

R S Property Investments Limited

Gresley House Residential Home

Inspection report

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

Tel: 01283212094

Date of inspection visit:
04 April 2019

Date of publication:
28 May 2019

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Gresley House Residential Home is a residential care home that was providing personal care for 22 people aged 65 and over at the time of the inspection.

People's experience of using this service:

The provider had failed to act to ensure improvements had been made within the service. Good care is the minimum that people receiving services should expect and deserve to receive and we found the systems in place to ensure improvements were made and sustained were not effective.

Systems to monitor the service had not been effective in identifying the improvements that were still needed. People were not always protected from harm as action had not been taken where risk had been identified. Quality monitoring had been inconsistent, and the provider not fully assessed and reviewed people's care and to ensure risks were mitigated to ensure their safety. Care plans were not sufficiently detailed to guide staff to provide people's care needs or end of life wishes.

People's support was not provided in line with current legislation and best practice guidelines; people did not always have a care plan which reflected how to minimise risks and record how they wanted to be supported. Staff had not received the necessary training to support people with complex behaviour.

People could make everyday decisions. However, where people were unable to make decisions about their care, capacity assessments did not include how decisions had been reached and people's capacity had not been assumed. This meant some people were not always supported to have maximum choice and control of their lives; the policies and systems in the service did not support this practice.

Improvements had been made with how people received their medicines and how these were recorded. Improvements had been made to ensure infection control procedures were maintained in the home.

People had opportunities to engage with activities that interested them. People had a choice of meals and staff were knowledgeable about their food preferences. People told us they enjoyed the meals provided and we observed staff monitored people who were at risk at mealtimes.

There was sufficient staff available to support people. People felt the staff were kind and supportive and they enjoyed living at the home. They provided reassurance and emotional support and encouraged people's independence.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback.

Rating at last inspection: Requires Improvement and Inadequate in Well Led. (Published November 2018)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: 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: The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Gresley House Residential Home

Detailed findings

Background to this inspection

About the service: Gresley House Residential Home is a residential care home that was providing personal care for 22 people aged 65 and over at the time of the 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors.

Service and service type: Gresley House Residential Home is residential care home that accommodates up to 30 older adults who may be living with dementia. There were 22 people using the service at the time of 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 our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had not requested a provider information return (PIR) to be submitted to us at this time. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they

plan to make.

We reviewed the action plans sent to us by the provider to report how they were monitoring the service and assessing risk as required within their conditions of registration.

During the inspection we spoke with six people who used the service, one relative, six staff members, the registered manager and the nominated individual. We received written information from the local authority who commissioned a service in the home for people. We looked at care plans relating to four people and reviewed records 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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse

Assessing risk, safety monitoring and management

Learning lessons when things go wrong

- ☐ On our last inspection 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.
- ☐ We imposed conditions on the providers registration to carry out a review of the governance, quality assurance and monitoring systems to ensure that risks to people were managed and all records must reflect people's needs and remain updated. On this inspection we found improvements had not been made and people remained at risk.
- ☐ Monthly monitoring of the service had been carried out, however, this had failed to identify that some people did not always receive safe and effective care.
- ☐ We found on this inspection, improvements in this area had not been made and we have taken this into account when considering our rating in this domain.
- ☐ We saw that one person was receiving care in their bed and had fallen from their bed on three occasions over four months. The provider's falls protocol recorded that where people fell on three occasions over 12 months, a referral needed to be made to health professionals to keep people safe. The provider had failed to ensure that this referral had been made.
- ☐ Their care plan identified that they were to be monitored every half an hour. Their bedroom was at the end of a corridor which meant staff would not easily recognise if they had fallen or were in distress in between checks; the staff confirmed they did not need to walk past their bedroom. No monitoring system, such as a sensor mat had been considered and there was no evidence that any equipment had been assessed to reduce the risk of falls.
- ☐ We saw some people were wearing specialist boots to prevent skin damage to their heels from excessive body pressure. There was no guidance in the care plan or risk assessment to demonstrate how professional guidance was being carried out to do all that was reasonably practicable to mitigate the risk of sore skin.
- ☐ Some people were resistive to receiving personal care and also became distressed when supported to change position. Staff told us they were not always able to safely provide their care as they had not received the necessary training to keep them safe.
- ☐ The care records did not reflect all the risks and or include a detailed support plan to guide staff to manage any complex behaviour. The provider had completed a monthly action plan which they sent to us, which recorded all risks had been identified and care plans were in place to support them. However, we saw detailed plans were not in place.
- ☐ The staff had received training for safeguarding adults and understood the different forms of abuse.

