Mr & Mrs A Cable

Greyfriars Care Home

Inspection report

26 Clarence Gardens
Shanklin
Isle of Wight
PO37 6HA

Tel: 01983864361
Website: www.greyfriarscarehome.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 January 2016 and was unannounced. The home provides accommodation and personal care for up to 9 older people, including some people living with dementia. There were 7 people living at the home when we visited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a homely environment and were treated with kindness and compassion. We observed supportive positive interactions between people, the registered manager and the provider. There was an open, trusting relationship; it was clear they knew each other well and the registered manager understood people's needs. People were involved as far as possible in planning the care and support they received.

People felt safe at Greyfriars. The registered manager and staff had received appropriate training in a range of subjects, including how to protect people from the risk of abuse and meet their individual needs. Staff were available when people required them.

The home was meeting the requirements of legislation designed to protect people's rights. People's needs were met effectively and they were supported to make their own decisions.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided information to promote independence.

There were suitable systems in place to ensure the safe storage and administration of medicines. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

People enjoyed their meals and received a choice of suitably nutritious meals based on their needs and preferences. People were supported to engage in a range of ad hoc and individual activities of their choosing.

People were happy with the way the service was run. The provider sought informal feedback from people and had a process in place to deal with any complaints or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt they were safe and staff were aware of their responsibilities to safeguard people. Risks had been assessed individually and action taken to ensure people's safety without placing unnecessary restrictions on them.

People received their medicines at the right time and in the right way to meet their needs. There were enough staff to meet people's needs.

Arrangements were in place to manage emergency situations.

Is the service effective?

Good

The service was effective.

People's rights and freedom were protected. The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS).

People were supported to have enough to eat and drink. Their health and well-being were monitored effectively and they were supported to have their medical needs met.

Staff received appropriate training and support to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring, and positive relationships with people and treated them individually and with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that met their individual needs. People were supported to make choices about how they lived their lives.

Care plans and activities were personalised and focussed on individual needs and preferences.

The provider sought informal feedback from people and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were largely informal. Policies and procedures had been reviewed and were available for staff. The provider and registered manager understood the responsibilities of their roles.

There was an open and transparent culture within the home. The provider and the manager were approachable. People, external professionals and staff felt the home was run well.

The provider's values were clear and understood by staff. The registered manager stated they aimed to provide a homely environment where people could be happy and as independent as possible.

Greyfriars Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 January 2016 and was unannounced. The inspection was conducted by one inspector. Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the home. We also spoke with the registered manager, two care staff and a visiting health professional.

We looked at care plans and associated records for three people, additional records of care people had received, staff duty records, staff recruitment files, accidents and incidents reports, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas.

We previously inspected this service in December 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Safe? Yes, definitely". Another person told us, "Yes I feel safe here, the staff are always around and know how to help us". Other people we spoke with also responded that they felt safe.

Records showed the process used to recruit staff helped ensure staff were suitable for their role. The home had a small staff team and had only recruited one new staff member since our previous inspection. A full work history and confirmation of the applicant's identity were not available although a criminal history check and two references had been completed. Other staff files also did not have the full work history or copies of documentation which would confirm the staff member's identity. The registered manager stated they would ensure this information was in place for all staff.

The provider had appropriate policies in place to protect people from abuse. Staff had received training in safeguarding adults and knew how to identify and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "Safeguarding training was included in the induction. They told us all about it and I would report any concerns to [name registered manager] or social services". The registered manager was also aware of safeguarding and what action they should take if they had any concerns or concerns were passed to them. They described previous situations when they had raised concerns with the safeguarding team. There were suitable policies in place to protect people; staff had access to the relevant procedures and contact numbers which were available for all staff on notice boards.

Risks were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, use of stair lifts and moving and handling. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Where people had fallen, assessments were completed of all known risk factors and additional measures put in place to protect them where necessary. We observed equipment, such as pressure relieving devices and bed rails, being used safely and in accordance with people's risk assessments. Where necessary people had individual equipment, such as for one person slide sheets, which were seen in their bedroom and corresponded to information in their care plan. Staff said that moving and handling equipment was always operated correctly by two members of staff. Records showed that two staff had signed to confirm they had completed repositioning for a person who required two staff to complete this safely. Individual moving and handling risk assessments had been completed. A community nurse told us staff were quick to seek advice if they had any concerns about people and followed all advice given.

