

Grace House Care Home Limited

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## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The service is a care home providing accommodation, personal care and support for up to 19 older people, some of whom are living with dementia. There were 17 people living at the home at the time of our inspection. There was a registered manager in post. 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.

The inspection took place on 4 November 2014 and was unannounced.

We identified some shortfalls in the way medicines were managed. Incomplete medicines administration records

# Summary of findings

meant that it was not possible to know whether some medicines had not been given or given and not recorded. In a number of cases, the section relating to allergies to medicines in people's individual medicines profiles had been left blank, which meant there was a risk of people being prescribed medicines to which they were allergic.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider carried out risk assessments but had not considered the risk of falls for some people. We have made a recommendation about risk assessments.

There was a quality monitoring system in place but this was not sufficiently robust. We have made a recommendation about the effectiveness of quality monitoring systems.

There were enough staff with appropriate skills and experience to keep people safe and to meet their needs. Staff felt supported and had the training and information

they needed to do their jobs well. People told us that staff were kind and caring. They said that staff treated them with respect and maintained their dignity. Some of the things people said about the service were, "I'm very happy here, they look after us very well" and "I'm comfortable here, I wouldn't want to change anything."

People were supported to maintain good health and to access healthcare professionals as needed. They were provided with a varied and balanced diet and their nutritional needs were assessed and monitored. People received care which met their individual needs and were asked for their consent to care and treatment. Where people did not have the capacity to consent, the provider had acted in accordance with legislation and guidance.

The registered provider and the registered manager promoted an open and inclusive culture. People and their relatives had opportunities to give their views about the service they received and the provider responded appropriately to changes requested.

# Summary of findings

## 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 not always safe.

Medicines were not always managed safely. Medicines records contained some errors and some people's medicines profiles were incomplete, which meant they were at risk of being prescribed medicines to which they were allergic.

We identified some risks to people posed by exposed radiators. The provider took swift action to address these risks.

The provider had assessed the risks to each individual but the risk of falls had not been considered for some people.

People told us they felt safe at the home. They said they were confident in the skills of the staff that supported them. Staff had received training in safeguarding adults and understood what they should do if they felt someone was at risk of abuse

There were enough staff employed to keep people safe and meet their needs.

**Requires Improvement**



### Is the service effective?

The service was effective.

People were supported by staff who were appropriately skilled and trained to meet their needs.

Where people lacked capacity to give consent the provider was aware of their responsibility to act in accordance with legal requirements to ensure decisions were made in people's best interests.

People were provided with a variety of nutritionally balanced food and drink. They were able to contribute to the home's menu and to have alternatives to the menu if they wished.

People were given the support they needed to maintain their health and had access to healthcare services if they needed them.

**Good**



### Is the service caring?

The service was caring.

People said they were treated with respect and the staff were kind and supportive.

Staff respected people's privacy and maintained their dignity when providing their care.

Staff knew people's individual needs and respected their preferences.

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive.

People's needs were assessed before they moved into the home and were kept under review throughout their stay.

People told us they were treated as individuals and able to make decisions about their care.

There was a complaints procedure in place and people told us they would feel comfortable in making a complaint if they needed to.

The provider regularly sought the views of people who used the service, their relatives and staff and responded appropriately where necessary.

People had access to a range of activities in the home.

**Good**



## Is the service well-led?

The service was not always well led.

The quality monitoring system was not sufficiently robust to ensure that any shortfalls in the quality of the service were identified. It was not clear which records had been checked for audit and what action had been taken where areas for improvement had been identified.

The registered manager and the registered provider promoted a positive culture which was open and inclusive. Staff felt well supported and were clear about their roles and responsibilities.

People, their relatives and staff were able to contribute their ideas about the service and they felt listened to.

**Requires Improvement**



# Grace House Care Home Limited

## 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 checked 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.

The inspection took place on 4 November 2014 and was unannounced.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who accompanied us on this inspection had experience of caring for someone living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked any notifications of significant events that had taken place at the service since the last inspection. Providers are required to inform CQC about incidents such as deaths, serious injuries, allegations of

abuse or applications to deprive people of their liberty. There had been no incidents that raised concerns about people's care and the provider had reported any notifiable incidents to CQC and other agencies in a timely way. We spoke with the local safeguarding authority, who told us that they had no concerns about the service or the quality of people's care.