However, the provider had not identified that this may include where people were not receiving their care as required. A referral had not been made to the local authority commissioners or the adult safeguarding team. This was to ensure people's care was reviewed, they were not at risk of neglect from receiving care that did not meet their needs and to ensure they were protected from potential future harm.

- ☐ This evidence demonstrates a continued breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

Using medicines safely

- ☐ On our last inspection we found that improvements were needed with the storage and management of medicines. On this inspection we found improvements had been made.
- ☐ People received their medicines as prescribed and we saw when people were offered their medicines, they had a drink and were informed about what the medicines were for.
- ☐ Medicines were recorded after they had been administered on the medicines record or the reason for any refusal.
- ☐ Where people needed medicines as required, there was guidance about why they needed these which staff understood.
- ☐ We checked a sample of medicines and found that the quantities of tablets matched the records of medicines received into the home and administered.
- ☐ There were safe systems in place to manage the medicines and medicines were stored securely in the home.

Preventing and controlling infection

- ☐ On our last inspection we identified that steps had not always been taken to prevent and control infection and some equipment for personal care was being shared. On this inspection we found improvements had been made and staff now ensured people had a personal sling and these were not shared.
- ☐ The service had achieved a three-star rating for the hygiene and practices in the kitchen due to concerns that fridge temperature were not always recorded, kitchen records were not fully up to date and protective clothing wasn't always worn by staff for the management of food safety. The registered manager was confident that the necessary improvements had been made and following our inspection, the service was re-inspected by environmental health and awarded a five star; this is the highest rating that can be achieved
- ☐ The home was clean and smelt fresh and all areas of the home were well maintained.
- ☐ Systems were in place to help promote infection control and this included cleaning regimes and training for staff.
- ☐ We saw staff used gloves and aprons where needed and wore hair nets when handling food.

Staffing and recruitment

- ☐ People felt there was enough staff available to meet their needs and we saw there were staff present in all the communal areas of the home. Where people wanted assistance, the staff were available to support them. We saw staff anticipated when people may want support and were near to them to provide prompt assistance.
- ☐ People spoke about how they were involved with different events and when they wanted to go out, there was enough staff available to support them.
- ☐ Safe and effective recruitment practices were followed to help ensure that all staff were of good character and suitable for the roles they performed at the service. Staff confirmed that all checks were completed before they started work.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 was delivered in relation to supporting people to remain safe and managing risk. On this inspection we found improvements had not been made.
- ☐ People generally had information recorded about how they wanted to be supported. However, where people had complex behaviour there were no plans or risk assessments in place to guide staff about how to support them to keep safe or how care was reviewed to ensure this reflected people's changing needs. Staff explained how they supported people who were resistive to care, and we found this was not always consistent to ensure safe and effective care for people.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ Capacity was not assumed, and capacity assessments were being completed for every person in the home. This meant the principles of MCA was not being followed.
- ☐ Capacity assessments did not demonstrate how decisions about capacity had been reached. The assessments were generic and not decision specific to demonstrate whether people were able to make decisions in some aspects of their care.
- ☐ Where restrictions had been identified, we saw applications had been made for people to deprive them of their liberty to ensure any restriction was lawful.
- ☐ We saw staff gained people's consent before providing any care and were also asked where they would like to sit or how they wanted to spend their time.
- ☐ People were supported to make decisions about their care and support and were offered choices.

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to specific decisions for people living at the home.

Staff support: induction, training, skills and experience

- ☐ Staff received an induction when they were first employed which included working alongside a more experienced member of staff.
- ☐ Staff completed a recognised induction programme to provide them with the skills to start to support people. One member of staff told us, "I felt ready to start working. The staff team have been really supportive."
- ☐ There were mixed views about how training was provided to ensure staff continued to develop the skills they needed to ensure people were safe.
- ☐ Staff had received training to support people with complex behaviour, although this training did not match the skills they needed to support people who used the service. One member of staff told us, "The training told us how to break away if someone grabbed us but not when we were being scratched and bitten. This hasn't helped at all."
- ☐ Staff told us that they had received further training to in other areas including training to support people to move. We saw where people were assisted to move with a mechanical hoist, the staff knew how to operate this safely and how to position people's slings to ensure they were comfortable and safe. Staff explained that competency assessments were carried out to ensure they continued to support people safely.

