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Grafton House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 02 and 04 September 2015 and was unannounced. The service was last inspected on 09 January 2014 when it was found to be compliant with the regulations inspected.

Grafton House is near the centre of Scunthorpe, within easy access to all local amenities and near to public transport. The home is a two storey building with stairs and a lift joining the two floors. Accommodation is provided in a combination of single and shared rooms, some with en- suite facilities. There are a selection of different sitting rooms and dining room areas. There are garden areas surrounding the home and a secluded area to the rear of the building.

There was no registered manager in place at the time of this inspection, but the acting manager told us they were in the process of submitting an application to the Care quality Commission for them to be assessed for this position. A registered manager is a person who has

Summary of findings

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 2008 and associated Regulations about how the service is run.

The building was not always maintained in a way that promoted the health, safety and welfare of people who used the service.

There were systems and processes to measure the quality of the service but these had sometimes failed identify and continually evaluate the actions required to improve the service.

These issues meant the registered provider was not meeting the requirements of the law regarding monitoring the quality of the service and maintaining the environment. You can see what action we told the registered provider to take at the back of the full version of the report.

Staff had received training about the protection of vulnerable adults and they were aware of their responsibility to safeguard people from potential harm.

Staff had received a range of training to enable them to perform their roles and they had been

recruited safely to ensure they did not pose a potential risk to people who used the service.

People received their medicines as prescribed and they were provided with wholesome and nutritious meals.

Staff had positive relationships and engaged sensitively with people to ensure their privacy and personal dignity was maintained

Staff respected people's rights to make informed choices and a range of activities were provided to enable people to have opportunities for meaningful social interaction.

People were able to raise concerns about the service, but these were not always responded to in a timely way.

We found the acting manager had an open and honest approach and people were consulted about their views to help the service to improve and develop.

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?

Requires improvement 

Some elements of the service were not always safe.

The building was not always maintained in a way that promoted the health, safety and welfare of people who used the service.

Training had been provided to staff about the protection of vulnerable adults and they were aware of their responsibility to safeguard people from potential harm..

Recruitment procedures had not always been followed to ensure staff who worked with people were checked and did not pose a potential risk to them.

People's medicines were handled safely and they received these when they were prescribed.

Is the service effective?

Requires improvement 

Some elements of the service were not always effective.

Staff had received training and supervision to enable them to perform their roles but had further development of this was required to ensure they effectively met people needs.

People were provided with wholesome and nutritious meals; their dietary needs were monitored.

People were supported to make informed choices and decisions about their lives.

Is the service caring?

Good 

The service was caring.

Staff had developed positive relationships with people who used the service and understood their needs.

Staff demonstrated care and compassion and respected people's right to make choices and decisions.

Staff engaged with people sensitively to ensure their privacy and personal dignity was maintained.

Is the service responsive?

Requires improvement 

Some elements of the service were not always responsive.

Details about people's needs and preferences had not always been accurately been maintained ,which meant staff may support them effectively.

People were provided with a range of activities to enable them to have opportunities for meaningful social interaction.

Summary of findings

A policy was in place to enable people to raise concerns about the service, however these had not always responded to in a timely way..

Is the service well-led?

Requires improvement

Some elements of the service were not always well-led.

Systems and processes to monitor the quality of the service had failed to identify and mitigate risks to people's health, safety and welfare and continually evaluate actions required to improve the service.

We found the acting manager had an open and honest approach.

People were consulted and asked for their views to help the service to improve and develop.

Grafton House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 4 September 2015 and was unannounced

The inspection team consisted of an adult social care inspector who was accompanied on the first day by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who is living with dementia.

Before the inspection, we asked the registered provider to complete a Provider Information Return [PIR]. This asks the registered provider to give key information about the service, what the service does well and improvements they plan to make. The acting manager told us they had asked for this information again as they had not previously seen this but this was subsequently not received. We looked at the information we hold about the registered provider and spoke with the local authority safeguarding and quality performance teams before the inspection took place, in order to obtain their views about the service.