Environmental risks were managed appropriately. For example, following a publicised incident in another local care home the registered manager had taken action to ensure staff would be alerted if anyone opened an upstairs fire exit. Records viewed showed essential checks on the environment such as fire detection, gas, electricity and equipment such as hoists were regularly serviced and safe for use.

People received their medicines safely. People told us they received their medicines from staff and that they could request as required medicines, such as paracetamol for a headache if needed. Medicines were administered by staff who had received appropriate training. We observed staff administering medicines and the procedure used followed the provider's policy and ensured the safe administration of medicines. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Each person who needed 'as required' (PRN) medicines had information in place to support staff to understand when these should be given. Medicines were stored securely according to the manufacturer's instructions and there was an appropriate process for the ordering of repeat prescriptions and disposal of unwanted medicines.

There were enough staff to meet people's needs at all times. People told us there were enough staff. One person said, "The staff are always around, they have time for any help I need". Another person said, "If I need them then I never have to wait". Staffing levels were determined by the registered manager who assessed people's needs and took account of feedback from people, relatives and staff. Two staff were on duty from 7am until 10pm and at night the awake staff member was supported when required by a sleepin staff member. The registered manager was available and provided additional support and covered some sleepin and day shifts when required. Duty rosters showed that staff covered additional shifts when necessary ensuring staffing levels were maintained at a safe level. A staff member said, "It's not busy, we have time to sit and chat with people". Another staff member said, "I'm happy to work extra shifts when needed, we can sit down with people and have a drink and chat with them so I don't get tired". We saw staff had time to spend with people informally chatting and that at no time were people rushed or hurried by the care staff.

There were plans in place to deal with foreseeable emergencies. Staff had undertaken first aid and fire awareness training. They were aware of the action they should take in emergency situations. Personal evacuation plans were available for all people. These included individual detail of the support each person would need if they had to be evacuated. Systems were in place to ensure fire detection and management equipment was regularly checked to ensure it should function correctly if required. Records viewed confirmed these checks were completed.

Good

Is the service effective?

Our findings

People were happy with the personal and health care they received. One person said, "The staff are always available when I need any help". Another person said they got the help they needed "to have a bath or do up my shoes". People also said they could decide when they received support and were not "kept to a timetable". Another person said they felt the care they received was good and their needs were met well. A visiting health professional commented on the "excellent care provided for one person's skin" which they attributed to the care staff always using the prescribed topical skin creams. People were observed to be appropriately dressed and with attention to hair and nails.

People were able to access healthcare services and received the personal care they required. Everyone we spoke with told us they could see a doctor or other healthcare professionals when needed. One person told us they had "seen the optician" and "the chiropodist comes every couple of months". Care records contained information about people's previous known healthcare needs and treatment and what support they required with ongoing medical needs. Care records also showed people were referred to GPs, community nurses and other specialists when changes in their health were identified. Discussions with the registered manager showed they were aware of how to access medical advice and when this may be required. They described occasions when they had advocated on behalf of people to ensure they received routine and specialist health care appointments. A visiting health care professional said they had a positive relationship with staff and their recommendations and guidance were followed in the person's best interests.

Care files included information about personal care needs and the support individual people required to ensure these needs were met. Care staff were able to describe the support people required. People received the level of support they needed but were encouraged to be as independent as possible maintaining current skills. For example, we heard staff informing a person they had run their bath for them. The person was supported to the bathroom and into the bath then left with a call bell to alert staff when they were ready to get out. We heard the care staff member who had assisted the person into the bath say to the other staff member that they had washed the person's back and the person was "doing the rest on their own". The person received the support they required but was afforded independence and dignity appropriate to their needs. Care records recorded the personal care people received. The information recorded included repositioning (where required) and the provision of personal and continence care. These records had been well completed and demonstrated people were receiving personal care.

