park. I can find enough to do."
- Staff knew people's histories and provided personalised support to enable people to continue to engage with activities that interested them. People spoke enthusiastically about the professional singers that visited the home and told us they enjoyed singing and dancing.
- Staff understood the benefits of doll therapy and some people had a cuddly toy or doll which they looked after and spoke with. Staff spoke respectfully about the toy and understood its importance to people.
- People's religious and spiritual needs were considered, and people were supported to go to their church or participate in a service in the home.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to. We saw the staff listened to people and they responded to their needs and concerns. One person told us, "I have no complaints about this place. If I get little bits of problems, I tell them, and they listen."
- Where people had raised concerns, information showed how people's complaints and been investigated and the outcome.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant improvements had been made and further improvements to ensure the delivery of high-quality, person-centred care was still needed.

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

- On our last inspection we found quality assurance systems were not effective to ensure quality was assessed. Systems were not in place to bring about improvements and lessons had not been learnt. This meant there was a breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. On this inspection we saw improvements had been made and the provider was no longer in breach. The service was also placed into special measures and we imposed conditions to complete a monthly report to demonstrate how improvements were being made. We received these as required and we found that these reports matched the improvements we saw on our inspection.
- On this inspection we found there was now a system of checks carried out in the home to review how care was being. We saw that improvements had been made to identify that people's care was reviewed, to review training and to review how care was being delivered. We identified that further improvements were needed to ensure that people's care was safe, and the registered manager and provider acknowledged this, and following our inspection sent us further evidence to show how these improvements had started to be made.
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.
- The registered manager met with other managers from other services managed by the provider to review new or different care practices, to reflect on care practices and consider lessons that could be learnt.
- Staff meetings were organised to enable staff to discuss important issues, raise concerns and act as an opportunity to develop and maintain relationships. One member of staff told us, "Team meetings are an opportunity to talk about anything and everything. Sometimes it's nice just to have your say."
- Accidents and incidents were reported, monitored and patterns were analysed, so measures could be put in place when needed.

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

- The registered manager was visible about the home and people told us that they were approachable and helpful.
- Staff felt supported to make improvements within the home and told us that the registered manager was available for advice and support. One member of staff told us, "Everything is moving in a positive way. We have the support of the manager and provider, and they make us feel better."
- All staff members had an easy read version of our inspection questions, 'Is the service safe, effective, caring, responsive and well led?' They told us they carried these with them and referred to ensure they were

following guidance. One member of staff told us, "We have these to make sure we are doing the right thing." Another member of staff said, "We are using these to review how we work together and support each other to improve care."

- Health and social care professionals reported that the registered manager shared necessary information and worked with them to ensure improvements were made with people's care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- There had been changes within in home in relation to how the service was managed and how support was provided. People and staff were involved with discussions about the development of the service and attended house meetings to ensure information was shared. Staff felt their feedback was valued and acted on.
- People could comment on the quality of the service and share their views through meetings in the home or through quality surveys. The results of the survey were displayed in the home, recording what how people wanted improvements and how the registered manager had responded.
- The registered manager and provider had reviewed how the service was managed to ensure people's equality and human rights were respected.
- The provider had oversight of the quality reviews and worked closely with the registered manager to continue to review how the service was managed and improvements made.

Working in partnership with others

- The registered manager worked in partnership with the local authority and health professionals to investigate concerns and to raise standards in the home.
- The registered manager had considered how they could learn and implement practices to enhance people's care. They had identified where further improvements were needed and were committed to working with others to ensure these were made.