

Partnerships in Care Limited

Grafton Manor

Inspection report

Church Lane
Grafton Regis
Northampton
Northamptonshire
NN12 7SS

Tel: 01908543131
Website: www.partnershipsincare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Grafton Manor is a care home providing personal and nursing care for 15 adults at the time of the inspection. The service can support up to 20 people.

The service offers rehabilitation services for adults with either a traumatic or acquired brain injury, including that resulting from a stroke. The service is comprised of several buildings, each reflecting the varying needs of individuals in their rehabilitation pathway. The service also forms part of a larger pathway with specialist brain injury hospitals.

People's experience of using this service and what we found

There was a plan in place to improve the environment and access around the grounds; work was just starting as we inspected. Issues around access to a reliable Wi-Fi were being addressed.

People were cared for safely; staff knew what to look out for to keep people safe from harm. People's care risks had been identified and plans were in place to support them to manage the risks. Staff provided the level of support required to help people to reach their rehabilitation goals.

People could be assured they were being cared for by staff who had the skills and knowledge to support them. There were safe recruitment practices in place and staff had access to a range of training. The provider ensured staff were kept up to date with best practice and had regular supervision and learning opportunities.

People's medicines were managed and administered safely, and they could be assured they were cared for in a clean and safe environment.

Care was person-centred, each person had an individual care plan which was developed with them and their families, where appropriate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to a range of health professionals and could be assured their nutritional needs were being met.

There were effective quality assurance systems in place. People and staff could be assured they would be listened to and lessons were learnt if things went wrong.

The registered manager led a team who were committed to providing the best care and supporting people to reach their goals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 29 May 2019)

Why we inspected

We received concerns in relation to people's needs not always being met and staff not having the training and support they required. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grafton Manor on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Grafton Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors, an assistant inspector and specialist nurse advisor.

Service and service type

Grafton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who commission the service and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and five relatives about their experience of the care and support provided. We spoke with 17 members of staff including the registered manager, director of clinical services, a nurse, occupational therapist, senior care workers, care workers, housekeepers, chef and a regional officer who was visiting on the day of the inspection .

We reviewed a range of records. This included four people's care records and multiple medication records. We look at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records, staff rotas, policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from potential harm. Any unexplained bruising or injuries to people were documented and investigated and appropriate action taken.
- Relatives told us they were happy their loved-one was cared for safely and there was good communication with the service. One relative said, "[Name] is safe, staff are professional and understand the level of care needed."

Assessing risk, safety monitoring and management

- People's care risks had been assessed and plans were in place to minimise the risk. One staff member said, "There are risk assessments about fires in people's rooms and if someone is unsteady on their feet. If people have difficulties swallowing there is guidance for us to follow."
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- Fire and health and safety checks were in place which ensured people and staff were safe in the home environment; equipment to support people was regularly maintained.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.
- Staffing levels were based on the assessed needs of people. Staff told us at times they were stretched trying to provide 1:1 support and maintain observations in the communal areas, but with the support of the nurses and therapy staff they managed. On the day of the inspection we observed sufficient staff were deployed to meet people's needs.

Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- There were systems in place to check the medicines policies were being followed and people had received their medicines safely.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager used incidents and complaints to improve the service and reduced the risk of any reoccurrence. Staff were informed of any changes to policy or procedure that had come about in response to learning from incidents.
- Staff confirmed and records of team meetings showed when incidents had occurred there was an open conversation around what lessons could be learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they had completed a comprehensive induction training package, with annual updates and supervision, including management of violence and aggression and breakaway techniques. Staff who worked as and when required were given a week-long induction. Support was available if required and extra training was available at staff request. Records confirmed this.
- One staff member said, "I had an induction and was given training, then shadowed shifts (worked alongside more experienced staff); it was really helpful, inciteful, gave me much more confidence."
- Staff undertook regular supervision and had annual appraisals. This gave them the opportunity to discuss any performance issues and training needs. One staff member said, "We have mentoring and supervision which is really helpful."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to going to Grafton Manor. Families told us they had been asked for information about their relative. One relative said, "When [Name] came to Grafton Manor we went through likes and dislikes, the full picture. When they had worked out the care plan, they sent it to us."
- People had care plans which reflected their needs and preferences and had sufficient information to guide staff. One relative said, "We get weekly reports and have six monthly reviews which keep us up to date as to what is happening."
- Protected characteristics under the Equality Act had been considered. Culture, religion and communication needs were discussed and recorded.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet. Their individual needs were catered for and specialist diets were provided where necessary.
- People were supported throughout mealtimes if needed. Staff were deployed in a way that ensured each person had someone to assist and interact with them. The mealtime was relaxed, and people were able to take as much time as they required.
- Staff practice was observed, and competency checked specifically around training they had received in relation to assisting people with swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their rehabilitation goals by a multi-disciplinary team of staff including physiotherapists, psychiatrist and occupational therapists.