At the time of our inspection visit there were 14 people who were using the service. During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with ten people who used the service and three visiting relatives. We also spoke with, two members of care staff, two senior care staff, an activity worker and ancillary staff which included the cook, a cleaner and a laundry worker, as well as the acting manager and a regional manager. We also spoke with a district nurse who was visiting and a GP who had been called out by the home.

We looked at three care files belonging to people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt comfortable and trusted the staff. One person said, "All the staff are lovely, I know all their names" and "I feel safe here." A visiting relative told us, "They [the staff] are very nice."

We found a range of checks of equipment and facilities were regularly carried out and that a member of maintenance staff was employed by the service. We saw that audits and checks were made of the building, however these had not always been accurately completed or with action plans for work that was required. We observed for example; damaged furniture in some people's rooms and items of bedding that was worn thin and in need of replacement. We found a part was awaited for one of the central heating boiler's and had to ask the maintenance staff to increase the temperature of the hot water in bedrooms on the first floor, as we found this was delivered at levels that were cold or lukewarm.

There were policies and procedures available to help staff when reporting concerns about the protection of vulnerable adults, which were aligned with the local authority's guidance on this. We saw evidence the registered provider had recently delivered training to all staff to ensure they were sure of their roles and responsibilities to safeguard people from harm and knew how to report issues of potential abuse. We were told this had followed a safeguarding alert raised by the district nursing service about some staff care practices, but saw evidence of positive action to improve working arrangements with the district nurses to ensure potential issues were identified and resolved in a timely way. Staff were able to tell us about the various types of abuse and confirmed they would report any incidents or possible concerns they witnessed for investigating. Staff told us they were confident the acting manager would follow up any concerns and take action if this was required. We saw evidence that management had invoked appropriate disciplinary measures following a safeguarding concern that had been previously raised by the service. We were told however the outcome for this had not yet been concluded.

There was evidence in staff files that new employees were checked before being allowed to commence work in the home, to ensure they did not pose a risk to people who used the service. We saw that recruitment checks included obtaining clearance from the Disclosure and Barring Service [DBS] about past criminal convictions to ensure the applicant was not included on an official list that barred people from working with vulnerable adults. We saw that references were appropriately followed up before offers of employment were made, together with checks of the applicant's personal identity and past employment experience, to highlight unexplained gaps in their work history. We saw there was no DBS check in one of the four staff files we inspected. The acting manager told us they were certain this had been received but would take action to ensure this shortfall was rectified as a priority. Staff we spoke with about their recruitment process confirmed they had been unable to commence work until their DBS check had been received by the home.

The acting manager told us staffing levels were assessed on an on-going basis, according to the individual needs and dependencies of the people who used the service; to ensure there were sufficient numbers of staff available and deployed to areas and at times of greatest need. We found there were fourteen people using the service at the time of our inspection visits, whose needs were met by a senior carer and two members of care staff. We observed care staff were enthusiastic about their work and they told us that staffing levels were good overall.

People's care files contained a range of completed assessments about known risks to them, together with guidance for staff on how these were safely managed. We saw people's risk assessments were updated and reviewed on an on-going basis to ensure accidents and incidents were analysed and action taken to minimise future occurrences.

We found staff responsible for administering medicines to people had undertaken training on the safe handling of medication with an external training company and recently completed an update on this with the supplying pharmacy. We saw that audits of the medication systems were carried out on a regular basis to ensure errors were minimised and potential problems quickly addressed. We made a random check of the medication systems and found that accurate records were available for medicines given to people which corresponded with the stocks maintained in the home. One person told us they discussed their medication with their

Requires improvement

Is the service safe?

GP on a regular basis as they were concerned about this. They commented, “I am allowed out but haven’t been out as I’m still having trouble with my medication, they haven’t got it right yet”

There was a shortfall in cleaning hours and duties at the time of our inspection visits, but found alternative arrangements had been made to cover these by care staff. We saw hand sanitisers and personal protective equipment [PPE] such as aprons and gloves were in use and observed staff following infection control procedures to minimise risk of cross infection, before moving on to other duties elsewhere. We noted an offensive odour in some parts of the building and that a hoist had been left with a small smear of faeces. We spoke to the acting manager about this and saw prompt action was taken to remedy this shortfall.

