

# Gracefield Health Care Limited (GHC)

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

### Inspection report

St Domingo House  
31 St Domingo Grove  
Liverpool  
Merseyside  
L5 6RP

Tel: 01512601984  
Website: [www.gracefieldhealthcare.com](http://www.gracefieldhealthcare.com)

Date of inspection visit:  
21 December 2016

Date of publication:  
26 January 2017

### 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 of 31 St Domingo Grove was conducted on 21 December 2016. The inspection was conducted by an adult social care inspector.

There was 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.

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. At the time of our inspection there were four people living at the home.

This service was last inspected in February 2015. During this inspection we found the service was in breach of regulations relating to the safe management of medication, fit and proper persons employed, staff training, and governance. The overall rating for this service was 'requires improvement'. The provider sent us an action plan detailing how they would meet these breaches and we reviewed this as part of this inspection. We found that the provider had taken action and improved in these areas. The service was no longer in breach of these regulations.

During our last inspection in February 2015, the service was in breach of regulations relating to the safe management of medications. This was because the procedure for managing medicines was not in line with good practice. The provider sent us an action plan detailing what action they were going to take and we checked this as part of this inspection. We found that the procedure for managing medicines had improved. Regular checks, training, and auditing were being completed with regards to medication, and medication was being stored in line with good practice. The provider was no longer in breach of this regulation.

During our last inspection in February 2015, we found that recruitment procedures were not always robust. This was because robust recruitment procedures were not always evident within staff files. The provider sent us an action plan detailing what action they were going to take, which we checked as part of this inspection. We saw that recruitment procedures had been changed and additional checks were made and recorded to ensure procedures were robust. The provider was no longer in breach of this regulation.

During our last inspection in February 2015, we found that staff did not always have the skills they needed to support people appropriately. This was because staff had not been trained regularly or engaged in regular supervision. The provider sent us an action plan detailing what action they were going to take to address this. We checked this during this inspection. We found that the provider had enrolled all new and existing staff onto a national training programme. We saw that a system had been implemented to check when staff were due updates, and this also documented when staff were due supervisions. We saw that supervisions

were taking place regularly and all staff had had an appraisal. The provider was no longer in breach of this regulation.

During our last inspection in February 2015, we found that regular audits (checks) were taking place, however they were not effective. This was because they had not picked up a number of anomalies we found with regards medication. The provider sent us an action plan detailing what action they were going to take and we checked this as part of this inspection. We saw during this inspection that the approach to auditing had improved, and where errors or omissions were found, we saw that action plans had been drawn up with realistic time scales of when to address these. The provider was no longer in breach of this regulation.

Family members and people we spoke with throughout the duration of our inspection told us they felt safe living at St Domingo Grove.

Staff were aware of their role with regards to safeguarding and raising an alert if they needed to. We saw staff were trained in this subject, and it was often a topic for discussion during team meetings. We discussed a recent safeguarding incident and saw the provider had taken appropriate action.

Incidents and accidents were documented and analysed for root cause. Action plans were drawn up when any patterns emerged.

Risk assessments were in place for people which both encompassed how to manage the risk for that person and keep them safe from harm, while maximising their independence. Risk assessments were reviewed every month, and updated when changes occurred.

There were regular checks taking place on the equipment in the home, such as the fire extinguishers, gas, and PAT (portable appliance testing).

Staff were aware of their roles in relation to the Mental Capacity Act 2005 (MCA) and DoLS. We saw that appropriate applications had been made to the Local Authority for people who were required to have a DoLS in place.

Consent was well documented in people's care plans. Where people required support with decision making we saw that a 'best interest' process had been followed and the outcome was well documented.

We saw that people were supported to receive a balanced diet. Menus were completed weekly and people took it in turns to go with staff and buy the weekly shop. We observed people being supported to make themselves drinks and food when they chose to with staff support. One person was being supported to follow a healthy eating programme.

People were supported by staff to attend medical appointments. We saw that staff kept a record when health care professionals visited people at the home or if people went to external appointments. We saw that any advice given as a result of these appointments was logged in the person's care plan.

