

Griffin Care Homes Limited

Griffin House Care Home

Inspection report

Shaw Lane
Prescot
Merseyside
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Date of inspection visit:
22 May 2019
30 May 2019

Date of publication:
10 July 2019

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 

Summary of findings

Overall summary

About the service

Griffin House Care Home accommodates up to 26 people in one adapted building. There were four people using the service at the time of the inspection.

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

We have made a recommendation about the management of some medicines. There was a lack of guidance for staff on the use of some prescribed medicines, and the accuracy of handwritten information on some medication administration records (MARs) was not properly checked. Medication was safely stored, and people received their medicines on time. Records were not always maintained following fire safety checks. Staff were safely recruited, and people received care and support from the right amount of suitably skilled and experienced staff. The environment and equipment were clean and hygienic and free from hazards.

There had been a lack of consistency in the management of the service which led to inconsistencies in the quality and maintenance of records. A new manager had been appointed and commenced work at the service shortly after the first day of inspection. The manager recognised areas for improvement and showed a commitment to ensuring they were made.

Staff received the support and training they needed for their job. People's needs were assessed and planned for and guidance from other professionals was followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's dietary needs were understood and met.

People's privacy, dignity and independence was respected and promoted. Staff treated people with kindness and compassion and they understood and supported people's lifestyle choices.

Staff invested time in getting to know people and their preferences and they used this knowledge to provide people with person-centred care. However, care was not always planned around people's choice and preferences. The provider had identified this prior to the inspection and measures were in place to develop care plans making them more personalised. People and family members knew how to complain and they were confident about doing so. People were given the opportunity to discuss and plan their end of life wishes.

Rating at last inspection

This was the first inspection of the service since it was registered with the care Quality Commission (CQC) in July 2018

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our responsive findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Griffin House Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Day one of the inspection was carried out by two inspectors and day two was carried out by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on day one and announced on day two.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and two family members about their experience of the care provided. We spoke with four members of staff, the provider and manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring records and policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe.

Using medicines

- Current best practice guidance was not always followed for the use of 'as required' (PRN) medicines prescribed to people.
- People had been administered PRN medication in line with the prescribing label, however, on the first day of inspection there were no protocols in place to guide staff on the administration of PRN medicines prescribed for two people. This was actioned after we raised it with the provider and protocols were in place on the second day of inspection.
- On occasions staff were required to handwrite information onto medication administration records (MARs). Written entries were not signed by two staff as required in line with current guidance to ensure the accuracy of the information recorded.

We recommend that the service consider current good practice guidance for recording medicines prescribed to people and update their practice accordingly.

- Medicines were safely stored and managed by staff who were trained and deemed competent to safely undertake the task.
- People received their medicines on time and in a way, they preferred. Their comments included; "Oh yes I get my tablets when I need them" and "Always on time."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- Checks of the building and equipment safety were completed; however, fire safety records were not consistently maintained to reflect some checks carried out. The manager agreed to ensure a record of all checks carried out would be maintained.
- Risk assessments were completed, and control measures were put in place to minimise risk to people. The assessment of risk was ongoing and care plans were updated to reflect any changes in people's needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were provided with information and guidance about keeping people safe from abuse.
- Staff understood what was meant by abuse. They described the different types and indicators of abuse and were confident about reporting such incidents.
- People told us they felt safe and trusted the staff. Their comments included; "Oh yes I feel safe alright" and "Safe yes, I've no worries." Family members told us they were confident that their relatives were safe living at the service.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- Prior to being offered a job applicant were subject to a series of pre-employment checks to assess their suitability for the job.

Preventing and controlling infection

- Staff had completed training in infection prevention and control and they had access to guidance to support their practice.
- Staff used personal protective equipment when required and followed the correct hand washing techniques to minimise the risk of the spread of infection.
- The environment was clean and hygienic.

Learning lessons when things go wrong

- At the time of the inspection there were no recorded accidents, incidents or complaints about the service. There was however a system in place for reporting and recording such events and learning from them.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People underwent an assessment of their needs prior to them moving into the service. Where possible people were involved in their assessment along with relevant others such as family members.
- People's care and support needs were reviewed regularly to understand progress and make changes where needed.
- People told staff provided them with the right care and support. Their comments included; "They [staff] do everything they need to for me" and "I'm happy with everything up to now."

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to meet people's needs.
- New staff completed an induction and all staff completed ongoing training and knowledge checks in topics relevant to their job role and people's needs.
- People told us they thought staff were good at their job. Their comments included; "They [staff] are all very good at what they do" and "They [staff] always seem to know exactly what they are doing."
- Staff received a good level of support and they told us they felt well supported in their role.

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

- People received the support they needed to eat and drink and to maintain a healthy and balance diet.
- Staff understood people's dietary needs and supported these well.
- People told us they were given a choice of food and drink which they enjoyed. People were offered regular snacks and drinks throughout the day.

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

- There was signage around the service to help people find their way around independently.
- Corridors displayed some items such as pictures and items of favourite pastimes of people supported.
- Communal areas and corridors leading to people's bedrooms and bathrooms were spacious and bright.

