Partnerships in Care Limited

Grafton House

Inspection report

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Date of inspection visit:
04 October 2016

Date of publication:
14 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 4 October 2016. This residential care home is registered to provide accommodation and personal care for up to three people. At the time of our inspection there were three people with a brain injury living at the home.

There was not 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 2008 and associated Regulations about how the service is run. A manager had been appointed however at the time of the inspection they were in the process of submitting an application to the Commission.

People felt safe in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required to keep them safe and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job. People had risk assessments in place which identified and managed people's known risks, and appropriate arrangements were in place to manage and store people's medicines.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had their healthcare needs managed in a way that was appropriate for each person and people's nutritional needs were supported and managed with each person.

People received support from staff that treated them well and prioritised their needs. People were relaxed and comfortable around staff and staff understood the need to respect people's confidentiality. People were supported to maintain good relationships with people that were important to them and the home had good links with advocacy services to ensure people had the support they required.

Care plans were written in a person centred manner and focussed on empowering people. People were encouraged to make their own personal choices and to be in control of their own lives. Care plans detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People at the home reacted positively to the manager and the culture within the home focussed upon supporting people to be independent. Systems were in place for the home to receive and act on feedback and policies and procedures were available which reflected the care provided at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted peoples independence in a supportive and collaborative way.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and
concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

A registered manager was not in post however the manager was in the process of applying to the CQC to become registered.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Staff worked together as a team to ensure people's needs were met in a person centred way.

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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 inspection took place on 4 October 2016 and was unannounced. The inspection was completed by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with two people who lived at the home, three people's relatives, four members of care staff, the deputy manager, the manager and two members of the provider's senior team.

We looked at care plan documentation relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were protected from receiving care from staff that were unsuitable to work in the care sector. Staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who lived at the home, and staff employment histories were checked with previous employers. One member of staff said, "They did all my checks before I was allowed to start working with people independently."

There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said "There's always someone [a member of staff] around if I need them." Staff told us that there was enough staff available to meet people's needs and to ensure people received support throughout the day. We observed that the levels of staffing allowed each person to receive attentive support from staff. We saw that staff spent time sitting with people and engaging them in conversations or activities they enjoyed.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. One member of staff was able to explain the safeguarding procedures that were in place and understood how they could report any concerns. They said, "If there are any concerns they get reported, it's better to be safe than sorry." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the manager had a good knowledge of the procedure. We saw that there had not been any recent safeguarding referrals but the manager confirmed their understanding and confidence to do so if the need arose.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One person said, "I feel safe here." They were able to explain the measures that were in place to support their needs, particularly around using the kitchen. Staff understood the varying risks for each person, and took appropriate action. For example, people that required support with managing their epilepsy had person centred risk assessments in place specific to the risks associated with each person. We saw that plans had been put in place to support each person which included for example, increased support in the kitchen if people had experienced a seizure or reported feeling unwell. Staff understood people's risk assessments and ensured people's care was in accordance with them. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed, and staff raised their concerns with the management team and action was taken to meet people's needs and keep people safe.

Accidents and incidents where people's behaviour may put themselves or others around them at risk of harm were recorded by staff and reviewed by the management team. Full consideration was given to each incident, including immediate actions and actions that may be required on a longer term basis. Where necessary, people's risk assessments, or care plans were amended to reflect people's current needs. Staff took appropriate action and gave consideration to the events that led up to the incident to reduce the risk of a repeated incident. Staff understood what could be potential triggers and wherever possible, there was a

plan in place to reduce the possibility of a similar incident.

There were appropriate arrangements in place for the management of medicines. One person said, "I'm very particular about getting my tablets on time and they're [the staff] very good here." Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. One member of staff confirmed that they were unable to administer medicines as they had not received the training. People's medicines were held securely and there were arrangements in place so that homily remedies such as paracetamol could be given when people required it. We saw that medication administration records (MAR) were completed accurately after each person had received their medicine, and it was recorded the number of tablets people had been given if the amount was variable dependent on people's needs.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular safety checks were made. People had emergency evacuation plans in place which ensured staff had access to people's support requirements in an emergency situation.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One member of staff said, "The training was pretty good. We had training in general areas like food handling and conflict management, but also specific topics which are relevant to people who live here, like understanding epilepsy." New staff were supported in their role to understand and learn about the people they were supporting and they were required to 'shadow' a variety of shifts to observe how people's needs were met at different times of the day. New staff were also required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards. Staff told us they felt the training was good and prepared them to perform their role well. A program was in place to ensure experienced staff regularly refreshed their training and knowledge about current practices including safeguarding and basic life support.

