

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

Greycliffe Manor

Lower Warberry Road, Torquay, TQ1 1QY

Tel: 01803292106

Date of Inspection: 15 April 2013

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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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ablecare (Torquay) Limited
Registered Manager	Mrs. Marian Salter
Overview of the service	Greycliffe Manor is a care home for up to 25 people. The home is situated in the seaside town of Torquay. Nursing services are provided by district nursing teams.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We had a tour of the home, spoke with the manager, area manager and provider.

What people told us and what we found

We spoke with four of the 17 people who lived at Greycliffe. We also spoke to three care workers and three management staff. People we spoke with were satisfied with the service. One person told us said "No where is perfect but I'm happy here and it's almost perfect". Another person told us "It's what I need. I am safe and well cared for."

Most people had lived at Greycliffe for some time and knew each other and the care workers well. People had clear assessments of their needs and plans and strategies were in place to meet them. People's care plans had been reviewed regularly.

We saw that care workers interacted with people in a relaxed and respectful manner. People had access to age appropriate social activities. One person said "I like the skittles and darts the best".

During our visit we saw that people were offered choices throughout the day which supported their independence and provided a meaningful quality of life.

Care workers were skilled and experienced. They had received training in safeguarding vulnerable adults and recognising abuse and knew how to report any concerns.

We saw evidence that a recruitment procedure was in place. The recruitment procedure, performed under previous management, was not robust. This was being addressed by the new provider.

We found that there were systems in place to monitor the safety and quality of the service provided. As a result of this improvements in the environment were being made.

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 privacy, dignity and independence were respected. 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 found that people's privacy was protected. We observed care workers knocking on people's bedroom doors prior to entry. One person told us, "I can talk to my visitors in private if I need to".

We had a tour of the building. We saw a ground floor bathroom which did not have screening around the shower. This meant that the person having a shower may not have sufficient screening to protect their privacy. The provider gave us assurances this would be provided promptly.

People told us that they had been fully involved in all decisions which affected them. For example one person told us about their advance wishes. We saw that this matched what was recorded in their care plan.

During our conversations with people, they provided us with examples of staff being respectful and treating people with dignity. For example, one person said "They are truly remarkable, I don't know how they look after us all so well". Another person told us "They (the staff) are always polite and respectful". We observed that care workers used people's preferred names during interactions with them.

Staff supported people to make choices and decisions about their daily lives. For example, one person told us that care workers offered them choices about what to wear each morning. Another person told us "The food is good here and there are always alternatives offered if you don't like what is offered".

We looked at people's bedrooms with their permission and saw that these were tastefully decorated. People had brought in personal effects including photographs, pictures and some items of furniture to create a pleasant and homely atmosphere.

We saw that care workers paid respect to people's religion and cultural background. For

example, a care worker told us that a couple of the people in the home were visited by their priest. Staff explained that they had provided people in the past with vegetarian diets but no one had a specific dietary need. One person said "They know what I like and don't like."

We saw that care workers supported people to maintain their independence. For example, one person was assisted to the top of the stairs with the support of care workers and encouraged to operate the chair lift themselves.

We saw that Greycliffe Manor had a suggestion box and comment cards for people and their relatives to complete. We saw two cards on display. One read "The home never smells" and another which read "We think it's wonderful what you have done with the drive." This meant that people and their families were able to express their views.

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

We spent an hour in the lounge observing and listening to how staff interacted with people. We saw lots of positive interactions and no negative interactions. For example staff took time to stop and chat with people. Staff talked about their families and about the television programme which was showing. We saw people respond well to this.

We walked around the home and spoke to people living there and watched how care workers interacted with them. Care workers responded to people's requests and listened to what they had to say. People moved freely around the home, they looked relaxed and comfortable in the environment and in their interactions with staff and each other.

People we spoke with were very happy with their experience at the home. One person said "No where is perfect but I'm happy here and it's almost perfect". Another person told us "It's what I need. I am safe and well cared for."

People told us they saw their doctor when they needed to. One person said "In fact I see the doctor quicker living here than I would have done at home."

We looked at the care records for three of the people who lived at the home to find out how the home had assessed their health and personal care needs, and how they planned to meet those needs. Each person had a range of documents that related to their care and support needs. We saw that the care staff were in the process of transferring from the previous system of care planning to the new corporate style of care planning. From these documents we saw that people's needs had been assessed and care and treatment had been planned and delivered in line with their individual support plan. However, the provider may like to note that not all information had been transferred to the new records. For example, there was no mental capacity assessment present in the new set of care records for one person. There was no risk assessment for bed rails available for another person, although staff provided assurances that this had been performed by district nurses.

We looked at three new care plans and saw that they were simple and easy to understand, although they did not contain as much detail as previous care records. For example one person did not have clear instructions on how frequently or how their catheter bag should be emptied.

Risk assessments had been carried out and actions plans to address the risks were in place. We saw examples of risk assessments for mobility. We saw that these were reviewed every three months or more regularly if required. Daily records showed how people had spent their day and how their needs had been met.

