

## Wirral Metropolitan Borough Council

# Girtrell Court

### Inspection report

5 Woodpecker Close  
Saughall Massie  
Merseyside  
CH49 4QW

Tel: 01516066109  
Website: [www.wirral.gov.uk](http://www.wirral.gov.uk)

Date of inspection visit:  
28 July 2016

Date of publication:  
09 September 2016

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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 30 June 2016 and was unannounced. At the time of our inspection Girtrell Court offered respite and temporary care and accommodation for people. When we visited 18 people were staying at Girtrell Court, 14 on respite and 4 for a longer term. Girtrell Court is owned and operated by the local authority Wirral MBC.

The home had a manager who was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

During our visit the manager explained to us that the home was due to close in November 2016. The manager explained that the staff team had been supplemented with the use of agency staff and this has been increasing due to the upcoming closure. A number of the agency staff had been working at Girtrell Court long term.

The building was in need of refurbishment and redecoration and had a clinical rather than homely feel to it. The environment of the building was clean. We found that one area of the kitchen needed cleaning and that kitchen cleaning records for nine days were missing. Checks on different aspects of health and safety and the servicing of equipment used by people and their staff were ongoing and up to date.

There was a friendly and relaxed atmosphere at Girtrell Court. People and their families told us they felt safe staying at Girtrell Court. We saw that appropriate risk assessments were in place and people had been supported with any health needs they had. Medication was administered safely. Staff had the appropriate training to ensure people were cared for in a safe manner.

People typically arrived to stay at the home on a Friday. On this day extra staff had been scheduled to work in order to gather relevant and up to date information about people's medication and support needs. People's care plans were reviewed at the start of each stay. We saw that the care plans were individualised and recorded people's likes and preferences.

People told us they enjoyed the food provided and requested alternatives to the planned menu were made if the food was available. People's dietary requirements were documented and catered for.

Staff told us they felt supported and were comfortable approaching the manager. Staff meetings had been held and supervision and staff awareness sessions had been held with the manager to keep staff up to date.

The manager kept records of accidents and incidents and had made the relevant referrals to health and social care professionals to ensure people were safe and well cared for.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The environment was safe and there were sufficient staff to meet people's needs.

Staff received training in safeguarding vulnerable adults. Staff knew how to document and report any concerns.

Medication was administered safely. Each person had an individual medication file containing important information about their medication.

Good ●

### Is the service effective?

The service was not always effective.

The building was in need of refurbishment and redecoration, the environment was clinical and sparse. Cleaning of an area of the kitchen had not been maintained.

Staff told us they were well supported.

People were supported with their health needs.

Requires Improvement ●

### Is the service caring?

The service was caring.

People told us the staff had been kind to them, their wishes and preferences had been respected.

There was a friendly atmosphere at the home, people were comfortable.

Good ●

### Is the service responsive?

The service was responsive.

Each person had an individualised care plan. These were reviewed each time a person came to stay at Girtrell Court.

Good ●

We saw examples of when the service had responded to people's changing needs.

People took part in a variety of activities whilst staying at the home.

### **Is the service well-led?**

The service was well led.

People told us the manager was friendly and positive. People and their family members said they felt comfortable approaching the manager with any concerns.

The manager sought feedback through exit questionnaires when people had finished their stay at the home.

The manager ensured checks and audits of the home and its environment had been completed.

**Good** ●

# Girtrell Court

## 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 30 June 2016 and was unannounced. The inspection was conducted by an adult social care inspector.

We spoke with eight people who were staying at the home. We also spoke with four relatives of people who lived at the home and a visiting health professional.

We spoke with eight members of staff who worked at the home including the registered manager.

We observed the care and support of people, medication administration, the lunchtime meal and people's general care and support throughout our visit.

We looked at and case tracked care files for four people and staff files for four members of staff including their training and supervision records. We looked at a sample of medication administration records and a sample of the medication stock held. We looked at the administration records for the home including records of audits and those records relating to health and safety and a selection of the home's policies and procedures.

We checked the records held by the CQC prior to our inspection.

## Is the service safe?

### Our findings

We asked people staying at Girtrell Court if they felt safe, they told us they did. One person said, "Yes I feel safe; I have my own room which I like". Another person told us, "It's pretty good here". A person's family member told us, "It's 110%, absolutely exceptional apart from the building".

