

Gracefield Health Care Limited (GHC)

# Gracefield Health Care Limited (GHC) - 31 St Domingo Grove

## 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?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection was carried out by an adult social care inspector on 18 February 2015. The inspection was unannounced.

# Summary of findings

The service at 31 St Domingo Grove provides accommodation, care and support for up to six people who have a learning disability. The home is located in the Anfield area of Liverpool and it is located close to local amenities and public transport routes.

There was no registered manager at the service at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

We found that people living at the home were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Procedures for preventing abuse and for responding to an allegation of abuse were in place. Staff were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

People were provided with good care and support that was tailored to meet their individual needs. People had a plan of care which was detailed, personalised and provided clear guidance on how to meet their needs. Risks to people's safety and welfare had been assessed and plans were in place to support people to manage these.

Staff worked with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

Practices for managing medicines were not always safe and in line with good practice. You can see what action we told the provider to take at the end of this report.

Staff were able to tell us about the different approaches they used to support people to make choices. People's care plans included detailed information about their preferences and choices and about how they were supported to communicate and express choices.

The manager had sufficient knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. They were able to tell us how they ensured decisions were made in people's best interests.

Staff presented as caring and we saw that they treated people who lived at the home with respect during the course of our visit. Staff told us they felt there was an open culture at the home. They said they would not hesitate to raise concerns and felt that any concerns they did raise would be dealt with appropriately.

Throughout our visit staff demonstrated how they supported the aims and objectives of the service in ensuring it was person centred and inclusive. 'Person centred' means people's individual needs, wishes and preferences are at the centre of how the service is delivered.

There were sufficient numbers of staff on duty to meet people's needs and keep people safe.

We found that staff recruitment checks had not always been carried out appropriately before staff started working at the home and the manager was in the process of chasing up some pre-employment references for a member of the staff team which should have been obtained prior to them commencing work. You can see what action we told the provider to take at the end of this report.

Staff told us they felt supported in their roles and responsibilities. We found that most staff had been provided with relevant training. However, we found there was no record of training for one member of staff who had been employed at the home for approximately nine months. You can see what action we told the provider to take at the end of this report.

The premises were safe and well maintained and procedures were in place to protect people from hazards and to respond to emergencies. The entrance to the home was accessible to people who used wheelchairs as there was ramped access at the front of the property. However, the accommodation was provided over four floors and there was no passenger lift and therefore people who were physically disabled could not be accommodated to live at the home.

# Summary of findings

Systems were in place to regularly check on the quality of the service. However, we found these had not always been effective in driving improvements at the home. The

checks included regular audits on areas of practice and seeking people's views about the quality of the service. You can see what action we told the provider to take at the end of this report.

# 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.

Practices and procedures were in place to protect people living at the home from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse.

Risks to people's safety had been assessed and plans were in place to support people to take risks as part of living a more independent lifestyle.

Staff recruitment procedures were not always robust enough to ensure staff were suitable to carry out their roles and responsibilities.

Practices for managing medicines were not always safe and in line with good practice.

There were sufficient numbers of staff on duty to protect people's safety and procedures were in place for responding to emergencies such as fire or medical emergencies.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff had not always been provided with the training they needed to support people effectively. Staff had not been fully supported through regular supervision.

The manager had sufficient knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

Requires improvement



### Is the service caring?

The service was caring.

Staff presented as caring and we saw that they treated people who lived at the home with warmth and respect during the course of our visit.

Staff had a good knowledge of people's needs and preferences. They were able to tell us about the different approaches they used to support people to make choices. People's care plans also included detailed information about people's need, wishes and choices and how they were supported to communicate and express choices.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

Staff engaged well with people who lived at the home and involved them in decisions about their day to day care as much as they could.

People's individual needs were clearly reflected in a support plan and this was reviewed on a regular basis with the person concerned and other relevant people who could advocate on their behalf.

People were supported to pursue social and leisure activities on a regular basis. The activities were based on people's individual needs, wishes and choices.

## Is the service well-led?

The service was not always well-led.

Systems were in place to regularly check on the quality of the service. However, these were not fully effective in ensuring improvements were made.

There was an open culture at the home and staff told us they supported the aims and objectives of the service in ensuring it was person centred and inclusive.

**Requires improvement**



# Gracefield Health Care Limited (GHC) - 31 St Domingo Grove

## 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 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 unannounced inspection was carried out by an adult social care inspector on 18 February 2015.