During the inspection we spoke with 11 of the people who lived at the home and two visiting relatives. We also spoke with six staff, including the registered manager and the registered provider. We observed whether people were being cared for safely and in a manner that maintained their privacy and dignity. We also observed how staff interacted and communicated with people. We looked at the care records of five people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at four staff recruitment files, minutes of staff meetings and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as health and safety checks, surveys and feedback from family members and the provider's own audits of different aspects of the service.

Our last inspection of this service was carried out on 10 July 2013, at which time we identified no concerns or breaches of Regulation.

# Is the service safe?

## Our findings

We identified some shortfalls in the way medicines were managed. Medicines administration records showed that there had been two incidents in the last month where medicines had not been recorded as being given. This meant that it was not possible to know whether the medicines had not been given or given and not recorded. We also found that an individual medicines profile had been developed for each person but that, in a number of cases, the section relating to allergies to medicines had been left blank. It was therefore not possible to know whether people had any allergies to medicines, which meant there was a risk of people being prescribed medicines to which they were allergic.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider carried out risk assessments but in some instances we found that risks to people had not been adequately assessed or monitored. For example three people's care plans indicated that they had a history of falls and the likelihood of them suffering further falls was high but a risk assessment had not been carried out to consider the risk of further falls and to identify measures to manage the risk.

**We recommend that the provider reviews the systems in place to ensure that risks to people are identified and control measures recorded.**

The provider had procedures in place to deal with foreseeable emergencies, including fire or loss of essential services. The provider was able to demonstrate how forward planning had ensured that staff were able to get to work during a period of extensive road closures due to a major sporting event. The staff we spoke with were aware of the emergency procedures and told us that they had been discussed at team meetings.

The premises were well-maintained but two areas of the building presented potential hazards to people at the time of our inspection. An exposed radiator in one person's

room and an exposed radiator in another room were very hot to the touch and presented a risk of scalding. We made the provider aware of these hazards and the provider took urgent action to address them.

People told us that staff were available when they needed them and that staff arrived promptly if they used their call bells. People said that staff provided their care safely and did not make them feel rushed when providing their care. For example one person told us that staff supported them to mobilise safely, saying, "They always explain to me what they're doing. I'm safe in their hands."

Staff told us there were always enough staff on duty to meet people's needs and to keep them safe. They said that they had access to additional support from the registered manager if required and to on-call support when the registered manager was not available. The registered manager explained how staffing numbers were calculated based on people's individual needs. The registered manager was able to demonstrate that staffing hours were planned flexibly so that support was available when people needed it. We observed that there were sufficient staff on duty during our visit to respond to people's needs and requests in a timely way. This included supporting people living with dementia, some of whom required support as they walked around the home regularly.

There were written procedures for safeguarding adults at risk. We spoke with the staff and they told us they were aware of these. Staff were able to describe what they would do if they suspected someone was being abused or at risk of abuse. There was information about safeguarding adults on display and readily available for staff and for people living at the home and visitors. People told us they would feel comfortable talking to the registered manager or a member of staff if they were not happy about how they were being treated.

The provider had robust recruitment procedures, which meant that unsuitable staff were not appointed. The provider had obtained a Disclosure and Barring Service (DBS) certificate, proof of identity and written references for each member of staff. Applicants had submitted an application form and attended a face-to-face interview.

# Is the service effective?

## Our findings

People received their care from staff who had the knowledge and skills to provide good quality care. The people we spoke with told us that the staff knew their needs and preferences regarding their care. One person told us, “They know how I like things to be done.” People benefited from a stable staff and management team at the home and a number of staff we spoke with had worked at the home for a long time.

Staff told us they received the training and support they needed to do their jobs and that they had access to good information about people’s needs. Staff said that they met with the registered manager regularly on a one-to-one basis to discuss their performance and training needs. There was evidence that new staff had an induction when they started work and that they had the opportunity to shadow experienced staff before they worked unsupervised so they could gain an understanding of people’s needs.

The registered manager organised for all staff to undertake a range of training. There was a record to show that the staff had been trained in a range of areas including first aid, safeguarding adults at risk, moving and handling, food hygiene, fire safety, dementia, medicines management and the Mental Capacity Act 2005. This meant that staff had the knowledge they needed to meet people’s needs, including those related to dementia, and provide good quality care. We observed that staff put their training in practice in their work. For example we saw that staff supported people to mobilise using effective moving and handling techniques and that staff were effective in communicating with people living with dementia.