Requires improvement

Is the service effective?

Our findings

People who used the service and visiting relatives told us that overall they were happy with the service and that staff were supportive and helpful. One relative told us, "If [Name] needs to go to hospital or the doctor they always contact me" and "If they have a routine appointment a carer will go with them, if I am not able to go." One person said, "They look after us well" and commenting on the meals stated, "The food is beautiful and they give us choices." A relative told us, "If she wants something else they will get it, they often make her an egg sandwich which she likes, and every other day they make a cooked breakfast as she likes that as well."

People and visiting relatives told us that staff consulted with them and had a positive approach. We observed staff involving people in a friendly way and talking with them about interventions that were required. This ensured that people who used the service had consented and were in agreement with how care interventions were delivered.

We found that training on the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] had been delivered to staff to ensure people's human rights were protected and their best interests upheld. Staff demonstrated an understanding of the principles of how the MCA was used in practice. We saw evidence of completed assessments of people and best interests decisions in this regard, together with discussions with staff about the concept of 'fluctuating mental capacity' when promoting people's individual choices and wishes. The acting manager told us they were due to undertake a manager's course on the MCA in September 2015.

The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people lack capacity to make informed decisions about the care and support they require to keep them safe, amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, it is done in the least restrictive way and is in their best interests. The acting manager told us they had submitted one DoLS application for a person to the local authority for authorisation and were awaiting a decision about this to be made. They told us they needed to complete further DoLS applications for other people using the service and had a plan to submit these in the near future. We saw some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] and documentation about this was clearly recorded in their files.

We saw information about people's individual health and welfare needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs and district nurses. A district nurse told us they maintained regular contact with the service and were meeting with the acting manager on a regular basis following concerns they had previously raised. They told us they had delivered staff training recently including; catheter care, pressure care and management of trips, slips and falls to ensure staff were able to support people safely. The district nurse told us this work was, "In progress" but staff needed further direction to ensure they could effectively carry out their roles.

We found there was a training programme in place on topics considered mandatory by the registered provider. We found recent training had included updates on moving and handling, health and safety, safeguarding vulnerable adults, person centred care, food hygiene and first aid.

There was a programme in place to enable staff to undertake nationally recognised accredited qualifications, such as the Qualifications and Credit Framework [QCF], however the acting manager told us the details for this needed checking to ensure they were accurate and correct. We spoke with staff about the training they had received and one told us, "I've been here years, I wouldn't be here if they hadn't helped me get my NVQ, it is home from home."

There was an induction programme for new staff to follow to enable them to become familiar with their roles and the acting manager told us they would make sure this met the criteria for the Care Certificate, which is a newly developed nationally recognised qualification. We saw evidence in staff files of recent meetings with senior staff or management to enable their skills to be appraised and performance to be monitored to ensure they could carry out their jobs and enable them develop their careers. The acting manager however acknowledged staff supervisions had recently not taken place as regularly as was envisaged, but said that a plan was in place to address this.

We observed a variety of nourishing fresh home cooked meals were provided; people told us the quality of the food was good. We observed individual support was provided to

Requires improvement

Is the service effective?

people who required assistance with eating their meals and drinks. We saw this was carried out at people's own pace with staff providing gentle encouragement and engagement with them to ensure their individual wishes and choices were respected. There was evidence in people's care files of nutritional assessments of their needs and regular monitoring and recording of their weight, with involvement of dieticians or community professionals, such as speech and language therapists where this was required. The overall impression of the mealtime experience was that it was pleasurable, with gentle music playing in the background.

We saw reminiscence exercises were used and tools to help provide people with gentle stimulation to maximise their independence and help them to feel in control of their lives. We observed that some parts of the building were somewhat in need of refurbishment, but were told a programme was in place for this with on-going decoration of people's rooms. **We recommend the service seeks advice and guidance from a reputable source, about environmental adaptations to promote the independence, orientation and safety of people living with dementia.**

Good

Is the service caring?

