

Inspection Report

2023-2024

The Grest Residential Home

Adult Care Home

27 March 2024

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this unannounced inspection on 27 March 2024. The inspection was led by an inspector from the Registration and Inspection team who was supported by another inspector.

Service and service type

The 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 nine 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.

The 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

No areas of improvement have been made.

People's needs were being assessed and people and their relatives were involved in the assessment process. The provider had recruited safely.

All staff were going through a structured induction process, with regular one to one meetings with the manager to check progress.

Staff were observed treating people with respect. Family members confirmed that their relative was treated with kindness and compassion.

People received individualised care and support to meet their needs. Person-centred care plans identified people's needs and provided guidance for staff on how to meet those needs.

Staff feedback confirmed that the provider had a clear set of values for the home. People said that they enjoyed living at The Grest.

About the service

The Grest Residential Home is registered as an adult care home. The current provider Sapphire Care took over the running of the home from the previous provider in December 2023.

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 unannounced inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 22 March 2024. We visited the service on 27 March 2024.

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), notifications, complaints/compliments and any safeguarding issues. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived in the home and observed staff support being provided. A visiting Community Nurse was spoken to.

We spoke with four members of staff, the registered manager and the cook.

A tour of the home was carried out.

We reviewed a range of records, including people's care records, staff recruitment records and a variety of records relating to health and safety and the management of the service.

After the inspection

Four family members were telephoned and asked their views on the home.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does not require any improvements in this area.

This service was found to be safe.

Assessing risk, safety monitoring and management

A range of health and safety checks had been completed throughout the building, including electrical, fire and boiler safety. Equipment in the home had been serviced, including the lift.

A Legionella risk assessment had been written. An external agency had tested the water for the presence of Legionella bacteria in the water system and no bacteria was present. Staff were checking water temperatures and thermostatic mixer valves were maintained. Showerheads were being cleaned and disinfected and water was run regularly in unused rooms.

Each service user had a Personal Emergency Evacuation Procedure (PEEP) written and stored on file. An easy reference guide relating to individual PEEP's was readily available for staff to refer to in an emergency. Staff members had received training on fire safety.

Staffing and recruitment

All staff employed by the previous provider were made redundant and went through the recruitment process to gain employment with Sapphire Care. The provider had recruited safely. The files of four staff were examined and these evidenced that all required pre-employment checks had been completed. There were no staff vacancies at the time of the inspection.

Disclosure and Barring Service (DBS) checks for the staff team were in place.

Peoples' level of dependency was being assessed monthly, which led to the setting of staffing levels.

Staff rotas were clear and legible and shift leaders clearly identified. Staff felt that there were enough staff on duty to support the needs of the people living in the home.

Preventing and controlling infection

The home was clean throughout and cleaning schedules were being completed. Personal Protective Equipment (PPE) was available for staff use. Staff had completed training on infection prevention and control. Monthly infection control audits were taking place as well as bed and mattress checks.

The home had an infection control policy.

COSHH products were kept in a lockable cupboard and safety data sheets on these products were available.

Staff had received training on food hygiene. Fridge and freezer temperatures were being recorded. Food was being stored appropriately and a system was in place regarding when to use by once opened.

The Department of Environment Food and Agriculture (DEFA) had carried out an inspection on the 17 January 2024 to check compliance with the requirements of food hygiene and relevant health and safety legislation. A report was written highlighting numerous actions to be completed and all had been completed by the time of the inspection.

Learning lessons when things go wrong

The manager was completing a variety of monthly audits. Audits identified any actions to be completed and any learning to be had.

The home had submitted notifications concerned with the well-being of service users. There was evidence that the manager had responded to incidents and changed practice accordingly.

Staff knew their responsibilities in preventing and responding to incidents or near misses.

The manager said that they had signed up to relevant external safety alerts.

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 not require any improvements in this area.

This service was found to be effective.

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

As part of taking over the running of the home, the new provider had undertaken a new assessment of needs for each service user which was used to develop detailed care plans and risk assessments.