The home was well decorated with modern fixtures and fittings. People who lived at the home had helped to choose the décor of the home, and had also chosen how they wanted their rooms to be decorated. We saw that there was a ramp outside for disabled access, however there was no lift in the home, therefore people who were physically disabled could not be accommodated to live on the upper floors of the home. Also, if people who already lived at the home could no longer use the stairs due to a decline in their physical health they would have to be offered a room on the ground floor if this could be accommodated.

Our observations during the inspection showed warm and caring interactions between staff and people who lived at the home. On the day of our inspection, the service was having a Christmas party for people who lived there and their families. We saw that staff had come in on their day off to help people prepare food, set up a disco, and decorate the room.

People told us they felt respected by staff, and they were involved in their care and support. Staff were able to explain how they provided individualised support to people, based on their needs and preferences. Staff told us they enjoyed supporting the people at St Domingo Grove, and valued their relationships with them.

We saw that support plans were written in a way which focussed on the needs of the person, and not the needs of the service. We saw information such as what was important to people and what they needed to ensure their support worked was well documented and reviewed. We saw that each person had a 'keyworker' who would spend time updating each person's care plans and other documentation to ensure information was accurate and up to date.

We saw the complaints procedure was displayed in the hallway of the home. There was always an easy read version of this for people who required it. There had been no complaints since our last inspection.

People and staff were complimentary about the registered manager who was also the owner of the organisation. People told us the registered manager led by example and encouraged a culture of teamwork and openness.

We saw that feedback was regularly gathered which was appropriate for the size of the service. This included regular key worker meetings with people who lived at the home as well as questionnaires which had recently been introduced.

## 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.

The procedure for storing, receiving and administering medications was safe.

Staff were recruited safely, and only offered employment subject to satisfactory checks being carried out.

There were processes in place which ensured staff were aware of how to protect people against the risk of abuse, and the practicalities of raising a safeguarding concern.

There was enough staff employed at the home to make sure people attended their regular activities and to support them to keep their rooms tidy.

### Is the service effective?

Good 

The service was effective.

Staff were receiving regular training, supervision and appraisal in line with the provider's policy and procedure.

The service was working in accordance with the MCA and associated principles and were aware of their roles and responsibilities in relation to this.

People were supported to make their own food and drinks. People living at the home took turns to complete the weekly shop.

Medical appointments were well documented for people. Staff supported people to and from these appointments and kept a record of what the outcome of the appointment was and any changes were incorporated into the person's care plan.

### Is the service caring?

Good 

The service was caring.

We observed kind and warm interactions between staff and

people who lived at the home.

People told us they were supported to express their views and opinions, and were involved in decisions regarding their care and support.

Staff were able to describe how they ensured they protected people's privacy and dignity when providing personal care and support in general.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were written in a way which suited the needs of the person with particular references made to their behaviours and support needs.

There was a process in place for managing complaints. The policy was clearly displayed and people told us they knew how to complain.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Everyone we spoke with was complimentary regarding the registered manager and the deputy manager.

There was a system in place for auditing (checking) service provision. We saw audits took place weekly, monthly and six monthly. Action plans were drawn up in response to any areas of concern.

There was a calm, compassionate culture at the home. The registered manager led by example, and supported staff well.

# 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 inspection took place on 21 December 2016 and was unannounced. The inspection was conducted by an adult social care inspector.

We were unable to view the PIR for this service due to technical issues on our part. A 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. Before our inspection, we reviewed the information we held about the home. We looked at the notifications and other information the Care Quality Commission had received about the service.

We carried out a Short Observational Framework for Inspection (SOFI) SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication impairments.

We spoke to two people who lived at the home, two visiting relatives, the registered manager, deputy manager, and three support staff. We looked around the home, including the bathrooms, kitchen, lounge areas and, with permission one person's bedroom. We looked at three care plans, three staff recruitment folders and other documentation relating to the running of the home.

# Is the service safe?

## Our findings

During our last inspection in February 2015, we found the provider in breach of regulations relating to safe management of medications and recruitment of staff. This domain was rated as 'requires improvement.' Following this inspection the provider sent us an action plan detailing what action they were going to take. We checked this as part of this inspection and saw that the provider had made improvements and were no longer in breach of this regulation.

