

Swanton Care & Community Limited

Gryphon Place

Inspection report

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Norwich
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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

About the service: Gryphon Place provides accommodation and nursing care to a maximum of seven people with a neurological disorder.

People's experience of using this service:

Risks to people, including the environment and people's health, were assessed and mitigated.

Staff were knowledgeable about safeguarding people from abuse.

People were supported to take their medicines safely and had access to healthcare when they needed. People received care according to their individual needs and preferences, and there was detailed guidance for staff in care plans.

There were enough suitably qualified and competent staff to meet people's needs.

Staff supported people to maintain a balanced diet with a choice of food, and enough to drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff asked people for consent and supported them to make decisions, but further records were needed around people's mental capacity to make specific decisions.

Staff adapted communication to ensure people understood information and could communicate effectively, and people were involved in their care.

People and staff had built positive trusting relationships, and staff respected people's dignity and privacy.

People were supported to maintain their independence as much as possible.

There were activities for people, and staff supported them to engage with the local community.

There was good leadership in place. Staff worked well as a team and were well-supported.

There were effective systems in place to monitor and improve the service.

Rating at last inspection: Good (Published October 2016)

Why we inspected: We inspected this service in line with our inspection schedule for services rated Good.

Follow up: We will continue to monitor the service according to our schedule for returning to locations rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Gryphon Place

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Gryphon Place is a 'nursing home' for up to seven people. The service supports people living with complex neurological conditions. The accommodation comprised of an adapted property. When we inspected, there were seven people living in the home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, and we sought feedback from the local authority.

Most of the people who lived at the service were unable to verbally tell us about their experiences of care.

However, during the inspection we had short conversations, using some communication support such as gestures and prompts, with three people living in the home. We observed support and interactions in the communal areas and spoke with two relatives. We spoke with a visiting social care professional who was a case manager, and three staff including the registered manager, a nurse and a carer.

We looked at one care plan in detail, and specific sections of three further care plans. We reviewed some information about how the service is run, such a sample of audits, as well as the Medicines Administration Records (MARs).

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People indicated to us that they felt safe living in the home. Staff were aware of how to recognise and report safeguarding concerns and received training in this area.

Assessing risk, safety monitoring and management

- There were risk assessments in place for individuals, for example with regard to their health conditions. For example, we saw that risks associated with epilepsy were covered in an individualised way in people's care plans. Risks associated with falls and people's skin were managed appropriately and mitigated.
- Risks associated with people's environment continued to be mitigated and monitored. For example, safety of water, lifting, electrical and fire equipment. There were regular fire alarm checks, drills, and a Personal Evacuation Plan (PEEP) for each person living in the home.

Staffing and recruitment

- The service continued to recruit staff safely and ensured the expected checks were carried out on new staff.
- There were enough staff to meet people's needs.
- A staff member said, "One thing is good is staff retention." There had been a low turnover of staff which added to the consistency of care people received.

Using medicines safely

- Medicines were stored safely, secured and at an appropriate temperature. Staff administered medicines as prescribed and they received training in this and had their competencies tested yearly or as needed.
- There were detailed protocols in place for medicines used 'as required' (PRN) and we saw these were used only when needed.
- The service had a person-centred and flexible approach to administering medicines safely, considering people's differing circumstances, moods and behaviours. For example, knowing if people preferred to take their medicines at a certain time of day. Advice was sought from GPs and pharmacists to ensure any changes in administration were safe.

Preventing and controlling infection

- The home was visibly very clean, and staff had access to equipment they needed to maintain hygiene during personal care. There were regular checks in place to ensure the home was kept clean, and staff received appropriate training in infection control.

Learning lessons when things go wrong

- Where any incidents or accidents had occurred, these were reported, and action taken to further mitigate risk where needed.

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

Good: 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's needs were comprehensively assessed, with appropriate health and social care professionals involved. This helped to ensure the service was able to meet people's needs. The service continued to assess people after they moved into the service, to maintain an up to date care plan.
- Staff shadowed other staff in people's existing placements before they moved into the home. This was in order to get to know them, learn and ensure they understood their needs, and facilitate a smooth transition.

Staff support: induction, training, skills and experience

- We spoke with one member of staff about their induction. They had received enough training and support to feel confident. Inductions included training and shadowing more experienced staff for a period of around six weeks.
- Staff were competent, knowledgeable and skilled in their roles.
- Staff received enough training and support to maintain their roles. They received mandatory training in areas such as mental capacity, safeguarding and first aid. Staff told us they received regular supervisions.

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

- People were positive about the food. One person said, "Food is excellent". They added, "They [staff] always ask you what you like what you don't like, what you like as a pudding and they get it in for you."
- We saw that where people were at risk of not eating or drinking enough, details of what they had consumed was recorded and staff ensured they were appropriately supported with meals and drinks.
- We saw that people had drinks available to them throughout the day.

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

- The service had even flooring throughout and a pleasant, secure outdoor area with furniture that could be enjoyed in fair weather.
- Each room was equipped with an en-suite which included a full accessible wet room. There was a lift to the first floor, and one further floor which was accessed by stairs. There was only one room occupied on the second floor, by a person who was mobile.
- There was a communal lounge for people's use, and a large conservatory which was awaiting a carpet and furniture. The registered manager confirmed this was due for completion by the end of the month.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with healthcare professionals to ensure that people received continuous,

consistent and effective care.

