

# Key inspection report

## Care homes for older people

<b>Name:</b>	Greswold House
<b>Address:</b>	76 Middle Leaford Shard End Birmingham West Midlands B34 6HA

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Kulwant Ghuman	1   0   1   1   2   0   0   9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Greswold House
Address:	76 Middle Leaford Shard End Birmingham West Midlands B34 6HA
Telephone number:	01217831816
Fax number:	01217845194
Email address:	sue.taylor@ygt.org.uk
Provider web address:	

Name of registered provider(s):	Yardley Great Trust
Type of registration:	care home
Number of places registered:	29

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
old age, not falling within any other category	0	29						
Additional conditions:								
The maximum number of service users who can be accommodated is: 29								
The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 29								
Date of last inspection	1	2	1	2	2	0	0	8

### Brief description of the care home

Greswold House is a purpose built residential home for older people situated within a residential area of the Shard End area of Birmingham. The premises are within close proximity to private households, a sheltered housing scheme and a nursing home.

The accommodation comprises of 27 long stay places and two respite rooms. All bedrooms are for single occupancy and the long stay rooms have en-suite facilities consisting of toilet and wash hand basin and there are bathing facilities directly adjacent to the two respite rooms.

## Brief description of the care home

Services are provided on three floors which are connected by stairs and two passenger lifts. There are lounge/dining area/kitchenette and bathing facilities on each level.

The main kitchen provides meals to each floor and there are also dedicated laundry and hairdressing facilities.

There are pleasant grounds to the rear of the premises that are accessible to the people living in the home via the ground floor lounge. A seating area is also available at the front of the premises.

There is off road parking at the front of the building and the Home has its own mini bus.

Security to the front of the building is maintained by close circuit television, this does not intrude upon the privacy of the people living in the home and there is a secure intercom system at the front entrance.

A notice board displays forthcoming events and other information of interest to people living in the home and their visitors. A copy of the most recent CSCI inspection report is available in the foyer area.

The weekly fee to live at Greswold House is between 424 pounds and 434 pounds. Items not covered by the fee include hair dressing, newspapers, toiletries and private chiropody.

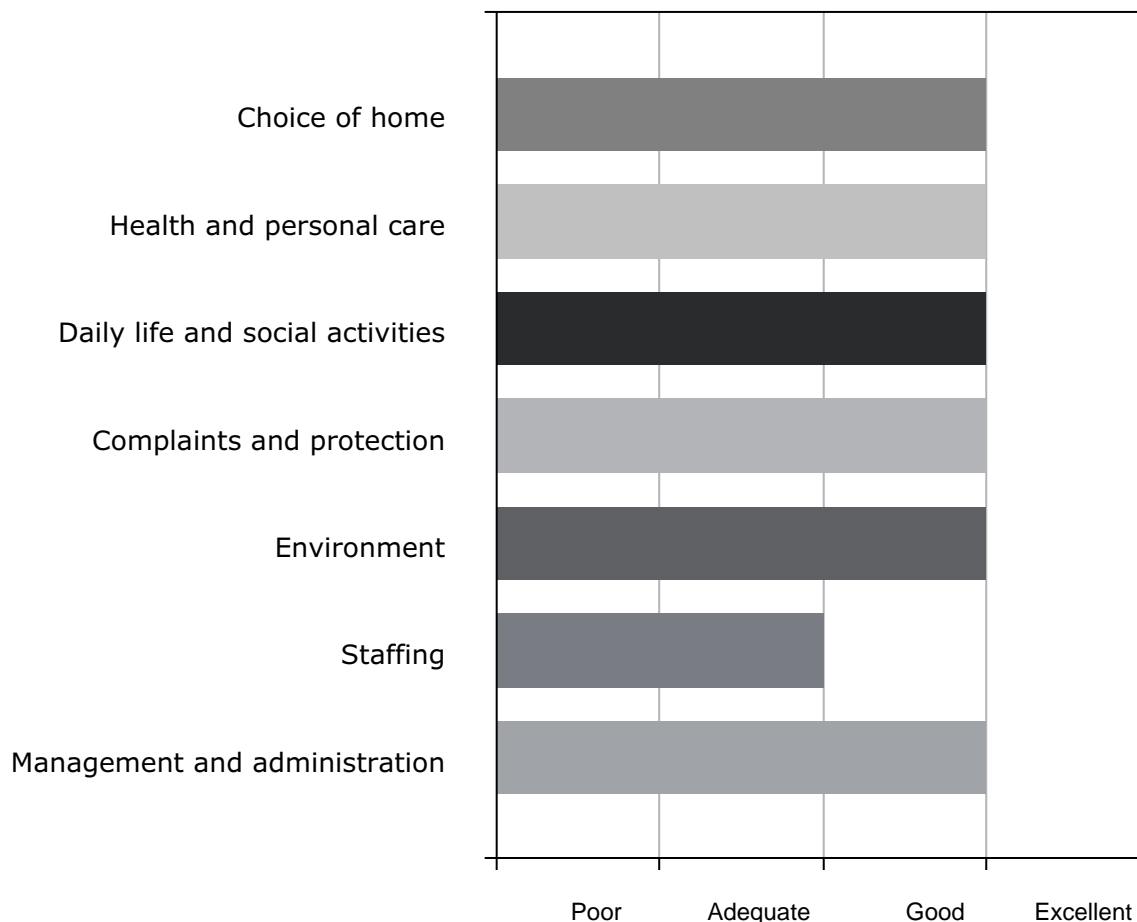
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This inspection was carried out by one inspector during November 2009. The home did not know that we were going to visit.

