

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Gregory Court

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Date of Inspection: 15 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Disabilities Trust
Registered Manager	Ms. Gaynor Smart-McCann
Overview of the service	Gregory Court offers accommodation for persons who require personal care for up to 10 adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

The people we spoke with told us that they had been involved in the development of their care plans. One person said, "The service here is excellent. I do not have any complaints."

We did receive feedback from one person using the service who felt that staff were not always respectful. One person said, "Some staff stand when they talk to me and I need them to sit down so they can understand what I am trying to say." One member of staff also acknowledged that some staff were not always respectful in the way they communicated with people.

People told us that they felt they were well cared for and the staff members understood the needs of people well. One staff member said, "Care plans contain a lot of helpful information, we record everything we do and keep care plans up to date."

We found people were safe and staff were supported to provide care that met people's needs. People told us they felt safe with the support they were being provided. One person said, "I feel safe and if I was worried about anything I can talk to staff."

All the people we spoke with said enough staff were available to support them to fulfil their needs. One person said, "There used to be two staff available in the afternoon but this has increased to three which is better."

There were no recently recorded complaints for us to review, however the people we spoke to knew how to complain if they needed to do so. Staff also said they felt comfortable raising any concerns.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who were using the service. The people we spoke with told us that they had been involved in the development of their care plans and there were meetings available to them to provide feedback on the service. People who use the service had also been involved in a variety of different activities and these were publicised on a notice board within the corridor of the home. One person said, "I get involved with knitting on a Wednesday and fitness on a Thursday. I can join in all the indoor activities." A monthly meeting was available to people who were using the service and this provided people the opportunity to inform the planning of activities.

We asked people if they felt staff treated them with respect and one person said, "The staff are very nice. They show respect and always make sure the door is closed before helping me." Another person told us that some staff were not always effective at communicating to meet their individual needs. They said, "Some staff stand when they talk to me and I need them to sit down so they can understand what I am trying to say." We spoke to three members of staff and one said, "I believe that, on the whole people are treated with dignity and respect. Sometimes though I don't think other staff speak to people very nicely and I have reported this to the manager." Upon further investigation the manager was aware of this issue and addressing the concerns raised. We also identified notes within staff minutes which had highlighted a lack of respect for Gregory court, with specific reference to the building, for the service users' possessions and for tidiness and cleanliness in general. This meant that the manager had recognised the issues and was taking action to deal with these concerns.

The provider may wish to note that some staff felt that certain staff members kept to a routine which prohibited them from getting around all the rooms in the morning. One staff member said, "We do try to get people out of bed in the order in which they have requested help. We can't always do this, for example if someone has an appointment and they need to be seen to sooner."

Staff told us people who used the service were involved in the production of their care plans. They told us the care plans provided sufficient information on how to meet people's

individual needs. Staff were also able to explain how they would ensure people's privacy and dignity were respected. One member of staff said, "We have more time to help, working in a small environment."

We saw a copy of the service user guide that was provided to people as they started to use the service. This contained information such as the services provided, the complaints procedure and contact details for various members of staff.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with three people who were using the services. The people we spoke with told us that they felt they were well cared for. One person said, "I feel well looked after and they [the staff] meet my needs."

We looked at the care plans for three people who were using the service. A care plan should document a person's needs and how staff can meet those needs. The care plans we saw contained clear guidance to staff about how they could meet people's assessed needs.

A completed "My life plan" was in place at the front of the file and this linked into the risk assessments and care plans that were in place. This document had not been signed by the service user; however the accompanying support plans were signed. The "My life plan" document gave information about the person's goals, support needed, the skills they had and the intended outcome of the care package for the person using the service.

The care plans were split into sections each describing the person's skills and the support they needed in various aspects of their day to day life. Plans were detailed and gave person centred guidance about how to meet the person's needs. The care plans were written in a way that suggested people had choices about their day to day life, for example, "I will buzz when I want to get up." The care plan contained extra guidance about how support should be changed when the person was feeling unwell.