- Staff worked collaboratively with involved healthcare professionals. External healthcare staff gave recommendations which staff followed.
- External healthcare professionals also visited to provide extra training on people's specific needs to staff where needed. Staff told us this provided them with extra skills and confidence to ensure they were meeting people's needs well. A staff member gave an example of external healthcare professionals training staff around different oral health products and how to use them.
- People had access to healthcare such as dentists, psychiatrists and GPs. We saw that recommendations were recorded and used to inform care plans. This included detailed plans for oral health.

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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- There were deprivation of liberty authorisations in place for three people.
- There were not always appropriate mental capacity assessments in place for specific decisions which were made for people who lacked capacity, including decisions preceding a DoLS application being made. Records were not always in place with details of how best interests' decisions had been arrived at.
- Relatives, people and staff told us that staff sought consent before delivering care, and that they were involved in best interests' decisions. We requested that the registered manager review the mental capacity documentation within the care plans to ensure it reflected how decisions had been arrived at properly, which they agreed to put in place.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- A relative said, "Here it is very welcoming when you come through the door, very warm atmosphere, [staff] they're lovely." A staff member told us they felt the team showed, "Such love and support and dedication."
- The case manager we spoke with gave us an example of staff making an effort to ensure a person felt special. They described how staff ordered the person a birthday cake, and signed a card, and described it as being like a family.
- We observed kind and caring interactions throughout our inspection visit. It was also another person's birthday, and we saw that staff sang to them, gave them a present, card and cake, and the person was smiling with them.

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

- There was evidence in people's care plans that they were consulted and involved in making decisions about their care, and staff asked people about their preferences.
- Where people had problems communicating, staff adapted their communication as much as possible to ensure they were involved in decisions about their care. A relative said, "Staff communicate well with [family member] and don't condescend." Staff gave examples of how they supported people emotionally, with understanding and compassion. For example, if people presented with behaviours that some people could find challenging, they understood how to work with them.
- Relatives we spoke with felt they were informed of any changes and involved in people's care planning as appropriate.

Respecting and promoting people's privacy, dignity and independence

- The case manager we spoke with felt strongly that people's dignity was upheld by staff as a priority.
- People were well presented and clean during our inspection visit, and the people we spoke with told us they felt staff supported their privacy and dignity. We saw staff knock on doors if they wished to go into someone's room.
- Staff supported people to maintain as much independence as possible, from supporting them with personal care to going out in the community, to encouraging them to be as mobile as possible.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One person gave us an example, "I have a shave every day, they [staff] help me with that." A relative said that, due to the care provided in the home, "[Relative] is so much happier than they were."
- There were individualised plans in place to guide staff on supporting people, and staff knew people's needs and preferences very well. People's right to equality was respected.
- Staff supported people positively, including with any behaviours which others could find challenging, which led to good outcomes for people and supported a good quality of life.
- People had access to means of practising their religion and this was also included in care plans. The local vicar visited the service fortnightly and when requested.
- There were activities within the home, and people were supported to follow their hobbies and interests. One relative said they would like to see more of this in the home, and the registered manager was planning on further improvements.
- We saw examples of activities having taken place including visiting singers, games and exercise classes, which people engaged with. Activities, hobbies and interests were also recorded in care plans.

Improving care quality in response to complaints or concerns

- The registered manager had investigated and resolved any issues or concerns brought to their attention. People and relatives told us they would raise concerns with staff if they had any.
- There was a formal complaints process which was accessible to people. There was an easy read 'how to complain' poster available to people.

End of life care and support

- There were end of life care plans in place, and staff had received training in end of life care. One member of staff explained how they had supported someone towards the end of their life, and their family, and they felt they had achieved this in a positive way.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives we spoke with said they felt the home looked after their family members very well. One relative said, "I can go home and have peace of mind, I do recommend it here."
- There was good leadership in place and staff were positive about working in the home. A staff member described working in the home; "Really good morale here, we help each other out and support."
- The registered manager described the ethos and values of the home, including making each moment matter to people. We saw that staff worked in line with this ethos.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A person described the registered manager as, "Very helpful." People, relatives and staff, without exception, said they felt they could approach the registered manager any time.
- There were regular staff meetings where roles were discussed, any issues and improvements or changes to the service.
- There were effective systems in place which monitored the running of the service. These included for medicines records and stock, infection control, care plans, health and safety and staffing.
- The provider's organisation carried out regular quality assurance visits and support for the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback and if they were happy with the service. Family members were also involved.
- Staff felt fully involved in the running of the service and told us that the registered manager and the provider's organisation listened to them and resolved any issues.

Continuous learning and improving care

- The service continued to strive for improvement, including making positive changes to the home environment.
- Where an audit had identified a shortfall, action had been taken to rectify it in a timely manner.

Working in partnership with others

- The service kept links with the community, such as some local day centres and the church.
- The registered manager and staff had engaged with local groups to ensure they kept up to date and gained new ideas. For example, they attended the local activities coordinators groups to gain ideas on improving activities provision for people.