Prior to the visit taking place we looked at all the information that we have received, or asked for, since the last key inspection. This included notifications received from the home. These are reports about things that have happened in the home that they have to let us know about by law. The home sent us a completed Annual Quality Assurance Assessment (AQAA). The AQAA is a document that provides information about the home and how they think that it meets the needs of people living there.

Three of the people living in the home were 'case tracked.' This involves establishing individuals experiences of living in the care home by meeting them, observing the care they receive, discussing their care with staff, looking at care files, and focusing on outcomes. Tracking people's care helps us understand the experiences of people who

use the service. Two other files were also looked at.

We looked around some areas of the home and sampled some care, staff and health and safety records.

During the course of the inspection we spoke with five of the people living in the home, one visitor, the manager, and two staff to get their views on the home. We sent ten 'Have your Say' surveys to people who live in the home and their relatives, six to staff and five to professionals who visited the home. We received two surveys that had been completed by people living in the home, two from relatives, one from a member of staff and one from a visiting professional.

### **What the care home does well:**

The home provides a very good standard of care. People living in the home or their relatives told us:

"Everything is done well".

"Look after me very well 24 hours. Feel Secure. Carers very good. Good food. Good facilities, hairdressing, chiropody, church services. My room always clean. Washing and laundry good. Entertainment ok".

"Provide a friendly atmosphere and be happy with the residents."

A professional visiting the home told us:

"Very well organised and good senior staff, especially X and X. An excellent residential home, especially compared to some others".

The home is able to respond to the changing needs of the people living there as evidenced by the people whose care we looked at.

Meals and menus are adapted and changed to meet the requirements and preferences of the people living in the home.

We know that there are good relationships between the staff and the people living in the home. People were comfortable in the presence of staff indicating that they were not afraid of them.

Recruitment processes ensured that only suitable people were employed in the home to work with the people living there.

People living in the home were encouraged to remain as independent as possible by managing their own personal care, where they chose to spend their time and which activities they got involved in.

### **What has improved since the last inspection?**

Staff have spent a lot of time improving the care plans and risk assessments. This means that the staff have more of the information they need to help them to assist the people living in the home.

A hospitality room has been developed. This means that there is somewhere that the people living in the home can go if they want to meet with visitors in privacy.

### **What they could do better:**

Some further improvements could be made to care plans and risk assessments to ensure that the staff are made aware of all the available information.

Some people told us that they felt that the staff were very busy or the home appeared short staffed. The staffing levels should be re assessed to ensure that there are sufficient staff on duty at all times to meet the needs of the people living in the home.

Decor and carpets in communal areas should be upgraded to ensure a homely and well maintained environment that is comfortable and welcoming.

The range of activities could be increased and better records of activities taken place should be maintained.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are confident that their needs can be met because there is an accurate assessment of their needs. They are able to visit the home to ensure that they will be comfortable there.

Evidence:

The AQAA told us that there was a service user guide that was available in different formats if needed and this was confirmed during the inspection. This means that people with sight loss were able to access the information in large print or on audio tape. The service user guide contained all the information required to help people decide whether the home is suitable for them.

We looked at the way that two people who were living in the home were introduced into the home and the information the home gathered to decide if their needs could be met.

## Evidence:

The two files showed us that the home gathered information from social workers, from the people caring for individuals before moving into the home and relatives. This information was gathered in most circumstances before the individual visited the home. The individual then visited the home to decide if they would like to stay there.

The admission process ensured that the needs of the individuals could be met in the home.

There were licence agreements on the two files looked at however, the fees that the individuals were to pay had not been completed. One person had been placed by the local authority and therefore had an agreement stating what they would pay for the placement however, the other person was funding their own placement. Although the service user guide indicated a range of fees the individual fees should be completed to ensure that people had received information about the actual costs of the placement.

The home does not provide intermediate care.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be confident that their health and personal care needs are met safely and in a person centred way.