- We saw from care records people had regular access to a GP, dietitian, diabetic team and speech and language therapists.
- Links had been established with the Electronic Assistive Technology service to help support people with their orientation and memory which enabled them to have greater independence.

Adapting service, design, decoration to meet people's needs

- Grafton Manor is a grade II listed building which has been adapted to provide accommodation in three buildings. Some areas of the grounds were not easily accessed, the décor within the buildings was tired and people experienced difficulties at times with the connectivity to the internet. The registered manager told us there was a plan in place to improve the décor and access generally around the site and the issue around connectivity was being looked at. The improvement work was due to start shortly having been delayed due to the COVID pandemic.
- People had been encouraged to personalise their bedrooms and had items, such as photographs to help them connect with their family and friends. People's hobbies and interests were evident, such as artwork and pictures relating to celebrities and sports teams people followed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity was assessed and where people did not have the capacity to make decisions, best interest decisions were made and recorded. One relative said, " They[Staff] always contact me if any decisions need to be taken, such as COVID vaccines, and [Name] has access to an advocate."
- People's consent was sought, and we saw people were encouraged to make decisions for themselves. For example, where they wished to spend the day, whether they wished to go out.
- An Independent Mental Capacity Act advocate (IMCA) visited weekly. IMCA's ensure, wherever possible, the person has been given sufficient support to participate in decision-making processes. They ensure people's rights are upheld.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care and support which was tailored to their individual needs. Clear rehabilitation goals were set with people and people were encouraged to achieve the best outcome for themselves.
- Families told us they felt involved and informed about their relative's progress. One family member said, "We have timetables, so we know what they are doing day to day." Another relative said, "[Name of registered manager] is who I deal with, she is amazing always phoning me up and updating me."
- Staff told us they felt listened to and able to contribute people's development. One member of staff said, "I am proud of the team, we all work well together."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular reviews were held with people and their family, where appropriate, which enabled people to discuss their care and aspirations. Various communication aids were used to enable people to be part of discussions if they had difficulty in communicating.
- People and families were asked for their views of the service via a yearly survey. We saw, as an outcome, there had been improvements made to the menu and hot meals were available at lunchtime with a light snack in an evening.
- People and staff attended regular community meetings. This enabled everyone to discuss concerns and ideas for group activities or events.
- Staff had daily handover's, so they were kept up to date with people's changing needs. They were asked for their feedback and comments through monthly surveys. On the day of the inspection a regional officer was visiting. They were speaking with staff to follow up on a recent staff survey and to listen to any staff concerns. Staff told us they found this helpful.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest when things went wrong, they informed families and external agencies as needed. Records of staff meetings confirmed incidents were discussed to look at lessons learnt.
- People, relatives and staff spoke positively about the registered manager. The staff felt confident issues were addressed when needed. One member of staff said, "[Name of manager] has worked with me on the floor, any issues I have had she has sorted."

- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and the provider had displayed the previous rating as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure was clear which ensured everyone understood their roles and responsibilities.
- Quality assurance systems were effective; any shortfalls were picked up and addressed.
- Staff told us they understood their responsibility to report and record any accidents or incidents which ensured any risks were mitigated.

Continuous learning and improving care

- The provider had set up regional safeguarding meetings for managers across the organisation to reflect on incidents across the organisation to learn from each other and share best practice.
- All staff attended weekly teaching sessions, this involved looking at the care for one person and looking at how to action the recommendations made by a GP. One member of staff said, "This had made improvements for people. Staff interaction was good, they were able to 'make a difference' in the rehab progress of some people, which was worthwhile."

Working in partnership with others

- The registered manager had developed good working relationships with commissioners of the service. One comment we received from a commissioner stated 'Grafton Manor work very well with us and we have good links. I am happy to say that they do input wide multidisciplinary skills in managing patients with complex needs. I am particularly satisfied with their multi-disciplinary team reviews, they are usually informative, comprehensive and cover a wide range of issues.'
- There were established working links with professional organisations such as dietetic services, Parkinson and Epilepsy nurse specialists, which promoted and enhanced effective re-enablement.