

Annual Inspection Report 2022-2023

Grest Residential Home

Adult Care Home

25th and 26th January
2023



DHSC

We carried out this announced inspection on the 25th and 26th January 2023. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Grest Residential Home is a care home. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were twelve people using the service. The service provides support to people who are unable to provide themselves with a level of self-care sufficient for them to live independently.

Grest Residential Home is located in Ramsey and can accommodate up to sixteen people across two floors.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Areas for improvement are required in relation to training, risk assessments, fire safety, pre-employment checks, medication protocols, care records, staff inductions, supervisions and appraisals, team meetings, quality assurance, management audits and an annual report.

The home was clean and well maintained for the safety of the residents. Staff were knowledgeable about the signs of potential abuse. Equipment was being serviced in line with the manufacturers' guidance.

Management regularly worked alongside staff so as to observe standards of care. People's dietary needs were well catered for.

People reported that staff treated them with dignity, respect and compassion. Independence was promoted. Staff said that they were providing person-centred care. Staff were knowledgeable about residents' needs.

Care plans reflected people's physical, mental, emotional and social needs. People were encouraged follow hobbies and interests and to maintain relationships that were important to them.

The manager understood their responsibilities as a registered manager. The home worked in partnership with a range of other professionals.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Grest Residential Home is registered as an adult care home.

Registered manager status

The service has a registered manager. 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 13 January 2023. We visited the location's office/service on the 25 & 26 January 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We spoke to six people about their experience of living at Grest Residential Home. We also observed interactions between staff and people living at the Grest.

We spoke with seven members of staff, the registered manager, and deputy manager.

One visiting family member was spoken to as well as a visiting health professional.

We reviewed a range of records, including people's care records, staff files in relation to recruitment, staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

Five family members were spoken to so as to provide their views about the service and their experience of the care provided to their relative.

C1 Is the service safe?**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area.

This service was found not to be safe.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

Staff understood the actions they must take if they suspected abuse or harm was taking place. Staff also felt confident in the management dealing seriously with any concern raised. The home could not evidence that all staff had received training on safeguarding, while some staff had gone past the date when they should have refreshed safeguarding training.

The provider had policies and procedures on safeguarding and whistleblowing.

Systems were in place to record and monitor all accidents, incidents and safeguarding concerns. A discussion was had with the manager regarding what situations would require a notification of events form being completed and sent to the regulator.

Assessing risk, safety monitoring and management

The provider could not evidence that all people's risks had been identified, with an associated assessment in place.

Environmental risk assessments were not available on inspection. A system was in place for staff to report hazards around the home. The manager said that monthly internal and external environmental inspections were taking place. Equipment within the home was serviced in line with the manufacturers' guidance.

Electrical safety and portable appliance testing (PAT) had been completed. Regular fire safety checks were taking place, but only one fire drill had taken place in the last year. A fire risk assessment had been written but was overdue a review. The home could not evidence that all staff had received training on fire safety. Some staff had gone past the date of when fire safety training should have been refreshed.

Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy held in their file. One person's PEEP was out of date with a review.

An external company carried out annual tests for Legionella bacteria as well as water temperature checks and showerhead cleaning on a regular basis.

Paper care records were kept in a locked cabinet within a secure office.

Staffing and recruitment

One person had been recruited since the last inspection but had yet to start. Their pre-employment checks were examined. There was no evidence of identity checks or interview notes on file. All pre-employment checks must be available on inspection.

Not all staff Disclosure and Barring Service (DBS) checks had been reviewed within a three-year period.

Staff rotas were legible and shift leaders identified. Staffing levels appeared adequate on the days of the inspection but the manager said that they and the deputy manager had been spending a disproportionate amount of time assisting on shift. This was due to a mixture of staff illness and staff vacancies. The manager said that the situation was stabilising.

Resident feedback confirmed that generally there were enough staff available to meet their needs. Comments included, "staff come quickly when I ring my call bell alarm" and "generally there is enough staff but there have been some issues with sickness".

Using medicines safely

A medication policy and procedure was in place and contained information in compliance with NICE guidelines on medicine management. Pre-admission assessments identified a person's medication requirements. Care plans detailed the support required from staff in order for a person to take their medication. Medication self-administration risk assessments were completed. People confirmed that they received their medication on time and that staff observed them taking the medication. Medication reviews were taking place but it is recommended that the provider record in care notes when a review has taken place.