A Malnutrition Universal Screening Tool (MUST) was in place, within each care plan reviewed however in one of the care plans no MUST score was provided and no further review carried out. The manager stated there was no risk to this person and that this would be reviewed in line with the full care plan review. It was acknowledged that documentation currently did not reflect this position.

Otherwise, risk assessments were in place which linked to the care plans. There was also evidence recorded of the activities and medical appointments attended by the service user.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with three people who were using the service. The people we spoke with told us they felt safe and supported by the care they were receiving. One person said, 'If I were worried about anything I would speak to staff.'

We looked at the safeguarding policy that was in use at the time of our inspection. This contained relevant information for staff about how to recognise different types of abuse and their responsibilities to report this. We saw that there was clear guidance for staff about how they could report their concerns. An internal whistle blowing telephone line was available for staff to report concerns confidentially and the contact details for the Nottingham City Safeguarding team were displayed within the home on a notice board.

Staff told us they felt the people within their care were safe. They told us there was a safeguarding policy and were able to explain different types of abuse that could potentially take place and the actions they would take if they suspected abuse. They told us they had received safeguarding training.

The provider may wish to note that all three staff we spoke with raised concerns regarding one particular person using the service. They highlighted that this individual could be aggressive and at times they were struggling to cope with the situation. Whilst none of the people using the service raised any concerns regarding this individual, all three staff were concerned that this individual may intimidate other service users. One staff member said, "I feel we have difficulty in managing the behaviours of one service user. There is a plan in place that we follow each time the service user displays challenging behaviour. I don't know if anything has been done to address the cause of the challenging behaviour and that gets me down." Upon further investigation the manager was aware of this issue and had already sought professional guidance. The manager was also working with staff to ensure the safety of people who use the service and staff is maintained.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke to three people who were using the service. The people we spoke to felt there were enough staff to meet their needs. One person said, "There are enough staff now. Things are better than they were."

Staffing levels in the home were determined by the needs of the people who lived there. A care funding calculator was used to determine staff numbers; through the use of this calculator there were three members of staff available in the afternoon. The care plans we looked at showed the required staffing level for the individual, including any additional staff support needed to access community facilities.

On the day of the inspection the home was well staffed and everyone was able to take part in their chosen activities. We spoke with three staff. The manager and staff said they felt the current staffing levels enabled them to meet and support people's needs. One staff member told us, "There are enough staff day and night to meet the needs of service users." Other staff commented that there was no pressure placed upon individual staff to work extra hours. Some staff felt that additional resource at night would assist them in their work, but they were aware that staffing levels for this time of day were being reviewed.

One member of staff said, "Most people buzz around 7:30 in the morning to get up and that's when we only have two staff." The provider may wish to take this feedback into consideration for any future reviews of staffing levels.

The staff rota was observed for the week of our visit and the week before. This showed that the minimum staffing level was two. Otherwise there were three care staff on duty at other times. In addition to this there was a manager, deputy manager, administrator, cook and cleaner. The manager informed us that the service is considering securing funding for two waking staff at night. On the day of our inspection two staff were available during the night, however one of these provided care by sleeping at Gregory Court. This individual may be called on at any time during the night to assist people using the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There is a process in place to ensure comments and complaints are listened to and acted upon.

Reasons for our judgement

People who used the service said they had not needed to make a formal complaint but would speak to the manager or staff if they needed to. Two of the three people we spoke to said they had raised some issues in the past which they felt had been addressed to their satisfaction.

Members of staff were aware of the complaints procedure and knew how to elevate any concerns to their manager if they had any. One staff member said, "If I witnessed any bad practice I would speak up about it. I would always refer any complaints to a manager."

We saw procedures in place for responding to complaints and concerns which were made available to people who use the service and their relatives or representatives. The complaints policy (titled Feedback Policy) clearly set out a person's right to make a formal complaint and how to do this. Contact details for the Care Quality Commission were also contained in this document. The policy was available in an easy read format and a copy was displayed on a notice board. No complaints had been received in the last year.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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