Evidence:

Three people living in the home were chosen to be case tracked. This means that we looked at their care plans and risk assessments, spoke to staff caring for them, talked to them or observed their care where possible to make a judgement about whether their needs were being met.

The care plans for the three people case tracked showed that generally there was good information available to staff to assist them to meet the individuals' needs. For example there was information available regarding the turning regime for one individual and how their calorie intake was to be supplemented.

Improvements could be made to the care plans. For example, one individual's care plan indicated a high protein diet however, when discussed with staff we were told that the diet was to increase the calorie intake. A high protein diet is different to a

## Evidence:

fortified diet and even if the wrong terminology had been used if the care plan had indicated how this was to be achieved it would have clarified which diet was required. For another individual the care plan needed to show what the mental health relapse indicators were that staff needed to observe for.

Two staff were spoken to regarding the care being provided to the people who were being case tracked and it was evident that they knew the needs of the individuals and how to manage their care.

There were risk assessments in place that covered issues such as nutrition, pressure areas, falls and moving and handling ensuring the safety of the people living in the home.

As discussed during the inspection it was noted that information was available in the files but this was located in several areas. For example, there was information in the care plans, risk management plans and visits from professionals. All of these documents should cross reference to each other to ensure the reader accesses all of the information.

The health needs of the people living in the home were met with visits from the district nurses, general practitioner, dentist, chiropodist and psychiatric nurses as necessary.

Medicines management in the home was good ensuring that people received their medicines as prescribed. Systems ensured that medicines were booked in appropriately and staff undertook regular auditing to ensure that no errors were being made during administration.

Staff were observed to speak and interact appropriately with the people living in the home.

Comments made by relatives of people living in the home about their care included: "My mother is very happy at Greswold House. Our only concern is staff overload and cleanliness/decoration."

"Always clean, clean sheets, towels etc. Carers do an excellent job, feel very confident that they look after my mother well".

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can choose to be involved in organised activities if they want. They can be assured that friends and relatives will be made welcome and that their nutritional needs will be met and choices made available to them.

Evidence:

At the time of the inspection some people were sitting in the lounges and some had decided to stay in their bedrooms. The majority of people went to the dining areas for meals.

We observed several people who were knitting squares to make blankets and one person was knitting mittens and hats for a maternity hospital. Some people had been decorating cakes and were selling them to visitors to raise money for soldiers.

There were evident good relationships between the people living in the home and with the staff.

Visitors were made welcome into the home and we saw some visitors coming and going throughout the day. Relatives were encouraged to be involved in the care of the people living in the home and a telephone was available for people to speak to their

## Evidence:

relatives. A hospitality room had been set up for people to entertain their visitors in if they did not want to go to their bedrooms.

We were told by some people living in the home that there was not much to do and some relative surveys also commented that more activities would be appreciated. Some people told us that they did not want to go out but enjoyed entertainers when they came into the home. One of the completed surveys said the home should: "Provide more interactive 'in house' entertainment."

Staff we spoke to told us that there was an activity organised each day. The records did not support this. There were records of some activities taking place such as play your cards right, bingo, church services and bible classes, exercise sessions, sitting in the garden, birthday celebrations and Halloween as well as other celebrations but these were not everyday.

The AQAA told us that there had not been many trips out as the minibus had been stolen and the home found it difficult to attract drivers for the bus. There was evidence that some people did go out to the shops with relatives and occasionally with staff.

People living in the home told us that they enjoyed their meals and that they always had a choice. One person told us that they had put weight on since they had moved in. We had lunch with the people living in the home and they enjoyed their meals and appeared to be comfortable and at ease in the presence of staff.

The menus showed a variety of meals were on offer and there were always choices available.

The AQAA told us that the kitchen staff discuss the meals with people on a regular basis and changes are made to the menus. There was evidence that the menus were changed after comments were made by the people living in the home.

People living in the home are encouraged to remain as independent as possible. People are able to choose whether they spend time alone or in communal areas with others. They can choose to be involved in activities if they wish. They can go out with friends and relatives. They can continue to manage their finances and medicines if they are able. They can attend to their own personal care if they wish.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home are safeguarded and their views are listened to. This ensures that they feel valued.

Evidence:

No complaints or safeguarding alerts had been received in respect of the home.

People living in the home told us they were happy. Surveys returned to us indicated that people were able to raise concerns and that they were always or usually responded to appropriately.

Surveys we received told us:

"I feel very confident that my mother is being well looked after in a secure friendly environment by carers who do above and beyond their care of duty."

"Look after me very well, 24 hours, feel secure."

The staff we spoke with were well aware of the various forms of abuse that can take place and their responsibilities in relation to raising any concerns. They were also aware of the complaints procedures.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The accommodation is comfortable and homely and meets the needs of the people living in the home.