Staff had the guidance and support when they needed it. Although a new manager was in post, staff felt confident in the manager and were satisfied with the level of support and supervision they received. One member of staff told us, "I feel l can speak with the manager if I need to." Another member of staff told us that they had received regular supervisions with their manager. Supervisions and appraisals were used to discuss staff performance, training requirements and to support staff in their role.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The management team and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We saw that mental capacity assessments had been completed for each person when it had been identified there could be concerns, or that people required support with particular decisions. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. Healthcare professionals employed by the provider were able to complete mental capacity assessments and we saw that people were involved with these assessments. We saw that detailed capacity assessments had been completed with detailed guidance for staff to support people to make choices where they were able to. We also saw that DoLS applications had been submitted for people that lacked the capacity to understand all of their care and treatment requirements.

People were supported to maintain a balanced diet and eat well. One person told us "I can prepare my own meals here and I know what's healthy. The staff help me if I need them." Another person told us that the staff cooked their dinner for them and they told us that the staff knew they did not like vegetables. People were

supported to make their own meal choices, and each person was given the support appropriate for them.

People's nutritional needs were assessed and monitored. For example, if appropriate, people's weights were monitored to ensure that people remained within a healthy range, and additional support from the dietician was utilised to ensure people's nutritional needs were fully met. Staff provided support and encouragement for people to follow the advice and guidance from the dietician.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs, for example when one person had been unwell, staff checked more regularly on people and offered reassurance about their health, and offered pain relief if necessary.

Good

Is the service caring?

Our findings

People told us that the staff were kind and treated them well. One person said, "Most of the staff are really nice." Another person's relative told us, "[Name] is really settled here. They [the staff] treat him well and understand him well." Staff demonstrated a good knowledge and understanding about the people they cared for. They knew how to support people's needs and anxieties and were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they had friendly and professional relationships together.

Staff were knowledgeable about the issues that caused people anxiety and distress and adapted their communication methods to help resolve any tension. Staff were patient, reassuring and helped people in a way that was specific to them. We observed that staff took time to understand the cause of people's anxiety and offered reassurance throughout. There was a calm, relaxed and positive atmosphere throughout the home which focussed on people's individual needs.

People were relaxed and comfortable around staff. Staff were engaging and encouraging and provided a person centred approach. Staff spoke proudly about the progress and self-development people made whilst living at the home. We saw that staff praised people throughout their daily activities and ensured that people were able to make choices about what they did.

Staff understood the need to respect people's confidentiality and understood they should not discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was recorded in confidential documents or discussed at staff handovers which were conducted in private. Staff respected people's privacy and worked with people to ensure their needs were met in the way they preferred. Staff knocked on people's bedroom's doors and waited until people responded before entering.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw that this was respected. People had been involved in deciding on the care and support they required and this was documented in people's care plan. People were given opportunities to make their own choices, for example with regards to daily activities, outings and food options. Staff were aware of people's routines however people always had the option to decline to follow their routine, or to make different decisions.

We observed that the care staff provided personalised care which supported people's individual requirements. Staff were encouraging and attentive but showed boundaries and professionalism when required. For example, if people were invading other people's personal space or were behaving in an unacceptable manner which upset or distressed other people, staff intervened using taught techniques to redirect people to different activities or areas of the home. People had an understanding of the support the staff provided and when it may be required.

The home had good links with an advocacy service and they were offered support to people that required it. The advocacy service visited the home on a regular basis but staff confirmed that additional visits could be

organised if people required it. Staff demonstrated their understanding of decisions that may require support from an independent advocate which could include decisions around handling their money or moving house.
People were supported to maintain relationships with people that were important to them. Relatives and friends were able to visit people at the home if they wished, and the staff also supported people to visit their friends and relatives at their houses. People were also supported to maintain relationships through the telephone and social media.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People were encouraged to have visits at the home and stay for mealtimes to gain an insight into whether they wanted to come and live at the home. People and their relatives or advocates were also encouraged and supported to visit the home during the decision making process. We saw that the manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person decided they would like to move into the home. One person who had recently moved into the home told us that the move had gone quite well and they had enjoyed moving into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. For example, information about people's past history, where they had previously lived and what interested them, featured in the care plans that staff used to guide them when providing person centred care, and staff used this information to have meaningful conversations with people. For example, we heard staff talking to one person about their future home, and with another person about when they would next see their family. People living in the home had profiles which detailed a summary of key information about each person and how they liked to be supported. We saw that one person had their own routine in the morning which they liked to follow so they could get their medicines at the same time every day and this was respected by staff. People were able to choose if they spent time in their bedrooms or in communal areas and staff respected this but encouraged people to participate in social activities if they wished.