People told us that staff asked them for their consent when they were supporting them. They said the staff allowed them to make decisions and supported their choices. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA), which exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. Where people were able to give it, staff had recorded their consent to care and treatment in their care plans. Where

people were not able to give their consent, the provider had consulted people’s relatives and appropriate healthcare professionals to ensure that decisions were made in the person’s best interests.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards ensure that people receive the care and treatment they need in the least restrictive manner. We spoke with the registered manager and staff who understood their responsibility for making sure that the least restrictive options were considered when supporting people to ensure that people’s liberty was not unduly restricted. The registered manager told us that nobody currently living at the home was subject to a DoLS authorisation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People’s nutritional needs had been assessed when they moved into the home and kept under review. People told us that they liked the food at the home and that they were consulted about the home’s menu. They said that they could have alternatives to the menu if they wished. One person told us, “I’m happy with the food and the choice available. They come round and give you choices for lunch and supper.” Another person said, “The food is very good. I asked if a particular meal could be done again and it was.” We observed the lunchtime meal and saw that people enjoyed the experience. Staff had created a welcoming environment in the dining room and people were supported to choose what they wanted to eat. Staff provided support to eat and drink for those who needed it.

People were supported to maintain good health and had access to the healthcare services they needed. People told us that staff supported them to make an appointment with their doctor if they felt unwell. Relatives told us that staff monitored their family members’ health and took swift action if they appeared unwell. Care records demonstrated that people were supported to see their doctors and other healthcare professionals when they needed to. The outcomes of healthcare appointments were recorded and incorporated into people’s care plans to ensure that people were supported to maintain good health.

People’s weight was monitored where they were at risk of significant weight gain or loss and staff told us that any

## Is the service effective?

changes would be reported. The manager told us that anyone identified as high risk through the risk assessment process would be referred to an appropriate healthcare professional such as a GP or district nurse.



# Is the service caring?

## Our findings

People told us that they had been given information about the home before they moved in and had received good support to settle in. They said that staff had asked them about things that were important to them when they moved to the home, such as how they preferred to be addressed and the activities they enjoyed.

People told us that staff were kind and treated them with respect. One person told us, “Staff could not be more caring” and another said of staff, “They look after us very well.” People said that staff respected and supported their decisions about their daily lives. They told us that they opportunities to express their views and that the registered manager and staff listened to and acted upon what they said.

People told us that their relatives were always made welcome by staff and that staff were kind and caring. One person told us, “I’m very happy here, they look after us very well” and another said, “I’m comfortable here; I wouldn’t want to change anything.” People told us that staff were polite and respected their choices. One person said, “There’s a good relationship between the staff and the people here.” Relatives told us that their family members received good care from staff who knew them well. One relative said of their family member, “I feel reassured that she’s moved here; she’s well looked after.”

We observed that staff supported people in a kind and sensitive manner, ensuring their wellbeing and comfort. For

example we observed that staff displayed compassion and comforted a person who became distressed. Staff were present in communal areas throughout our visit, checking on people’s wellbeing, talking to them and encouraging them to interact socially. There was a calm and respectful atmosphere and people were relaxed.

Staff understood the importance of respecting people’s choice, privacy and dignity. They spoke to us about how they cared for people and we observed that personal care was provided in a discreet and private way. People’s movements were unrestricted and they were able to choose where they spent their time. We spoke to some people who chose to spend their time in their own rooms. They said the staff respected this and offered them opportunities to join others if they wished.

Staff called people by their preferred names and spoke to them with respect. Staff engaged positively with the people they supported and provided care in a way that maintained people’s dignity. Staff encouraged people to make choices in their day-to-day lives, such as what time they got up, what they wanted to wear, which activities they wished to take part in and what they wanted to eat.

Care plans included information about people’s preferences and also showed when they had been consulted about their care and treatment. People told us that they could have baths or showers whenever they wished and that staff supported them to get up and go to bed at times of their choosing. This meant that people’s choices were known and respected by staff.