We reviewed the information we held about the service before we carried out the visit. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR. The PIR 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 looked at the notifications the Care Quality Commission had received about the service.

At the time of our inspection there were three people living in the home. We met each person to gain their feedback about the service. Following the inspection visit we also contacted two care managers/social workers who had knowledge of the service in order to obtain their feedback.

During the inspection visit we spoke with the manager of the service and three support workers.

During the inspection we viewed a range of records including the care records for two of the people who lived at the home, four staff files, records relating the running of the home and policies and procedures.

# Is the service safe?

## Our findings

We asked people who lived at the home if they felt safe. People told us they did. They said staff treated them with dignity and respect and they told us that if they had any concerns they would not hesitate to raise them with staff or the manager.

We looked at staff recruitment records and these showed that staff recruitment processes were not always robust. We found that appropriate checks had not always been undertaken before staff began working at the home. Application forms had been completed and applicants had been required to provide confirmation of their identity. However, references about people's previous employment had not always been obtained. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home but risk assessments linked to these had not been carried out as required. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

**Failure to operate effective recruitment procedures is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Medication was not always managed appropriately and safely. We were told that medication was only administered by trained senior staff. However, we saw that some staff had signed as having administered medication but we could not see any evidence that they had been provided with medication training. We found a number of discrepancies on the current medication administration record for a person who lived at the home. The manager told us they were in the process of investigating this at the time of our visit. Medication audits were being carried out on a regular basis but we saw that these had identified the same number of problems with medication practices month after month and appropriate action had not been taken to address the concerns in a timely way. We found the fridge for storing medicines was broken. Medicines that required cold storage were being stored in the main fridge in the kitchen as an interim measure.

**Failure to make appropriate arrangements for the safe administration of medication is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Risks to people's safety were assessed and plans were in place to support people to manage risks as part of people's care/support plan. This was an effective way to ensure risks were recognised whilst also ensuring people's rights to choice and independence were respected. We spoke with staff and the manager about how they supported a person with a particular area of risk and they agreed to review the current practices alongside multi-disciplinary professionals involved in the person's support.

A safeguarding policy and procedure was in place. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. The policy was in line with the Local Authority safeguarding policies and procedures. We spoke to three support workers about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents to the person in charge. The manager was able to provide us with an overview of what actions they would take in the event of an allegation of abuse, this included informing relevant authorities such as the Local Authority safeguarding team, the police and the Care Quality Commission (CQC).

Staff recorded incidents that had taken place in the home appropriately. These were then viewed through provider's quality assurance systems. This was to ensure appropriate action had been taken following an incident. The manager told us that the commissioners (the authorities who pay for the care) of the service were updated on incidents on a weekly basis.

Checks on the home environment and equipment were in place. However, the way in which these were recorded made it difficult to check if these were all up to date. The manager agreed with this. They told us they had recently arranged for a review of health and safety across the home and they intended to implement a clearer procedure for carrying out checks and recording the outcomes.

## Is the service safe?

Procedures were in place for responding to emergencies such as fire or medical emergencies and there was an 'on call' manager to ensure staff could seek guidance, advice and support when the manager was not on duty.

We found that the number of staff on duty was sufficient to meet people's needs appropriately and safely. Staff told us they felt the staffing levels were safe and that they had time to support people appropriately with all aspect of their care and with activities of their choice. At the time of our visit there were three members of staff supporting the three people who lived at the home. One member of staff had called in sick but the manager had immediately brought in

another member of staff to replace them. We viewed staff rotas for the previous two months and these showed us that there had been a consistent number of staff on duty over this period.

Policies and procedures were in place to control the spread of infection and staff were required to follow cleaning schedules to ensure people were provided with a safe and clean home environment. Staff told us they had undertaken training in infection control and they had the equipment they needed to carry out appropriate infection control practices.



# Is the service effective?

## Our findings

People received the care and support they required to meet their needs and maintain their health and welfare. We asked people who lived at the home if they felt well with going to see their doctor or attending health related appointments and people told us they did. One person said “Yes, I leave all that to the staff they’re good.” Another person said “Yes, I can go on my own and staff help if I need them.”

We saw evidence that people had been regularly supported to attend routine appointments with a range of health care professionals such as their GP, dentist and optician. We also saw in records that staff had referred to a range of health and social care professionals for specialist advice and support to ensure people’s needs were met effectively.