People were supported to participate in activities they enjoyed and that had an impact on their quality of life. For example, people were supported to complete their own laundry, shopping and other daily living tasks, and staff offered person centred support as necessary. People were also encouraged to participate in social activities such as swimming and horse riding but people were able to make a choice about whether they participated in the activities that were on offer. We found that whilst some people would report that they wanted to participate in more activities, they did not always do so when they were offered.

People's changing needs were understood and maintained by staff. Staff met with people on a regular basis to discuss the care and support they received and whether any changes were required. Staff were knowledgeable about what people's current care needs were when they had been subject to change, for example, when people had experienced an increase in epileptic seizures, or when people's behaviour's had changed.

Staff were responsive to people's needs. People told us they were happy with the support staff provided however one person's relative told us they felt staff could be more attentive and encouraging to meet people's needs. We observed that staff spent time with people and responded quickly if people needed any support. We reviewed people's records which showed that staff offered guidance and encouragement to complete their personal care as independently as possible, but staff also offered further guidance when

people showed reluctance to do so independently. Staff were always on hand to speak and interact with people and we observed staff checking that people were content and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and from their own communication style; this was also documented in peoples individual care plans.
A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the care they received. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. We saw that complaints that had been raised were responded to appropriately and in a timely manner, and where necessary apologies had been made if people or their relatives were unhappy about elements of the service, or if a mistake had been made.

Good

Is the service well-led?

Our findings

At the time of the inspection a registered manager was not in post. The provider had acted quickly in recruiting a new manager and had ensured one of the provider's senior manager's oversaw the management of the service during the interim period. The new manager was in the process of applying to become the registered manager and gave a commitment that they would manage the home on a long term basis.

People at the home reacted positively to the new manager and staff commented that they had confidence in the management and felt that the home was well led. The manager confirmed that they had an open door policy but they also had a specific weekly time that they made themselves available if staff wanted to meet with them to discuss any concerns or ideas about the home. One member of staff said, "The new manager seems keen to listen to people and staff." Staff were aware of their roles in providing care that was tailored to the person. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals. One member of staff told us "I love working here."

The culture within the home focused upon encouraging people to live fulfilled and independent lives. Staff were committed to providing a high standard of personalised support and staff were focussed on the outcomes for the people who lived at the home. Staff worked well together and as a team, and they ensured that each person's needs were met. Staff clearly enjoyed their work and enjoyed working with the people that lived there.

Systems were in place for people, visitors and staff to provide feedback about the home and the quality of care people received. People were invited to attend meetings with the staff, specifically about the care they received, but also about the way in which the home was run. Staff recorded people's feedback, and if necessary staff or the manager actioned people's suggestions. People generally provided positive feedback and no actions were required and within the meetings staff celebrated people's achievements, such as getting a new job or developing their skills. Questionnaires were also sent out to the family and friends of people that lived at the home, and the staff that worked there. One staff response indicated they wanted further career progression and development, and we spoke with staff who explained that there were career development and further qualifications were available to them.

There was a comprehensive quality monitoring system that had been embedded by the previous manager. This included auditing of medication administration, people's care plans, keyworker sessions, supervisions and appraisals and health and safety matters. We saw that there had been some delays to continuing the audits since the new manager had taken over however there was a commitment and schedule to ensure the audits were robust. We saw that when the audits had identified areas of improvement were required, these were actioned and improvements were made.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and

provided up to date guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The service had submitted appropriate notifications to the CQC in the past when they were required, for example, as a result of safeguarding concerns or if any serious injuries had occurred.

The provider worked with other agencies and care providers to attend community events. This included social events for people who lived at the home and provided opportunities for people with brain injuries to meet other people with brain injuries. The provider also endorsed a support group which relatives could attend, and the provider had involvement with the East Midlands brain injury forum.