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

- ☐ There was a menu board with photographs of the food served each day. The cook used these photographs to help people to decide what they would like to eat for their meals.
- ☐ We saw people were provided with a varied diet and there was a choice of food and drink. The tables were pleasantly laid, and people were able to help themselves to any toppings, condiments or sugar.
- ☐ Specialist crockery and cutlery had been provided for people with a visual impairment and for people living with dementia. One member of staff told us, "The cutlery is resin based and this means people are less likely to injure themselves and can carrying on being independent for longer."
- ☐ Staff understood about people's dietary preferences. We saw one person was intolerant to one particular food and the staff told us, "I make a special meal for them, but I always try and make it look the same as everyone else's." Where people chose a vegetarian diet, they told us they had a lot of choice and were happy with how food was prepared for them.
- ☐ We saw people sat talking together sharing experiences and laughing. People were asked by staff what they wanted to eat and drink and asked if they were still hungry and wanted more food. People were complimentary about the food served.
- ☐ People's weight was monitored where concerns were identified, and people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties.

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

- ☐ The home was designed in a way so that people could move around easily and there were handrails along corridors.
- ☐ The corridors and were decorated with items and pictures from different decades for people to look at and there was a range of items and objects to pick up and touch. For example, hats and bags, twiddle mitts and tactile objects. Staff explained, and we saw that some people who were living with dementia enjoyed handling these.
- ☐ The communal rooms were large with enough room for people to move around and chairs for people to sit.

- ☐ There was equipment in bedrooms and bathrooms to enable people to be independent where possible.
- ☐ People's individual bedrooms included personal items and they had been able to design them to help create a homely feel.

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

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

- ☐ People felt they were supported to keep well and accessed health care services including their GP, occupational therapist and chiropodists. One person told us, "If you are ill, they always say how sorry they are that you aren't well, and they get the doctor in fast. They don't wait or take a chance that something isn't right."
- ☐ People also received nursing care, from external professionals, where they needed to have wounds dressed or when treatments were needed.
- ☐ Information was recorded to share with other agencies if people needed to access other services, such as hospitals.
- ☐ People were confident they received the healthcare support they needed in a timely way.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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. The provider had not understood the importance of ensuring staff had the necessary skills to identify where care was not safe or effective to give people the caring support they needed. We found on this inspection, improvements in this area had not been made and we have taken this into account when considering our rating in this domain.
- ☐ People had mixed views about how they were supported to be involved with developing their care plan and any reviews. Some people did not know they had a care plan and could not recall being involved with any review. Care plans did not always record how people had been involved and any thoughts they had about their care plans.
- ☐ Relatives told us the staff kept them informed of significant events and where reviews were organised they had been asked to contribute and consider what may be in people's best interests.
- ☐ Staff had a good understanding of people's needs and knew people well. We saw that staff knew about significant past events and family and we heard them talk to people about their family and how they were. We saw staff responded to people's individual needs and requests.
- ☐ Some people had limited communication skills and we saw that staff included them in any conversations that were taking place to ensure they were involved.
- ☐ The staff understood how people wanted to continue to meet their spiritual needs by attending a religious service. People were able to continue to practise their faith and attend their usual place of worship. Opportunities were also available to speak with a minister or receive communion in the home.

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

- ☐ People made choices about their day and told us they had their own individual chairs in the communal areas, however staff still asked people if they were happy to sit there. One person told us, "I like to sit with my friend and the staff know that and make sure we can be together."
- ☐ People told us they could decide what care and support they needed, and we saw that staff offered people choices in how they spent their time, what they wanted to eat and had opportunities to express their thoughts and views.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated with dignity and respect and the staff spoke politely to people.
- ☐ Personal care was completed in private and before staff entered people's bedrooms, they knocked on the door before entering. People could spend time in their room so that they had privacy when they wanted it.
- ☐ The staff were caring, and examples included staff repositioning people's cushions to make sure they

were comfortable in their chairs and they checked that people were feeling warm enough. Staff sat next to people when speaking with them and took their time explaining and if necessary, repeating or rephrasing a comment so people understood. When supporting people to eat at meal times or when they had a snack, they sat next to them and spoke with people explaining what the meal was and checking they were happy.