Everyone was complementary about the meals provided. One person told us, "Food? Oh yes very good, more than we need, we could get more if we need it". Another person said, "The food is excellent, they are all good cooks". We observed the lunch time meal which was a relaxed, informal social occasion. People were supported to the dining room and able to sit with people they enjoyed sitting with. We saw one person had been provided with a more supportive chair with arm rests which staff explained was to help their posture whilst eating. We heard people requesting sauces which were supplied. People were observed to eat their meals and appeared to enjoy them.

People received appropriate support to eat and drink enough. Where needed staff encouraged and assisted people to eat their meals. They did not rush people and spoke with them throughout the meal. People were offered varied and nutritious meals, which were freshly prepared at the home. Choices were provided in a way to encourage people to make decisions and care staff were aware of people's preferences and dietary needs which were met. Alternatives were offered if people did not like the menu options of the day. Drinks were available throughout the day and staff prompted people to drink often. Staff monitored the food and fluid intake of people where necessary. These records were completed immediately after people had had a drink or meal and were fully completed. One person was prescribed a nutritional supplement. Records detailed that they were receiving the supplements as prescribed. Staff explained they always ensured these were not given too close to meals as this would inhibit the person's appetite so they would not feel hungry and were less likely to eat their main food.

Staff showed an understanding of consent. Before providing care, we observed they sought consent from people using simple questions and gave them time to respond. One staff member said, "If a person says that they don't want care at that time then we leave them and go back later". We observed a person asked if they were ready for their bath, they replied that they had not finished their coffee. The care staff said, "That's ok, when you have finished I'll sort it out". Another person was asked if they wanted to move from their wheelchair to a lounge chair, they said no and were positioned so they could see the TV.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). 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. Where people had been assessed as lacking capacity to make a particular decision, consultation with family members and other professionals had occurred. Care plans contained limited information showing how people could be supported to make decisions and which decisions they could or could not make. The registered manager identified how the forms used could be adapted to include this information.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. Staff were able to give clear accounts of the meaning of Deprivation of Liberty Safeguards and how these might affect people in their care. The registered manager was aware of when and how to make DoLs applications to the local authority. They had the contact details for the local MCA and DoLS lead and described situations where they had previously sought guidance. No-one living at the home was subject to a DoLS authorisation.

People told us they liked their bedrooms and the communal areas of the home. The environment was safe and adaptations had been made to make it suitable for older people, such as assisted bathing facilities and contrasting colours for toilet and bathroom doors. The majority of the bedrooms were on the first floor which was accessed by a stair lift. The registered manager stated that consideration was given to the available room when assessing people prior to admission. There was a lounge and separate dining room which were decorated and furnished pleasantly in a homely style. There was level access to the enclosed rear garden where a covered area was available for people who wished to smoke cigarettes. The front door was fitted with an alarm which alerted staff to anyone leaving or entering the home. Bedrooms were personalised with items important to their occupants.

Staff were knowledgeable about the needs of older people and how to care for them effectively. When asked if they felt staff had a good understanding of their needs one person said "I think they do, they know how to care for us". New staff received induction training which followed the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. The registered manager contracted with an external training provider who had completed a training needs assessment and organised training where this was required. Records showed staff were up to date with essential training and this was refreshed regularly. Most staff had obtained recognised care qualifications relevant to their role or were working towards these.

People were cared for by staff who were motivated and supported to work to a high standard.
Staff were supported appropriately in their role, felt valued and received regular informal supervision. One staff member told us, "The manager is always available and works with us when needed." Another member of staff said, "The manager is always supportive and we can contact them at any time if they are not here". The registered manager worked with care staff on a day to day basis which they said provided them with an opportunity to observe the care provided by staff. Formal supervisions which provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs were not occurring regularly. The registered manager had identified this as an area they needed to improve and informed us this formal programme of regular supervision was being implemented.

Good

Is the service caring?

Our findings

All the people we spoke with praised the staff and said they treated people in a very caring way. One person told us "The best thing about here is the staff, they are really nice." Another person said of the staff "They are all kind, I like them". One person described the staff as "more like family". These views were echoed by the health professional we spoke with.