We saw that people had access to healthcare professionals where necessary. For example one person had been monitored during a period of ill health. We saw the persons GP had been called and the out of hours GP called when the person became more unwell.

We saw evidence that a risk assessment review had taken place with one person as a result of their skin integrity becoming more vulnerable.. The local District Nursing team had been notified and suitable treatment provided and recorded in care records. We saw pressure relieving equipment was present for people who needed it. We saw people had access to mobility aids as appropriate.

We spoke with two health care professionals. Both were positive about the care provided and said communication was good. One district nurse said "I have no concerns, the staff are very attentive when we are here and follow our instructions well."

We saw that there was a new activities board on display at the home with a sample of how activities would be advertised under the new ownership. Staff said this was not in operation yet but activities were still advertised in the dining room. People told us they enjoyed the age appropriate activities available. One person told us "I like the skittles and darts" Another person said "I like the sing songs." We saw posters advertising small animal handling. Care workers also said people enjoyed the trips out and other activities including musicians.

Arrangements were in place to deal with foreseeable emergencies. For example, staff were trained in first aid. We saw first aid boxes with clear green signage located conveniently.

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 of the 17 people living at the home about their experiences there. One person told us "Oh yes I feel safe and secure here, they look after me". Another person told us "If I did not feel safe I would speak to X (the manager)"..

We saw many positive interactions between staff and individuals. People were moving freely about the home and interacting with staff and others who lived at the home in a relaxed and comfortable manner. We did not see anything that gave us cause for concern.

The Manager told us that there was no-one living at the home that was subject to a deprivation of liberty authorisation. We saw no evidence to show that anyone who lived at the home was being restrained or had their liberty deprived.

We saw that the home protected people from the risk of financial abuse by having a robust system in place for handling cash. Cash controls including receipts, accurate records and two counter signatories for cash transactions were in place. We checked the balance of one persons account and found this to be correct.

Staff training files showed that care workers had completed safeguarding training. We spoke with staff about safeguarding people who lived at the home and found that they had a good understanding of the types of abuse and their responsibilities to report concerns.

Staff we spoke with knew how to recognise different types of abuse and where to find contact details to report any concerns they had. One care worker told us "I wouldn't hesitate reporting abuse."

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. However, improvements to the recruitment procedure were needed for any new staff employed.

Reasons for our judgement

We looked at the recruitment files for three members of staff. All of the staff had been recruited under the previous ownership.

All files contained a completed application form, references, qualifications, training and declaration of health.

There was evidence that Criminal Record Bureau (CRB) checks had been completed for all staff. We saw there was no clear risk assessment in place to show the decision made when staff were employed who had a criminal conviction, warning or caution.

We saw that one of the three files did not contain any copies of photographic identity documents, for example a passport or driving licence. The provider may wish to note that every recruitment file should contain documents to show proof of identity.

We saw all files contained two written references. However, the provider may wish to note that the second references were not from previous employers but from friends or colleagues. This means that previous employment conduct may not be obtained.

All files contained an employment contract from the previous employer. The new provider explained new contracts were in the process of being written.

We saw all files contained interview records. The provider may wish to note that these records did not fully examine gaps in employment dates or checks of staff CRB declarations.

We saw evidence that new members of staff underwent a trial period of employment during which time they were closely observed and supervised. Care workers said the length of this period depended upon their individual experience and ability.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Systems were in place to assess and improve the quality of services provided. For example people using the service, relatives and visiting professionals were asked to complete comment cards. We saw two of these displayed in the hall which related to positive feedback about the environment of the home.

We saw thank you cards received by the service. One read "Thank you for the loving care." Another read "Thank you for the care and comfort you gave."

People told us they were listened to, and that their views were taken seriously. One person said "I just chat with X (the manager) she sorts anything out for me."

Systems for involving people were in place. For example, regular residents and relatives meetings were held. The manager told us feedback received at these meetings had included suggestions for changes to the menu. For example people had requested more curries and for battered fish to return to the menu. Staff said they felt involved in the running of the service, and that their suggestions were listened to. The manager explained staff meetings were also held and suggestions listened to. For example staff had requested more staff during busy times. All these suggestions had been put into place.

Systems for analysing and managing risk were in place. For example regular audits were undertaken by the provider and area manager. These included environment checks, audits of staff training and care provided.

We saw provider visits had identified areas of risk and areas which needed redecoration. For example we saw new carpets were being fitted, bedrooms were being re decorated and the office relocated to the front of the home.

The home was well managed and organised. Staff were aware of which people they supported each shift. Staff also had lists of tasks they were expected to complete which were monitored by senior staff at the home. For example, tidying wardrobes, cleaning commodes, cleaning washing machines, doing the laundry and cleaning walking frames.

We saw checklists to identify which staff had done these tasks. Care workers said "It's a way of making sure everything gets done. It works very well."

Kitchen hygiene was well managed. The home had just had an inspection by the Environmental Health Office EHO and had awarded the home with the highest 5* rating for hygiene.

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.

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