# Is the service responsive?

## Our findings

People told us they were treated as an individual and able to make decisions about their care. People's individual needs were established during assessments before they moved to the home. The registered manager said that people's care was reviewed six weeks after their admission to the home and at least annually thereafter. People confirmed that their views were sought at reviews and relatives told us that they were invited to attend any reviews their family member had.

People's care records contained assessments of their individual needs and included clear information for staff about how to meet the needs of each person. Care plans had been regularly reviewed and had been updated when someone's needs changed. There were systems in place to audit and check care plans to make sure these were up to date and relevant. People's individual needs were discussed during the staff handover and people received care which was individualised and personal to them.

The provider had an appropriate complaints procedure. None of the people or relatives we spoke with had needed to make a complaint. People told us they would feel comfortable in making a complaint and felt they would be listened to if they had any concerns. One person told us, "I would complain if I was not happy about something and I'm sure the staff would listen" and another said, "I'd certainly complain if I felt the need." One person told us that they had been dissatisfied with the approach of a member of staff in the past and had spoken with the registered manager about this. The person said that the registered manager had addressed the issue and that the situation had been resolved satisfactorily.

Most people told us that there were enough activities and opportunities to go out, although some people said they would like to go out more often and suggested trips to the local town and library. We passed on these suggestions to the registered manager, who told us they would incorporate them into the activities programme. There was a weekly activities schedule displayed in the lounge. On the day of our inspection an entertainer visited the home to play music in the lounge, which people told us that they very much enjoyed.

The provider proactively sought people's views and responded positively to suggestions and concerns. For example one relative raised a minor concern about the conduct of a member of staff and we found evidence that the registered manager had addressed this issue. People and their relatives told us that the registered manager and the provider were always willing to discuss and consider their views. The provider sent annual satisfaction surveys to people, their relatives, healthcare professionals and staff. The results of the most recent surveys indicated that people and their relatives were happy with the care provided, the staff, the food and the cleanliness of the home.

The registered manager demonstrated that action had been taken in response to surveys where improvements had been suggested. For example previous surveys showed that some people had previously expressed concerns about the number of staff available at certain times. We found that the provider had addressed this concern and increased the number of staff on duty at these times. People told us that this had improved the support they received and staff said that they could respond to people's needs more effectively.

# Is the service well-led?

## Our findings

The registered manager and the registered provider had introduced a system of audits and checks on key aspects of the service, including checks on medicines, care documentation and call bell response times. However records of the checks that had been carried out were brief and did not contain sufficient detail to ensure that the monitoring of the service was robust, such as how many records had been checked as a sample and what action had been taken where areas for improvement had been identified.

**We recommend that the provider review quality monitoring procedures to ensure that any shortfalls are identified and receive an appropriate response.**

The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events at the home, in line with the requirements of registration. The registered manager told us that support was available to her from the registered provider and that the registered provider worked with her to promote good quality care.

People told us that the registered manager was approachable and listened to what they had to say. They said that staff encouraged them to speak out if they were unhappy about anything and told us they were confident the registered manager or the registered provider would address any concerns they had. There were procedures in place to enable staff to report any concerns they had about abuse or poor practice.

Staff told us that the registered manager and the registered provider were supportive and available for support and advice if needed. They said that the registered manager

and the registered provider had made clear their expectations in terms of how staff supported people to ensure their safety, comfort and dignity. Staff said that as it was a small home, that they got to know people's likes and dislikes well.

Staff told us that they worked well as a team and supported one another. They said that they had opportunities to attend team meetings, which were used to share information about each person and their wellbeing and to discuss any new guidance or changes in the service. Staff told us that these meetings were useful in ensuring that people received their care in a consistent way. For example they said that they had recently been briefed on changes to the techniques used to support one person to mobilise. There was also a verbal handover of information each day to ensure that staff beginning their shift were up to date with any relevant information about people's needs or welfare.

The provider and registered manager promoted a positive culture that was inclusive and enabling. Staff were aware of the values of the service and promoted them in their work. For example ensuring that people were treated with dignity and respect and that the service they received reflected their individual needs. People and their relatives had opportunities to give their views about the service they received. They said that changes had been made where they requested them. Relatives told us that staff kept them up to date about events affecting their family member. They said that they were invited to give their views about the care their family member received at reviews. Relatives told us that the registered manager and staff valued their input and suggestions to improve the service people received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person had failed to protect people against the risks associated with the unsafe use and management of medicines.</p>