Medication storage was secure and Medicines Administration Records (MARs) generally were fully completed, with only one missing staff signature seen on inspection. People who were prescribed as and when PRN medication did not have protocols in place. PRN medication for one person did not show the maximum frequency for this medication in a 24 hour period. It is recommended that the home evidence that an individual's GP has agreed for homely remedies to be administered. Medication fridge temperatures were being recorded.

Senior staff administered medication and their competency to administer medication was being assessed annually. Evidence of up to date medication training for all staff could not be evidenced.

Preventing and controlling infection

An infection control policy was available. Monthly infection control audits were taking place. The home could not evidence that all staff had completed or updated infection control training. Staff were observed using Personal Protective Equipment (PPE) appropriate to the task they were performing.

The home was clean and tidy and odour free on the days of inspection. One housekeeper was in post currently, with care staff having to perform cleaning tasks two days a week. Daily cleaning schedules were followed. It is recommended that a curtain cleaning schedule be implemented.

Control of Substances Hazardous to Health (COSHH) products were stored in a lockable cupboard. It is recommended that up to date safety data sheets for all COSHH products are obtained.

Systems were in place for sorting and segregating soiled laundry.

Fridge and freezer temperatures were being recorded daily. Food was being stored appropriately, including labelling food once opened.

Learning lessons when things go wrong

Management had a process in place to monitor accidents, incidents and safeguarding concerns. Staff understood their responsibilities to raise concerns and record any accident or incident.

Action we require the provider to take

Key areas for improvement:

- Action required to evidence staff safeguarding training.
- Risk assessments to be completed for all individuals.
- Environmental risk assessments to be made available on inspection.
- Fire risk assessment to be reviewed.
- Two fire drills to take place annually.
- Action required to evidence fire safety training and an annual refresher.
- All pre-employment checks to be made available on inspection.
- The manager must ensure that all staff have undergone a DBS check every three years.
- PRN protocols to be written.

Inspection Findings

C2 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 service does require improvements in this area.

This service was found to not always be effective.

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

Not all of the people in the home had a pre-admission assessment of needs on file. One person only had a shared assessment form available for scrutiny. The inspector was informed that one had been completed but was not on file.

Generally, information from the assessments formed the basis of the care plans. If there was an identified risk of harm to any person, the manager then produced a risk assessment. One recently accommodated person had no care plans written and there were limited care plans in place for another resident. Staff, when asked, were familiar with these two people’s care needs.

Evidence within the pre-admission assessments showed that people and their family members were involved with the admission process. There was evidence that the person moving into the home had been included in the development of their care plans and risk assessments. Care plans and risk assessments were being regularly reviewed.

Staff support; induction, training, skills and experience

Staff supervisions and annual appraisals were not up to date. Staff felt supported by the management.

The home had a structured induction format for all new staff to complete. One staff member had transferred from being a domestic to a health care assistant but an induction to care had not been completed.

Training records were incomplete. Not all training could be evidenced. Out of date certificates were on file. Some training was in person while other training was via DVD. The manager said that the current use of DVD’s was not working well and there was no centralised system for management to keep track of when refresher training was due. Staff said that they did feel that they had received the training to support people well. Some staff said that they had suggested additional training to management, as they believed that it would be beneficial.

The majority of staff had acquired a relevant care qualification.

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

People’s dietary needs and preferences were assessed. Care plans and risk assessments informed the staff of the level of support the person needed and if monitoring nutritional intake was necessary.

People were reminded of the meal choice in the morning and asked to choose their food for the lunch and evening meals. Choices were available and residents said that the kitchen was very accommodating if they wanted something that was not on the menu.

The chef was knowledgeable about people's likes and dislikes and any allergy or specific dietary requirement. Resident records documented any allergy and food and drink preferences.

The mealtime observed on inspection was relaxed and informal. People were very enthusiastic about the food provided by the home. Individual placemats featuring photographs of the resident were being used.

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

Pre-admission assessments identified people's health needs and care plans provided guidance for staff in meeting those needs.

Care records demonstrated referrals were made to medical professionals, where necessary. A record of people's appointments with medical professionals was documented.

Peoples needs met by the adaptation, design and decoration of premises

People were able to personalise their rooms and had access to outside space. Rooms and building in general was in a good state of repair and decorated attractively.

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

Capacity assessments would be carried out if it was considered that a person could not make an informed decision. A best interest's decision would then be made. The manager informed us that no restraint was used in the home.

Action we require the provider to take

Key areas for improvement

- The provider to evidence pre-admission assessments for all new residents.
- Care plans to be written for all residents.
- The provider to evidence that staff have completed mandatory and refresher training.
- The provider to evidence that staff complete a structured induction.
- The service needs to provide staff with a minimum of four supervision sessions per annum and to include an annual performance appraisal.