Our findings

People who used the service and their relatives told us they were happy with the service and that staff were caring and kind. Relatives told us they were free to visit and take part in the life of the home. One person told us, “Staff are very friendly and helpful.” They said that staff helped them to maintain their independence and commented, “That means a lot to me.” They also told us, “My nieces visit when they can and the vicar has been this morning and comes regularly.”

We observed staff demonstrated a friendly regard for people who used the service. We saw staff communicating with people at eye level and providing support and gentle reassurance when required. We observed people were encouraged and assisted in a sensitive and unhurried way and that staff knocked on people’s doors before entering to ensure their privacy and dignity was respected. We found staff had a good understanding and knowledge of people’s personal likes and preferences. We observed they displayed kindness and patience when interacting with people, to ensure their feelings were respected. We saw staff spending individual time with people, reading newspapers with them and discussing the day’s events. We observed staff listened and responded to people in a cheerful way to ensure their wishes were promoted.

Staff told us they enjoyed their jobs and thought of people who used the service as members of their own families. We were told about a party that was due to celebrate the 100th birthday of a person who used the service, which the local mayor was due to attend.

Information in people’s personal care files contained details about a range of their needs to help staff promote their individual needs We observed care staff engaging positively with people in a friendly and supportive way and it was clear they had developed close relationships with people and knew them well.

We observed people were able to spend time in their own rooms and saw people’s choices were respected to ensure their personal wishes and feelings were promoted. We saw people’s bedrooms were equipped with items of personal possessions they had brought with them, to enable them to feel comfortable and at home. Staff who we spoke with demonstrated a good awareness of the importance of maintaining people’s confidentiality and we saw that information about their needs was securely held. People told us that their personal choices about their support were promoted, such as decisions about which clothes they wanted to wear or times of when they wanted to get up or go to bed.

We saw that information was available about the use advocacy services was available in the home to enable people to have access to independent sources of advice and support. There was evidence of regular meetings with people who used the service to ensure their involvement and participation in decisions about the home.

Requires improvement

Is the service responsive?

Our findings

People who used the service and their relatives told us that staff involved them in decisions and had no complaints about the service. One relative told us, "I would see the acting manager and feel they would deal with any concerns." Another told us, "I would see the manager, but have nothing to complain about, they look after [Name] well." One relative did say they would like to see more social activities and commented, "Without them [Name] gets fed up." They commented, "The activity coordinator has made a big difference, she was off last week and they all missed her and are glad to see her this week."

We found a complaints policy and procedure was in place to ensure the concerns of people who used the service were listened to and followed up when required. We saw a copy of this was available in the home. People who used the service and their relatives told us they would speak with the acting manager if they had any concerns and were confident these would be addressed and resolved wherever possible. The acting manager told us they welcomed feedback as an opportunity for learning and improving the service that was delivered. We asked the acting manager about a complaint we had received about the service and were told this had been passed to the registered provider to action. We found however an acknowledgement letter for this had not been sent out to the complainant within the timescales specified within service's policy guidelines for this. The acting manager said she would ensure this shortfall was addressed in the future.

People's care files contained a range of information about their wishes and feelings together with details about their past lives to enable staff to understand them and promote their personal aspirations. The acting manager advised they had recently introduced a new care planning format which staff were getting used to. We observed this new care planning format included a range of assessments of people, together with care plans developed from these to enable staff to support people how they liked. We observed people's care plans contained clear instructions about people's needs, but saw these were not always written in a person centred way or had little evidence of people's active involvement in these. We saw for example forms were included for people to sign to demonstrate their consent and agreement to support that was provided, but found these had not always been filled in. Whilst we saw evidence of regular staff recording and reviewing of people's needs and liaison from a range of community health care professionals, we found information about this was sometimes missing, because it had been recorded elsewhere in the home. Supplementary records for people [for example support with eating and drinking or repositioning] had not always been accurately signed in a timely way. This meant it was not always possible to tell if people had received the support they required. We spoke with the acting manager and gained their reassurance this matter would be addressed with staff in individual staff supervisions.