We looked at the staffing rota and the structure of the staff team, there was a mix of permanent and agency staff used. The organisation aimed to use familiar agency staff to provide people's one to one support needs. We found that there were sufficient staff to meet people's needs. The manager told us the use of agency staff had been increasing due to the upcoming closure of the home. We saw that staffing levels followed the home's weekly anticipated model of people's needs and the number of agency staff were increased if people's needs differed to what was anticipated. We didn't see anybody waiting for care and support. One health professional who visited frequently told us, "There always seems to be enough staff, I never struggle to get staff help".

People who stayed for respite typically arrived or left the home on Friday, on this day extra senior care staff were scheduled to make sure this happened safely, to gather relevant information about people and manage people's medications. A senior member of staff was also available 24 hours a day via an on-call system.

In people's bedrooms we saw that call bell units were situated close to people's beds so they could be used to alert staff. We saw records that showed the system was checked to ensure that the bells worked.

Staff had received training in safeguarding vulnerable adults. Staff were aware of who to report concerns to and which forms to use to document their concerns. Staff told us they felt confident reporting any concerns to the manager telling us, "She deals with stuff". Staff also told us they were aware they could contact the local authority safeguarding team if necessary.

People told us they were happy with the way they were supported with their medication. Medication was administered to people in a safe manner and was recorded on a medication administration record (MAR). Medication was stored in a locked cabinet in a locked clinic room, containing a sink, medication fridge, sharps disposal and gloves and aprons for staff. The temperature of refrigerated medication was checked daily. We saw that surplus stocks of medication were stored in filing cabinets that had not been locked, even though they were in a locked room people accessed the room to receive their medication. The manager arranged for the cabinets to be locked the same day.

Each person had a medication file, containing photographic identification and details of their medication including as and when required (PRN) medication and GP authorised homely remedies. The guidelines also advised staff at what stage the advice of a GP should be sought, we saw records that showed this had happened. Covert medication was only administered after this had been deemed to be in a person's best interests in partnership with the persons GP and family which had been documented. We checked a sample of people's medication and MAR charts and stocks, these were correct. Stock checks had been taken weekly

by two staff members. A record of when bottles of liquid medication were opened was kept. To ensure they were used within a safe period of time.

People who received their medication via a percutaneous endoscopic gastrostomy (PEG) had a record of the fluids taken along with their medication. There were clear guidelines in the person's file relating to administering medication via a PEG. There was a record of the daily and weekly actions taken by the staff to maintain the PEG, following the guidelines to use it safely.

There were a number of safeguards in place in relation to medication. For example liquid medication was always checked by two staff members and the manager signed off completed MAR sheets at the end of people's stay. We saw copies of a monthly audit of the medication process and medication records completed by the manager. We saw that senior staff who administered medication had a thorough assessment of their practice annually by the manager.

People's care files we looked at contained risk assessments, these had been reviewed on each person's visit. We saw that some people's environment had been adapted after risks had been identified. One person had a bed that was very low during the night and a crash matt placed alongside the bed in case of falls. There were also general risk assessments for the running of the home that had been recently reviewed by the manager.

Staff completed a form for any accidents and incidents that occurred and these had been logged into a file. A form was also completed for the use of as and when required (PRN) medication explaining the reasons the person had needed it. Some issues had been identified through the analysis of incidents. At the first opportunity after people arrived at the home a full body map was completed. This recorded any marks or bruises on a person. If any unexplained marks or bruises were noted at this stage or later on an incident form was completed and the staff gathered more information. One family member told us of an incident that had happened recently and how they thought the staff "responded well".

The environment needed refurbishment and updating however it was clean and safe. We saw a log of repairs that had been completed as necessary. There was a series of health and safety checks completed at the home to ensure the environment was safe. There had been a fire risk assessment completed in January 2016. A workplace checklist had been completed every second month by the manager. Firefighting equipment had been recently checked with a record of this on each piece of equipment.

Services had been completed on equipment by relevant professionals. The fire alarm and emergency lighting had been serviced. There had been an annual service of shower chairs and profiling beds used by people. We saw that hoists in people's bedrooms and bathrooms had been serviced. Water temperatures were checked monthly and recorded, a gas safety certificate was held for the property.

We saw that personal protective equipment (PPE) such as gloves and aprons were readily available at convenient places in the home for staff to use. The home had a well-equipped laundry. People staying medium term at the home had an individual clothes basket to use for their laundry ensuring people's clothes were not mixed up.

## Is the service effective?

### Our findings

One visiting health professional told us, "I have never had any problems, staff are professional and competent".