Evidence:

The deputy manager showed us around the home. The home presents as homely and comfortable with bedrooms located on the ground, first and second floors. Bedrooms were well decorated and pleasantly presented with individuals personal belongings making them personalised. People could have keys to their doors if they wanted.

All but two bedrooms have ensuite facilities and there were bathing facilities on all floors promoting the dignity of the people living in the home. There is a choice of bath and shower in the home to meet individual preferences.

Communal areas in the home consist of the entrance hall, a joint lounge and dining facility on all floors and a hospitality room that people can use to entertain their visitors if they did not want to use their bedrooms. There are also ample grounds for people to sit out in in good weather. The carpets in the communal areas would benefit from a deep clean or replacement.

The home was accessible throughout to people with restricted mobility via passenger lifts. Most of the people living in the home were able to move around with the use of a

Evidence:

zimmer frame but wheelchairs and hoists were available if needed. Other adaptations in the home included a nurse call system, grab rails and assisted bathing facilities. There was a loop system in some of the lounges to assist people with hearing impairments.

People living in the home said their clothes are well laundered and returned to them. Staff were seen to be wearing protective clothing appropriately throughout the day of the inspection.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be assured that the staff working in the home have the appropriate skills and knowledge to care for people safely.

Evidence:

The staffing rotas showed that there were a minimum of three care staff on duty throughout the day with a fourth carer on duty for part of the day. Staff spoken with did say that senior staff would help if they needed it and that it was better when there was a fourth member of staff on duty.

Comments made by some relatives in what the home could do better included:

"Staff were caring but severely over run"

"Seems to be understaffed at the moment."

"More staff."

"Provide more in house, interactive activities."

These comments could indicate that the staffing levels should be reviewed and assessed to ensure that people's needs are met. Staff spoken to felt that there were

Evidence:

sufficient staff available.

The files of two recently employed staff were sampled and these confirmed that robust and safe recruitment procedures are followed to ensure that the people living in the home are protected. The staff files showed that application forms were completed, two references were obtained and Criminal Records Bureau checks had been carried out. The interview process showed that set questions were asked and records of the candidates' answers were maintained. This would provide evidence of fairness and equality during the recruitment process.

Where any issues are identified on CRB checks a risk assessment should be put in place to show that the issues have been considered and any risks minimised.

The training matrix in place was not up to date however, evidence was seen that training updates in manual handling, fire safety, safeguarding, nutrition and well being, infection control, first aid and food hygiene had been arranged.

There was evidence that a brief induction was being undertaken however there was no evidence on the files that an induction programme based on the Skills for Care competencies had been completed on the file of the person still in post. It was important that this induction was carried out by people within the timescales set even when the individuals were employed as bank staff, especially where they had not had much previous care experience. This would ensure that the manager could be assured that they had the skills and knowledge to carry out their role safely.

It was also important to ensure that people were closely monitored during the early days of employment. We were told that staff carried out a programme of shadowing experienced staff as part of their induction but there was no evidence of this.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is managed in a way that ensures that the needs of the people living in the home are met and they are given opportunities to make their views known.

Evidence:

The registered manager and deputy manager were available throughout the inspection. The manager who had had a period of sick leave was catching up with developments in her absence. It was evident that the home had continued to be appropriately managed during her absence and showed good team working. The Responsible Individual attended for feedback.

We were told that questionnaires were about to be sent out again to the relatives and people using the service. There was a report from the previous years quality assurance assessment and a copy of this was to be forwarded to us. A new audit process was being developed based on CQC guidance and standards.

The AQAA told us that equipment was regularly serviced and a random selection of

Evidence:

equipment checked confirmed this.

Weekly fire alarm tests were being carried out and although emergency lighting was serviced on a quarterly basis they were not being tested on a monthly basis. This was needed to ensure that the lights remained fully operational.

There was evidence that staff meetings and meetings for people living in the home to make their views known were being held however, from the records seen it could not be determined that they were being held regularly. This may have been because not all the records could be located on the day.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	2	The licence agreement should be fully completed to ensure people know how much they are paying for the service.
2	7	Care plans should include details about all preferences in all aspects of peoples' care.  This will ensure new staff will have all the relevant information they need to assist the people living in the home.
3	8	Risk assessments and care plans should cross reference to ensure that staff read all the available information.
4	12	Staff should ensure that all activities offered and/or undertaken on an individual or group basis are recorded to ensure that people are provided with the opportunity to take part.
5	26	Decor and carpets in communal areas should be upgraded to ensure a homely and well maintained environment.
6	27	Staffing levels should be reviewed to ensure that the needs of the people living in the home are met appropriately.
7	29	Risk assessments should be in place where any issues have

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		been identified during the recruitment process. This will ensure that the people living in the home are kept safe.
8	38	Emergency lighting should be tested on a monthly basis to check they are working correctly. This will ensure that the people living in the home are kept safe.

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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