Supporting people to live healthier lives, access healthcare services and support

- People received the support they needed to access healthcare services and staff followed guidance provided by other healthcare professionals.
- Staff had a good understanding of people's healthcare needs and they were confident in recognising any changes in people's health and when input from other healthcare professionals was needed.
- Records were maintained of any contact people had with healthcare services. The records included

outcomes of appointments and any follow up information.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- Staff had completed MCA training and understood the principles of the Act and when they should be applied. Staff knew not to deprive a person of their liberty unless it was legally authorised.
- Staff obtained people's consent before providing care and support and people told us this was usual. Their comments included; "They [staff] always check it's ok with" and "They [staff] ask me first."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence and privacy was respected. People told us; "Staff treat me very well" and "They [staff] are polite."
- Staff encouraged people to do as much for themselves as possible and they supported people with their personal care in private. People received care and support by their preferred gender of carer.
- People were supported to maintain important relationships and they had developed meaningful relationships with others using the service.
- Family members told us they were welcomed at the service and there were no restrictions placed on them. Visiting times were flexible and people had the choice of where they spent time with their visitors.
- Personal records about people were treated in confidence. They were kept secure and accessible only relevant staff and authorised others on a need to know basis. Discussions of a personal nature with and about people took place in private.

Ensuring people are well treated and supported; equality and diversity.

- People were treated with kindness and their equality and diversity was understood and respected.
- People's lifestyle choices were understood and supported.
- We received positive feedback from people and family members about the caring attitude of staff. Their comments included, "They [staff] are all very nice and friendly, and they are kind," "They sit and chat with me about all kinds and I like that," "They [staff] always make me feel welcome when we visit [relative]" and "We are always offered a drink when we visit."
- Staff had formed trusting and positive relationships with people and their interactions with people showed they had taken time to get to know them.
- Staff engaged people in meaningful discussions and activities, some which were based on their knowledge about people's interests, background and life history.
- Staff had a good understanding of how people communicated and expressed their needs and choices and they listened to people.

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to make decisions about their care and knew when people wanted help and support from family members.
- People were given the opportunity to express their views about their care through regular discussions. People and family members told us they felt their views and opinions were listened to and mattered.
- Sources of advice and support or advocacy was available should people need it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care, however care was not always planned in a personalised way. The care people received was based on staff knowledge about people through discussions with them and their family members.
- Care plans lacked information on how people's identified needs were to be met in a way they preferred. Sections in care plans about what people could do for themselves and about their history and backgrounds were not always completed.
- The provider advised us they had identified a lack of personalised care planning and was in the process of making the necessary improvements to care plans. We saw an example of an improved care plan for one person. The plan detailed how the persons needs were to be met in a personalised way.
- People told us they had choice and control and received the right care and support in a way they preferred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a variety of activities to meet their needs and preferences. Staff organised and facilitated both group and one to one activities for people.
- People received support which enabled them to follow their religious beliefs and maintain links with their local community.
- People were supported to maintain important relationships and they had developed meaningful relationships with others using the service.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood and met.
- Information was provided to people in formats which they could easily access and understand.

Improving care quality in response to complaints or concerns

- People had information about how to make a complaint and they were confident about complaining.

- No complaints had been received about the service. However, the providers procedure for dealing with complaints aimed to ensure complaints were dealt with in an open and transparent way and used as an opportunity to improve the service.

End of life care and support

- People were given the opportunity to plan their end of life care and their wishes after death. Family members and friends were involved as appropriate.
- Staff knew the importance of involving other professionals to ensure people experienced a comfortable and pain free death.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant service management and leadership needed to be more consistent.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been a lack of consistency in the management of the service. The service had a manager in place, however this was the third manager since the service was registered with the Care Quality Commission (CQC) in July 2018.
- The current manager is not yet registered with CQC, however they told us they intend to apply to CQC to become the registered manager.
- The changes in management have led to inconsistencies in the quality and maintenance of records such as assessments, care plans and fire safety records.
- There was an effective system in place for checking on the quality and safety of the service.
- The manager had a good understanding of their role and responsibilities and regulatory requirements. The manager updated their learning and development to keep up to date with current good practice and the law.
- The manager carried out regular observations around the service and provided guidance and support to staff where this was required to help improve their practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Although people received person centred care, their preferences and choices were not always reflected in assessment and care planning records. The provider and manager assured us they would continue to make the necessary improvements to care records.
- The service involved people and relevant others including family members in the running and development of the service.
- People and family members were provided with opportunities to put forward their views and opinions about the service and how it could be improved. This was done through regular discussions and meetings. The provider told us they intended to also obtain people's views and opinions, about the service using questionnaires.
- Staff told us they felt listened by the management team and that they were approachable and supportive.
- CQC were notified in a timely way of reportable incidents and events which occurred at the service.

Working in partnership with others

- The service had good links with the local community and key organisations, local authority commissioners, safeguarding teams and external health and social care teams.
- Managers and staff worked closely with other health and social care professionals to develop their skills around meeting people's needs.