Staff we spoke with told us they received training and told us of recent training they had attended. We looked at the training records for staff and saw that they had received training in safeguarding vulnerable adults, first aid, autism, dementia, dignity in care, supporting people in challenging situations, infection control, moving and handling and supporting people with dysphagia. Senior staff were trained in medication administration. Staff held a relevant NVQ qualification in health and social care. This means that staff had received the training they needed to support people safely.

No permanent staff had been recently recruited or inducted. We saw that agency staff working at Girtrell Court received an induction and information regarding their criminal records check (DBS) was viewed. Agency staff induction included an introduction to the workplace, health and safety, learning and development and key policies and procedures of the home. One family told us they thought the quality of agency staff varied a lot. They told us there was a lot of change of staff, "Some are really good and some don't know him. It's about fifty, fifty. Sometimes he is spotless and ready to go, other times looks dirty with no shave and no motivation".

Staff told us they received supervision every eight to twelve weeks. One staff member told us that during the supervisions they "Are asked about problems, our workload, service users and colleagues". We saw from staff files that staff had received regular supervision; recently this had become less frequent. We saw that staff had received annual appraisals with their line manager and these had been kept up to date. We saw notes from staff meetings that had happened. There had been two staff meetings in 2016. We saw that there was a history of holding staff meetings at the home. Staff awareness session had been conducted by the manager if there was an emerging theme that staff required updating on.

One person told us about the food, "The dinners are nice and you can ask for something different". They also told us they would like to have a drink with their meal as often they get one afterwards. Another person told us the "dinners are good". We saw that there was a menu of food for the day and the alternatives available for people to look at, keeping them informed. People we spoke with also told us the cook would make requested food if the items were available.

There was one part time cook employed at Girtrell Court, when they were not in work food was provided by an outside caterer. Food was stored appropriately and the temperature of refrigerators and freezers was checked. We found the kitchen appeared clean, however the deep fat fryer had a build-up of grease and the area surrounding the fryer contained food residue. The cleaning log for the kitchen area which contained the instructions for staff to 'fill in daily' was last completed on 21st June, nine days previously. We spoke with staff and they could not tell us where the missing cleaning records were or when the deep fat fryer was last cleaned and changed of oil.

We spoke with the cook who had information on a notice board of people's special dietary requirements along with their likes and dislikes and those who would like to have a packed lunch for the day. At the time of our visit the staff were providing food for people who required pureed food, gluten free food and vegetarian food.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The people staying at Girtrell Court had a wide range of support needs. The exit doors from the building were locked and could only be opened by staff. When people arrive if one was not already in place from a previous visit a DoLS application was sent to the local authority for authorisation. Staff told us they had received training in the Mental Capacity Act. They told us they had not been involved in any of the processes and viewed this as something "the office staff deal with".

During our visit one person required medical attention, we saw that the person's needs were met quickly and calmly by staff. The person was offered reassurance and was supported to remain safe. Another person told us that they felt supported with a particular health need. They told us, "The staff are doing a good job".

Care files contained a health passport which contained relevant information about a person that may be needed in an emergency or in unfamiliar surroundings. We saw evidence that staff were vigilant with regard to people's health needs. We saw records and were told of examples of the staff making referrals on people's behalf. One person was supported to see a doctor after staff noticed he stopped drinking as much, this led to the person receiving treatment quickly.

The building was in need of refurbishment and redecoration and had a clinical rather than homely feel to it. We saw corroded radiator covers in some bathrooms along with missing covers for pipework. Peeling wallpaper and chipped and tired painting. Some rooms appeared sparse.

## Is the service caring?

### Our findings

One person told us, "When I first came here I was stressed out and nervous. The staff were all very kind, even the boss. She has been helpful to me, helped me with problems and helped me with my letters". Another person told us, "I've been well supported here". A third person said, "I like it here, it's friendly, comfortable and familiar".

We found that people were communicated with in a kind manner with dignity and respect. Their wishes and preferences were respected. One person told us, "I'm not a morning person and staff respect that". There was a friendly atmosphere at the home, people were greeted when they arrived and staff used people's names when speaking with them.

One staff member told us, "I enjoy my job, I like helping people". We found in their approach and actions that staff wanted people to enjoy their stay whilst in Girtrell Court. A person's family member told us, "They are very vigilant in looking after people, they call me right away with the smallest concerns". They told us of one area in which their relative had been supported and told us, "The care and love was unbelievable. Without their support she wouldn't be where she is now". Another family member told us people are, "Treated nicely here".

The staff cared for people's health needs. The manager told us that if a person became unwell they were allocated one to one support until they felt better and a temporary care plan of their changing needs was completed.