Staff treated people with kindness and consideration. For example, when staff were serving meals they engaged people in conversations about the meal and ensured they had meals they liked. One person required a high level of support with their meal. The care staff member assisted them in a calm patient manner explaining to them what the meal was and what they were doing. People were offered clothing protectors in a dignified manner. All members of staff spoke positively about people and knew them as individuals. Staff told us there was no pressure to get tasks completed and there was time to sit with people if they were distressed or required emotional support or just to spend some individual time with people.

Staff understood people's individual needs. For example, when staff entered the room of a person who was cared for in bed, they knocked first; if the person was awake they then called out and stated who they were. We saw they positioned themselves where the person could see them and explained what they were doing or planning to do. We observed staff supporting people gently when moving around by holding their hands and offering reassurance and guidance. When a person got up from their chair and wandering around they were discreetly asked if they wanted the toilet and shown where this was. Staff encouraged people to move at their own pace and offered them choices, such as to where to sit in the lounge/dining room.

People were encouraged to be as independent as possible. One person told us the staff arranged a taxi so they could meet friends in the nearby town. This ensured the person could be independent when out but was safe in getting to and from the meeting point. It also supported the person to maintain friendships and access the local community. Another person told us they enjoyed going out to the local library. Although they did this independently staff supported this when requested. For example, on the day of our inspection there was heavy rain. The person had books due to be returned. They requested staff to contact the library by telephone to renew the books so they did not get a late return fine. Staff immediately contacted the library so the person was not anxious about the failure to return their books on time.

People were involved as far as possible in planning their own care. When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. People's preferences, likes and dislikes were known. Care files contained individual information about personal preferences such as those around food and drinks. Support was provided in accordance with people's wishes. Staff were clear that people were never made to get up unless they were awake and ready to rise. People told us they could remain in bed as long as they liked and spend time where they liked in the home. People told us they were able to make decisions and gave the example that they "decide the TV channel". We observed people were informally asked their views about day to day decisions throughout the inspection. People were seen to freely express their opinions to staff and the registered manager.

Staff ensured people's privacy was protected by speaking quietly and ensuring doors were closed when providing personal care. All bedrooms were for single occupancy. Large signs were in use to show when toilets or bathrooms were in use. People stated that staff ensured their privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

Good

Is the service responsive?

Our findings

People received personalised care from staff who supported them to make choices and were responsive to their needs. Everyone we spoke with told us they were happy with the way they were looked after at Greyfriars. One person told us that they were, "Very comfortable here". Another person described the staff as, "The best". A person told us they had asked to change bedrooms when a room with a sea view had become available. They told us this had been organised and "although the room is smaller I like being able to see the sea". A visiting health care professional commented that staff knew the people and were always able to answer their questions and help them during visits.

Initial assessments of people's needs were completed using information from a range of sources, including the person, their family and health or care professionals. Records confirmed the registered manager had visited people prior to admission and sought relevant information to help ensure their needs could be met. The registered manager described the action they had taken when they had no longer been able to meet a person's needs. They had supported the person to move to more suitable accommodation. They added "I knew it would mean an empty room for a while but it was not safe for them to remain here, we were not able to provide the sort of care they needed".

Care plans provided appropriate information about how people wished and needed to receive care and support. They each contained information of the individual care people required throughout the day and night covering needs such as washing, dressing, bathing, continence and nutrition. These detailed what people could do for themselves and how they needed to be supported. This helped ensure people received consistent support and maintained their skills and independence levels. Due to the size of the home and small consistent staff team people were cared for by staff who knew them and their needs. Staff were also able to identify when a person was "not their usual self". Care records showed where staff had identified a person had not had their bowels open for a number of days and they had requested the support of the District Nurse.

Reviews of care were conducted regularly or when needs changed by the registered manager. As people's needs changed, care plans were developed to ensure they remained up to date and reflected people's current needs. For example, in one person's care file we saw that staff had requested a specialist assessment of the person's swallowing ability following an incident when they had choked during a meal. The speech and language therapist had assessed the person and their guidance stated meals and drinks should be provided in an altered format. The person's risk assessments and care plans had been updated and we saw they were provided with the correct meal and drinks as well as support to eat.