Inspection Findings

C3 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. The service does not require any improvements in this area.

This service was found to be caring.

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

Warm and friendly interactions between staff and residents was observed. During feedback, people confirmed that staff treated them with kindness, respect and compassion. All spoke enthusiastically about the staff and the care that they received. Family members felt listened to when they had contact with the home.

Staff spoke knowledgably about the people they provided care to. Comments included, “the care we provide is very person-centred”, and “there is nothing we won’t do for the residents”.

Religious and cultural needs were identified on initial assessment and people were supported to attend church / participate in events.

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

There was evidence that the person moving into the home had been included in the development of their care plans and risk assessments, but records examined on inspection showed out of date resident involvement in the review process. It is recommended that involvement in reviews be clearly recorded.

Staff said that they had the opportunity to spend quality time with residents, although this could vary depending on staffing levels.

Residents meetings were not taking place. Due to the size of the home, the manager said that informal discussions with people were taking place daily and that structured meetings would not be of benefit.

Respecting and promoting people’s privacy, dignity and independence

Staff encouraged people to do as much as they could for themselves. Care plans were written in such a way as to promote independence.

Privacy and dignity was respected. People confirmed that staff always knock on the door before entering their room and sought consent before offering any personal care.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

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

Staff were familiar with people’s needs and preferences. Important information was recorded. People confirmed they were supported in a way they preferred.

People said that they could choose the gender of staff they wanted to support them and this information was recorded in care records.

People were encouraged to keep in touch with family and friends. Individual’s hobbies and interests were also promoted. Equipment for activities was available, such as board games and magazines. Staff provided one-to-one activities such as nail care / pampering, but other organised activities were not provided. Residents said that they enjoyed “doing their own thing” and that organised activities were not required.

Meeting people’s communication needs

Pre-admission assessments identified the person’s communication needs, which led to the development of person-centered care plans in communication, where required.

Improving care quality in response to complaints and concerns

A complaints policy was in place and a copy of the complaints procedure was on display in the home.

The residents’ handbook contained information on how to make a complaint. No complaints had been made or recorded since the last inspection.

Feedback from residents and family members of residents spoken to said they would feel comfortable raising any concerns or complaints with management. They felt confident that they would be listened to and that their concerns would be taken seriously.

End of life care and support

Personal wishes at the end of their lives had been discussed with some people. Where appropriate, Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders were recorded and a copy was stored in a person’s file, in the event of a medical emergency.

Inspection Findings

C5 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. The service does require improvements in this area.

This service was found to be well-led.

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

Care plans were found to be person-centred. People spoke positively about the staff and the care that they were receiving in the home. Family members told us that the care and support was very good. One comment made was, "my sister is very happy in the home".

Staff members felt supported by management and spoke positively about the care they provided to the people living in the home.

Team meetings were not taking place. The manager said that there was an open door policy for staff to speak to them if they had any concerns. Staff felt confident about expressing their views to management. Some staff said that it would be beneficial for team meetings to be held.

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

The manager had the skills, knowledge and experience to lead effectively, but was being taken away from management duties due to assisting on shift. Staff were clear on their roles and received feedback from management informally.

Generally the service had notified the regulator of all notifiable events within the specified timeframe.

Appropriate insurance cover was in place.

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

The manager provided information about the service to new residents and their family at the time of moving into the home. This information formed part of the residents' guide. The statement of purpose was available on request.

Feedback was being sought informally from people on a regular basis. Formalised quality assurance measures should be developed.

Several family members commented on the good communication with the home.

How does the service continuously learn, improve, innovate and ensure sustainability

Staff believed that they had received the training and support to provide quality care. Training records were incomplete. The management had set the frequency of refresher training. Staff

members responsible for medication administration were having their competency assessed annually.

There was no formal system in place for management audits of staff training and resident care records.

Internal and external environmental audits were taking place.

An annual report, listing the success of the home and including a development / improvement plan had not been written.

Working in partnership with others

Information contained within people's care plans demonstrated the staff at The Grest worked in partnership with other agencies. A visiting health professional was spoken to on inspection. They said that the home was very responsive to any request they made.

Action we require the provider to take

Key areas for improvement

- Twice-yearly team meetings to take place.
- There were no formalised quality assurance measures.
- There was no formal system in place for management audits of staff training and resident care records.
- An annual report had not been written.