- We saw that attention was paid to people's appearance and comfort. One person told us, "The hairdresser comes in every week, but the staff always make sure we have our hair done and it looks nice."
- Everyone looked smart and people told us that they were able to choose their own clothes and were happy with the arrangements for their personal laundry.
- People were supported to maintain important relationships with their friends and families and we saw people receiving visitors throughout the day.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
End of life care and support

- ☐ On our previous inspection we found improvements were needed as people had a support plan, but this did not always include information about how they wanted to receive any care. People's care had not been reviewed with them to ensure it met their needs and reflected how they wanted to be supported. 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 saw care plans had been reviewed but improvements were still needed to ensure these reflected how to keep people safe.
- ☐ People's care plans were not sufficiently detailed to guide staff to provide their individual care needs or end of life wishes.
- ☐ The provider had produced a monthly report which they had sent to us that recorded people's care reviews were 'all completed adequately and accurately'. We found that although all people who used the service had a care plan in place, these did not always accurately reflect the individual needs and choices of each person.
- ☐ Where people had been identified as nearing the end of their life, consideration had not been given to specific wishes people or their family may have regarding their care. People had a care plan which recorded they were on end of life care, however, there was no information to guide staff about actions needed to keep people as comfortable as possible.
- ☐ Staff informed us that they had involved their GP and anticipatory medicines had been prescribed to enable the person to be relieved of any pain. However, there was no information about how to recognise when these may be needed. This meant arrangements for people to maintain their dignity and be pain free may not be given at the right time.
- ☐ This meant there was a breach of Regulation 9 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.
- ☐ People were given the opportunity to participate in activities they enjoyed and there was an activity coordinator employed to help to plan and be involved with activities.
- ☐ The provider understood the Accessible Information Standard (AIS) which was introduced to make sure people with a disability or sensory loss are given information in a way they can understand.
- ☐ The planned activities were displayed in pictorial form in the home to inform people about any events. Staff explained that the plan was flexible, and people were asked each day about what they would like to be involved with.
- ☐ People told us they enjoyed professional entertainers visiting the home and enjoyed singing and dancing with the staff. We saw staff supporting people to dance when they liked a song that was played.

- Other people told us they enjoyed having a walk to the local park and spending time outside.
- Some people held soft toys or dolls and they spoke and interacted with them; this is known as 'cuddle therapy'. Cuddle therapy may bring back memories of early parenthood and caring for a doll or soft toy can play a major part in some people's life. The staff understood the value of this therapy and ensured people had these near to them.
- Items such as bags, twiddle mitts and tactile objects were placed around the home and offered to people. Staff understood these objects provided people with something to hold and twiddle which helped to reduce anxiety.
- Staff recognised the value people placed on their personal possessions and offered them their handbags and placed these in reach, so people could access them.

Improving care quality in response to complaints or concerns

- People and relatives were confident any concerns would be dealt with. None of the people we spoke with had made a complaint, but they were confident that they knew who to speak with if they had any concern.
- We saw where concerns and complaints had been raised they were recorded and monitored to ensure that they were dealt with appropriately and within the provider's required timescales.
- In the response to any complaint, the provider apologised for any distress that may have been caused and detailed the outcome of any investigation.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

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

Continuous learning and improving care

Working in partnership with others

- ☐ 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.
- ☐ We issued positive conditions for the providers registration that all records must reflect service user's current needs and care plans must remain updated, medicines were managed safely; all records must be accurate and complete and infection control risks were managed. We found improvements had been made in relation to medicines and infection control, however records did not always reflect peoples' needs and all risks had not been assessed.
- ☐ The provider had sent us a plan each month as requested, which informed us that care plans were up to date and accurately reflected people's care needs.
- ☐ On this inspection we found the provider's report did not accurately reflect how care was planned. Insufficient action had been taken to ensure all people's care was reviewed and care plans reflected their needs. Despite management oversight we identified further shortfalls in care planning and risk management; this demonstrated the provider had failed to adequately review the service provision, to continually learn and to improve.
- ☐ Since our last inspection, the previous registered manager had left the service and there was a new registered manager who had worked in the service for three months. During feedback they recognised further improvements were needed. However, this is the fourth occasion where improvements were identified. The provider had failed to give the necessary support to ensure improvements were made and people received safe and effective care.
- ☐ At this inspection we found that the provider had failed to engage effectively or work in partnership with others effectively to bring about required improvements in a timely manner. There was a lack of any significant improvement which indicated a lack of an overarching leadership.
- ☐ The improvements had not been effectively addressed which means there is a continued 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

- ☐ There were opportunities for people to share their views about the quality of the service provided. Surveys were sent out to people to gather feedback about the quality of the service provided. Where improvements were noted, people were informed about the improvements the provider planned to make.
- ☐ The registered manager was sending notifications to us about changes which affected the service. Our previous report and the ratings poster were displayed as we require. This is to ensure people; their visitors and members of the public can read about the home and our findings.