We saw staff followed the care plans. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. Care staff were able to describe the care individual people required and were aware of the information in care files which they had access to at all times. Staff referred to people in positive terms. The registered manager was very 'hands on' and covered some care shifts with staff. We saw them giving advice to staff and ensuring that all tasks were completed. Staff Told us they received a handover from the previous staff team at the start of each shift.

People received mental and physical stimulation through a range of ad hoc activities and were protected from the risks of social isolation and loneliness. People were supported to undertake person centred activities within the service or in the community and were encouraged to maintain hobbies and interests. People were supported to be involved if they wished in household activities. For example, one person made their own supper sandwiches each evening. The registered manager told us one person liked to help in the garden and had been provided with an area to grow vegetables. People were also supported to access the community such as to meet friends or use local amenities such as the library. Occasional outings were organised such as to a local garden centre. Other people told us they liked watching television "especially the quizzes". We saw the television was tuned to these in the afternoon and staff had time to sit with people debating the answers and commenting on the contestants. Throughout the inspection we saw staff initiating ad hoc discussions and interactions with people. Care files contained information about people's interests and preferred activities.

People were given opportunities to express their views about the service. The registered manager said they made a point of talking to people and visitors and felt this meant people could raise any issues in an informal way which could be quickly resolved. People knew how to complain or make comments about the service and the complaints procedure was displayed on the notice board in the entrance hall. People told us they had not had reason to complain, but knew how to if necessary.

Good

Is the service well-led?

Our findings

One person described Greyfriars as, "like a family, it's friendly". Another person said, "The staff are wonderful, always around when we need them". People said they liked the environment which they felt was homely and that staff were around to talk with when needed.

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary. The registered manager was aware of their responsibilities to notify CQC of significant events, such as safety incidents and complied with the requirements of their registration. One person described the registered manager as "very approachable" and "often here". Similar comments were made by other people who felt able to raise issues and were confident these would be sorted out.

There was a close working relationship between management and staff who had the best interests of people at heart and had a shared vision to provide high quality care. Staff were positive about the management of the home and said they were able to raise any issues or concerns with the provider or registered manager. Staff told us they enjoyed working at the home and were well-motivated. Comments included: "I love working here it's like a home from home". Another staff member told us how they felt supported by the registered manager who they described as "approachable". They added "I love coming to work here". People, staff and the registered manager all used the term "family" when talking about the atmosphere and culture of the home. We observed staff worked well together which created a relaxed atmosphere and was reflected in people's care. We saw positive, open interactions between the registered manager, staff, and people who appeared comfortable discussing a wide range of issues in an open and informal way. The registered manager was fully aware of people's needs demonstrating they had regular contact with them.

Systems were in place to monitor the quality of the service people received although these were mainly informal. The home was owned by a husband and wife with the wife the registered manager. Both providers were present during the inspection and lived close by. Each had specific roles such as the registered manager who had a nursing background oversaw the care and the other provider the maintenance and business administration side of the home. The registered manager was fully involved in the day to day running of the home and would work with staff providing direct care for people. They said this enabled them to informally monitor the way staff worked and thus monitor the quality of care provided. They also provided on call support and regularly covered sleepin shifts at night. The registered manager said they ensured the quality of the service provided by constantly talking to people, relatives and staff. Following discussion the registered manager stated they would look at various formal audits such as for infection control, documentation, medication, incident monitoring and the environment.

As joint provider the registered manager told us they had control over budgets within the home and were able to authorise expenditure. This meant there was no delay as they were able to directly contact external professionals and approve emergency repairs to ensure the safety of the environment and services

provided. This meant repairs could be completed quickly with limited impact on people. Staff said they felt able to raise any issues or concerns with either of the providers and trusted them to act to resolve issues. They added they were informed about any plans or information about the home.

There were a range of policies and procedures which were relevant to the home and service provided. These were reviewed internally by the registered manager and amended when required. Policies and procedures was available to all staff at all times. This ensured that staff had access to appropriate and up to date information about how the service should be run. Policies and procedures was available to all staff at all times.