The manager and care staff were able to describe how people’s consent to care and support was obtained and how this was based upon people’s individual ways of communicating. They gave examples of asking people’s permission to carry out tasks with them and including people in decisions about the running of the home. The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. We spoke with the manager about how they would support a person to make a decision when there was a concern about their mental capacity to do so. The manager had an appropriate level of understanding of this. The manager told us they had been provided with training on the Mental Capacity Act (2005) and we saw guidance was available on this to support staff. Staff training records indicated that no other staff had been provided with training in mental capacity. The manager advised that an application had been made for one person who was staying at the home to be assessed to determine if they needed to be subject to a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards [DoLS] is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Staff told us they felt well supported and sufficiently trained and experienced to meet people’s needs and to carry out all of their roles and responsibilities effectively. We viewed the staff files for four members of care staff. These included staff training records and training certificates. This

information showed us that staff three of the four staff had been provided with up to date training in a range of topics such as: safeguarding vulnerable adults, autism awareness, emergency first aid, fire safety, health and safety, food hygiene and moving and handling. However, one staff file did not include evidence that the member of staff had not been provided with any training since they started working at the home nine months prior. The manager told us that half of the staff team had achieved a relevant nationally recognised qualification.

**Failure to ensure staff are appropriately supported to carry out their roles and responsibilities is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff told us, and records confirmed that they underwent one to one supervision meetings. However, we found the frequency of these had been sporadic and there was no evidence of supervision having been provided to one of the four members of staff whose records we looked at. The manager told us they had recently reinstated a programme of supervision across the staff team. We saw that staff had undergone an annual appraisal of their work.

People who lived at the home had a support plan which detailed their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People’s likes, dislikes and preferences for food and meals were clearly documented in their support plan and during discussions with staff it was evident that they were aware of these. Each of the people who lived at the home was supported individually to prepare their own food and meals and people told us that they chose for themselves what they wanted to eat. We looked at the food in store. We found the amount and variety of food would not allow for people to have a great deal of choice and there was minimal fresh food in. The manager told us that shopping was bought twice per week. They also told us they were working with people who lived at the home to improve the quality of meals and to promote healthier eating and cooking from freshly prepared ingredients.

The main entrance to the home and the main lounge was accessible to people who required wheelchair access. However, the remainder of the home was not accessible as the accommodation was provided over four floors and



## Is the service effective?

there was no passenger lift. The home was appropriately maintained. However, it was quite stark and not particularly

welcoming in appearance or homeliness. The manager told us that they had recognised this and were in the process of making changes to the communal areas to make them more homely.

# Is the service caring?

## Our findings

People who lived at the home told us staff treated them with dignity and respect. One person told us, “Yes all of the staff are nice I have no problem with them at all.” Another person said, “They’re nice, I like them.”

We observed some of the care provided by staff in order to try to understand people’s experiences of care and to help us make judgements about this aspect of the service.

We saw that staff regularly interacted with people who used the service to provide guidance and reassurance, to make sure they were included and to inform them of their actions. Staff were warm and respectful in these interactions.

The staff team consisted of many longer standing members of staff. This meant that people who used the service were supported by staff who knew their needs well and with whom they had had the opportunity to build relationships. Staff spoke about the people they supported in a caring way and they told us they cared about people’s wellbeing.

Staff used terms such as ‘support’ and ‘choice’ when describing how they supported people. Staff told us they were clear about their roles and responsibilities to promote people’s independence and respect their privacy and dignity. They were able to explain how they did this. For

example, when supporting people with personal care they ensured people’s privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout and explaining any care they were providing.

During discussion with staff and the manager they were able to explain how they tried different approaches to support people to make decisions and to establish people’s choices. Staff were able to describe people’s individual needs, wishes and choices and how they accommodated these in how they supported people.

We saw staff promoting people’s independence and supporting people to make choices and use their skills. For example we saw staff supporting people to carry out tasks in the kitchen and encouraging people to use their independent living skills. People who lived at the home also told us that staff supported them to prepare and cook food and meals and to undertake household tasks.

People’s support plans had been written in a person-centred way. This means they were written in a way that indicated that people’s individual needs and choices were at the centre of the care provided. People’s support plans also included details about the actions staff needed to take to ensure people’s privacy and dignity was protected. We found that other records were written in a sensitive way that indicated that people’s individual needs and choices were respected and that staff cared about people’s wellbeing.