There was evidence of involvement of the service user / representative in the assessment process and care record agreement. The involvement of other health professionals in a person’s care was evidenced.

The manager said that he was made aware of updates / changes in practice and legislation.

Staff support; induction, training, skills and experience

Staff had received training to meet the needs of the people living in the home. All staff were going through a structured induction process, with regular one to one meetings with the manager to check progress. Staff spoke positively about the training and support they were receiving.

A senior’s staff meeting had taken place.

Staff were having their competency to administer medication assessed.

People spoken to on inspection believed that the staff were suitably trained and competent. Comments included, ‘staff seem really good’ and ‘they are very helpful’.

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

People’s dietary / nutritional needs were being assessed on admission, with care plans concerned with eating and drinking written where required and risks of malnutrition assessed. Allergies were recorded. Peoples’ food and fluid intake was being recorded.

Where required, guidance was sought from external agencies such as the diabetes nurse.

The cook said that they were made aware of any new service user’s likes and dislikes and dietary requirements through good communication with the staff / manager. The manager said that he was reviewing peoples’ food preferences.

People confirmed that choices of food at mealtimes were available and that the standard of food was very good. A mealtime was observed on the inspection. The dining experience was relaxed with staff on hand.

Where required, plate guards and specialist cutlery were provided.

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

Staff were observed treating people with kindness and respect. Staff knew people and their individual needs well and people appeared relaxed in the company of staff.

Feedback from family members confirmed that their relative was treated with kindness, respect and compassion.

Individual communication needs were identified and needs addressed.

Any religious and cultural needs were identified on admission and care plans developed. People were supported to maintain important relationships with family and friends.

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

Family members confirmed that they had been involved in the reviewing of care plans and risk assessments.

Staff members said that they had opportunities to spend quality time with the people living in the home.

The manager said that he intended to hold regular resident and relative meetings to give people the opportunity to express their views. We were also informed that residents, relatives and staff would be able to provide feedback through completion of an annual questionnaire. This would form the basis of an annual report.

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

People received individualised care and support to meet their needs. Person-centred care plans identified people’s needs and provided guidance for staff on how to meet them.

Individual’s levels of capacity and consent was recorded on admission.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) information on individuals was recorded.

People were supported to develop and maintain relationships that were important to them.

Individual’s hobbies and interests were identified on admission and a weekly schedule of activities compiled.

Staff members could access the home’s electronic care planning system on a mobile phone and family members could also remotely access their relative’s records.

New residents were given information about the home on admission.

Improving care quality in response to complaints and concerns

The provider had a complaints policy and the complaints procedure was displayed in the home. Information on the complaints process was featured in people’s contract, the service user guide and statement of purpose.

No complaints had been recorded. Numerous compliments had been made.

Staff were encouraged to raise any concerns or complaints.

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 not require any 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

Staff feedback confirmed that the provider had a clear set of values for the home. One staff member commented, '(values) were embedded into staff ethos'. Recruitment processes evidenced that the provider employed applicants committed to the organisations set of values. The manager said that having regular meetings with staff, as part of their probation period, gave the opportunity to discuss progress and supported development.

People said that they enjoyed living at The Grest.

The manager had attained a Level 5 Diploma in Leadership for Health and Social Care. The manager kept up to date with mandatory training and was also a nurse prescriber.

The provider had a quality, diversity and inclusion policy.

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

Regular checks and audits were taking place throughout the home, including infection control, fire, environmental and health and safety. There was evidence of learning from incidents / accidents.

Staff members could access the home's electronic care planning system on a mobile phone and family members could also remotely access their relative's records.

The manager and senior staff had received training on supervision.

As all staff were currently undergoing induction, which included regular meetings with the manager, no supervisions were taking place. The manager intended to hold these regularly in the future, as well as all staff having an annual appraisal.

Staff said that they received information about any incident, accident or changes to working practices from the manager and that communication was good. Relatives said that the manager was friendly and informative and believed that the home was well run.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.