We found a programme of weekly activities was in place to enable people to have opportunities for meaningful social interaction. We observed notices on display detailing activities for people to participate in, together with newsletters with details of past events and a memory time line that gave details of people's birthdays. We observed people taking part in sessions of chair based activities, a game of giant snakes and ladders and singing along to musical favourites which they all appeared to enjoy. The activity co-ordinator told us about a trip out that was due, and that they were was keen to develop links with the local community and had plans in place for this. The activities co-coordinator said, "I've not been here long but I love it, I feel like these ladies are like my grandmas, I love them all."

Requires improvement

Is the service well-led?

Our findings

People who used the service told us that overall they were satisfied with the service and happy with the staff. One relative commented they felt the home had, "Gone down but is picking up again now." Another stated, "I was worried about the change but [acting manager] is doing well, she is settling in and clear about what she wants, things are improving." A visiting district nurse told us the acting manager was approachable and listened to people's concerns.

There was no registered manager in place at the time of our inspection as we were told they had resigned four months previously. The acting manager told us they were aware of their responsibilities to report significant events to enable the quality of the care provided to be monitored. The acting manager told us they would be submitting an application to be registered with the Care Quality Commission under the Health and Social Care Act 2008. We asked the acting manager to ensure the previous registered manager submitted an application to be deregistered from this role.

We saw there were systems and processes in place to enable the quality and safety of the service to be audited and monitored, but found these had failed to identify shortfalls and take action to ensure people who used the service were properly protected. Whilst audits of the environment were carried out, we found these had failed to identify shortfalls and take action to remedy these in timely way. We saw for example; items of furniture and bedding in people's rooms that needed replacement because they were damaged. Whilst checks had been carried out of the environment and hot water system, we saw these were poorly documented and not always dated, which meant management of this information was unreliable. We found the hot water to bedrooms on the first floor were delivered at temperatures that were cold or lukewarm, and found that action had not been taken to follow up a replacement boiler part.

We also found a new care planning system had been recently introduced, but saw details in these were sometimes missing or not been accurately completed. This meant staff may not always be aware of how to deliver people's support in the way it was required. There was no system currently in place to enable people's care plans to be audited, which mean information in these may not be accurate and kept up to date. Whilst we saw training had been delivered to enable staff to carry out their roles, there was no programme in place to ensure staff paid professional attention to detail and received regular supervision to enable their skills to be monitored and their careers to be developed. We found the service had failed to follow its own procedures in relation to a complaint that had been received. The above shortfalls represent a breach of Regulation 17 [1] [2] [a] [b] [c] [f] Good Governance of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014. The action we have asked the registered provider to take can be found at the back of this report.

The acting manager was open and honest during the inspection and co-operated and welcomed advice or guidance that was given. We found the acting manager worked closely with the local authority and health care professionals and asked for their views about how the service delivered. We found the acting manager had an open door policy and welcomed people's comments to enable the service to learn and improve. We found the acting manager worked alongside care staff on the floor to ensure they were able to able to meet people's needs. People who used the service, relatives, visiting professionals and care staff told us the acting manager was approachable and would take concerns they had seriously.

We saw evidence of meetings with staff to enable them to be provided with leadership and direction. Care staff told us the acting manager was supportive and provided feedback to them in a positive way and they could talk to her about any concerns that they had. Care staff told us, "Everyone gets on really well; we have got a good team."

We observed staff engaging with people to ensure their wishes and feelings were respected and saw evidence of regular meetings with them to enable them to provide feedback and make comments about the service to enable it to develop.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Whilst there was a quality assurance system to enable the service to be monitored, the operation of systems and auditing processes for this had failed to identify and mitigate risks to people's health, safety and welfare and continually evaluate actions required to improve the service. Accurate and detailed records were not always available in relation to the management of the service Regulation 17 [1] [2] [a] [b] [c] [f]