# Is the service responsive?

## Our findings

People were provided with personalised care that was responsive to their needs. We asked people who lived at the home if they felt listened to and if staff responded to their needs. People told us they felt staff did listen to them and that they acted upon their wishes. One person said “Yes, they ask me and I tell them what I want to do.” Another person said “Yes, they do listen most of the time.”

We viewed the care/support plans for two people who used the service. These were individualised support plans which clearly detailed people’s needs and provided clear guidance for staff on how to meet their needs. The support plans included information about the person’s likes, dislikes and preferences. They included information about what was important to the person and about how they communicated their needs, wishes and choices. They also included information about how staff needed to support people to have as much control over making their own decisions as possible. The staff team consisted of many established, longer term members of staff who had worked at the home for a number of years. We found that staff we spoke with had a good knowledge of people’s individual needs, preferences and choices.

The service worked well with other agencies to make sure people received the care and support they needed.

People’s care and support was reviewed on a bi-annual basis. The review meetings included the person concerned and others who were important to them such as family members, or relevant health and social care professionals, such as social workers and therapists. This indicated to us that the provider ensured there was a multi-disciplinary approach to meeting people’s needs. We also saw from records that staff responded appropriately to changes in people’s needs and referred to multi-disciplinary workers for support and advice when required.

People who lived at the home were supported to pursue their interests and staff described the types of activities they supported people with and why these were important to the person concerned. These activities included regular weekly activities based on people’s needs, wishes and choices.

We looked at how the provider handled complaints. We found there was a complaints procedure in place which included timescales for responding to complaints. We saw that complaints had been logged, investigated and responded to appropriately. People who lived at the home told us they felt confident to raise any concerns or complaints and they felt that action would be taken as a result.

# Is the service well-led?

## Our findings

There was no registered manager at the service at the time of our inspection. A new manager had been in post for approximately eight weeks. They told us they intended to submit an application for registration.

Systems were in place for assessing and monitoring the quality of the service. However we found these were not fully effective for driving improvements and developing the service.

Monthly checks were carried out by the provider to assess and monitor the quality of the service. These included speaking with people who used the service to gain their views about their support and carrying out checks on matters such as; the management of complaints, incident reporting, care planning, activities, the home environment, staff training, security and safety checks. A report was completed following these checks and any improvements required and associated actions were documented in these. We saw a number of examples whereby actions had been carried over from one report to the next and actions had not been implemented. For example, a number of specific medication errors had been sited on the quality assurance report for almost 12 months and a gap with emergency lighting tests had been carried over for a similar period of time. We found gaps in the staff recruitment process and in the systems in place to ensure staff were provided with appropriate training and support. However, we saw little evidence that these had been picked up through the provider's quality monitoring checks.

**Failing to effectively assess and monitor the quality of the service to protect people from receiving inappropriate or unsafe care is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We found it difficult to establish from the provider's records that all required health and safety checks were implemented regularly. The manager told us she had recognised this and had commissioned a health and safety company to review the systems in place.

Staff told us they felt there was an open culture within the home and that they would not hesitate to raise any concerns. The manager was described as 'approachable' and staff told us they felt the manager would take action if they raised any concerns. The home had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so.

One of the ways in which the service kept a check on the quality of care provided for people was through the on-going review of people's care and support plans. Alongside this people who lived at the home attended a bi-annual review meeting which included family members, who could advocate on their behalf and outside professionals (as appropriate to the person's needs). The review meetings considered what support was being provided to the person and whether this continued to be appropriate. The meetings also provided an opportunity to plan for future events or goals with the person. These then became a focus for people to achieve with the support of the staff team.

Accidents and incidents at the home were recorded appropriately and the provider had an oversight of these through the quality assurance checks. The manager told us that incidents were reported to the Commissioners of the service on a weekly basis.

Procedures were in place for responding to emergencies. Staff had ready access to these and to an 'on call' manager for advice and support at all times.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not made appropriate arrangements to protect people who used the service against risks associated with unsafe management of medicines. Regulation 12(1)(2)(g).

### Regulated activity

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have an effective system in place for assessing and monitoring the quality of the service and driving improvements. Regulation 17(1)(2)(a).

### Regulated activity

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not operated effective staff recruitment procedures. Regulation 19(2)(3).

### Regulated activity

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not made suitable arrangements to ensure staff were appropriately supported in their roles and responsibilities. Regulation 18 (2)(a).