People coming to stay at Girtrell Court typically did so on a Friday. Each Saturday staff organised a weekly planning meeting to plan the week ahead. Staff told us that during this meeting people likes and preferences were learnt and recorded for the week, games people liked were planned and any upcoming celebrations were organised. One person had their birthday whilst staying at Girtrell Court. People told us of the party that had happened at the home that staff had helped to organise.

## Is the service responsive?

### Our findings

One person told us, "The staff have been teaching me to make my own sandwiches". One visiting health professional told us the staff, "Promote people's independence".

We were told by a senior staff member that support plans were looked at and reviewed on each visit to Girtrell Court. These reviews were completed by senior care staff in a meeting with a person's family or in a phone call with them before the person arrived at Girtrell Court. We looked at a sample of people support plans. We saw that these had been reviewed at each visit to Girtrell Court. Initial care plans were signed by the person themselves or their parent or other main carer. Care plans contained a weekly planner for events the person had planned during the week. Daily records of people's care and support were kept on diary sheets. There were records of people's dietary needs, how to best communicate with the person and if required a record of people's food and fluid intake. One agency member of staff told us, "If I don't know a person I will ask to read their file, get information and recent updates from other staff members".

We found examples of support plans being person centred. One care plan said the person had requested when not going to a day centre, 'don't wake me up, I like a lie in'. People's preferences we saw were discussed as part of the staff handover meeting.

We saw part of a handover between shifts. The incoming manager took notes. The handover included information about as and when required medication used, skin integrity and people who had experienced a disturbed night. We saw examples of when the service had been responsive to people changing needs and made referrals to and contacted other services who may be able to help a person.

We saw that the manager had kept a record of complaints received and had responded appropriately to each one in a timely manner.

We asked people how they spend their time whilst staying at Girtrell Court. People told us they enjoyed going out and often people were supported by agency staff to go out. This seemed to depend on the staff hours allocated to each person and some people maintaining their own personal routine during the week when they stayed at Girtrell Court.

One person's staff member told us they had enjoyed going to a sensory activity and the person agreed. They had also recently been to a museum in Liverpool, the staff member told us the person likes being out. Some people told us that on special occasions they had parties at Girtrell Court, with dancing and cake.

A person told us they like playing bingo at the home, going out to play bowling and visiting local pubs and cafes. Some people had been supported to use the accessible cycles in a local park.

One person told us they liked playing computer games and watching TV. Another person said they would like to have access to the internet as they enjoy using social media and there was no internet access in the

home.

## Is the service well-led?

### Our findings

People told us the manager was approachable. One person's family member told us, "It's so easy to ask questions here, I've never felt uneasy. The manager is so approachable. This feels like a lovely home". Staff told us they felt confident going to the manager with any concerns telling us that the manager addresses any arising issues in a proactive manner.

The manager explained to us that it had been difficult to plan ahead and develop the service in an environment where staff and people have known for a long time that the home is closing. We found the manager to be positive and encouraging with people, offering reassurance to them if they were anxious and talking about new facilities in a positive manner. Some people expressed an anxiety to us about a future move of services.

We saw that the manager worked in an open office with other staff members and communicated in a respectful manner with all people. The office door was nearly always open, only being closed if somebody needed some privacy. Staff and people staying at the home came and left the office with questions or to look at the staffing rota on the wall. There was a friendly and relaxed atmosphere at the home.

On Thursday nights those leaving Girtrell Court the next day were asked their opinions using an exit questionnaire. We looked at the previous Thursday's six completed questionnaires. They gave mostly positive answers to yes and no questions. The manager looked over these questionnaires each week and looked into any areas of improvement or concerns that had been raised.

The manager had compiled a file of essential information and forms which she called the 'handover file'. This contained information regarding security, fire alarms, on-call protocol, service user complaint form which was also in easy read, emergency information, equipment weekly visual checks, clinical waste and infection control. The file also contained a breakdown of people's roles and responsibilities, such as reception duty, kitchen staff, a schedule of morning and afternoon essential tasks.

The manager ensured the service provided to people was safe. A series of audits of people's medication, health and safety of the homes environment, accidents and incidents along with their resolutions. A review of each person's care file was completed before they stayed at Girtrell Court ensuring people's essential information was up to date.

The manager was open and candid and had a desire to maintain standards at the home. We saw evidence that the manager responded to concerns quickly whenever possible. This included the concerns raised during our inspection. The area of the kitchen we raised concerns about was addressed the same day; the manager also informed us that the cleaning schedules were amended the following day. Guidance had also been given to staff members concerned in a staff meeting.