We checked the procedure for the safe management and storage of medications. During our last inspection in February 2015, the provider was in breach of this regulation. This was because medications were not always being stored correctly. We also found that staff who were administering medications had not always received the correct training. We saw that medication audits had identified problems, however, no action had been taken. We found during this inspection that this had improved. We checked medications requiring cold storage and saw that they were kept in a separate medication fridge in the medication room. The temperatures of the room and the fridge were being recorded on a daily basis to ensure they were in the correct range. This is important because if medication is stored at the wrong temperature it can affect its ability to work correctly.

We checked two of the MAR (Medication Administration Records) for people living at the home and saw they had been correctly completed using the appropriate coded letters, and there were no gaps in the MARs. The MAR contained a plan for each person, a photograph of the person on the front and a list of the medication and what it was used for. People prescribed PRN (medication when required) had a detailed protocol in place which explained when the PRN was needed and why. We checked how the balance of new stock was recorded, and saw that it was documented on the person's MAR and then re-counted every week. For loose medications which were not pre-packaged (often referred to as blister packing) these were counted every day to ensure stock balances were correct. This was a new system introduced by the provider since our last inspection to ensure that discrepancies were being identified and dealt with faster.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. There was no one taking these at the time of our inspection. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Staff who were trained to administer medications had undergone medication training by an external training company and then were required to complete competency assessments which were reviewed every year. Some staff had also completed a NVQ (National Vocational Qualification) training unit about medication as part of their qualification.

During our last inspection we found the provider had not always ensured robust recruitment procedures were in place. This was because we found that some information, such as references, were missing from staff files. We checked during this inspection and saw that the provider had checked all existing staff files to ensure they were complete, and the provider was no longer in breach of this regulation.



We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member and had introduced a checklist to help ensure all necessary information was available within staff files. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to commencing in post.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. 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. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the DBS. This confirmed there were safe procedures in place to recruit new members of staff.

Everyone we spoke with told us they felt safe living at the home. One relative told us they felt safe knowing their family member was residing at St Domingo Grove. The relative said, "Yes I feel safe." A person who lived at the home told us, "I like it here, I feel safe, I go out with my family, but the staff are always here to help me when I need them."

We looked at how risks to people's health and well-being were being managed in the home. We saw that each risk assessment was detailed and linked to a particular part of the person's support plan. For example, we saw that one person, who had a risk assessment in place regarding their behaviours, had a link to their support plan showing in more detail, how to avoid factors that may trigger the person to display behaviours that challenge, but should they be displayed, how to best manage this to keep the person safe. We saw that risk assessments were written in the first person narrative. For example, "Staff are to please make sure they remind me of this as this is important to me." Which shows that each risk assessment is tailored to the needs of each person. We spoke to one person who told us they were involved in the completion of their risk assessments and care plan. They said, "Yes I help the staff to get information about me, it's important."

We saw that risk assessments were subject to regular review to ensure they were still needed and whether the protocols recorded in the risk assessment required changing. We saw an example of a changed risk assessment based on a review the person had recently had.

We looked at the adult safeguarding policy for the home and asked the staff about their understanding of their roles in relation to safeguarding. Staff were clearly able to describe the procedures they would be expected to follow to keep people safe from abuse. One staff member said, "I go to the manager and tell them straight away, unless they were implicated." We also asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use this policy if they felt they needed to. We saw an example of a recent safeguarding which the registered manager had made the local authority and CQC aware of. We saw the service had taken appropriate guidance to investigate this, and steps had been put into place to prevent this occurring in the future.

We checked to see if the relevant health and safety checks were completed on the building. We spot checked some of the certificates, such as the gas, electric and fire fighting equipment. We checked when the last fire evacuation test was and saw it had been completed recently. Everyone who lived at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs.

We checked rotas and saw that shifts were filled by staff who worked at the home to provide consistency for people who lived there. Rotas and our observations evidenced that there was enough staff on duty to be able to meet people's needs. Staff told us the atmosphere was relaxed. One staff member said, "There isn't the pressure here that you have in some places, things are done according to what they [people who live at the home] want." One person told us "The staff help me when I ask them, especially with keeping my room tidy."

# Is the service effective?

## Our findings

During our last inspection in February 2015, the provider was in breach of regulations relating to the training and supervision of staff. This was because staff records we looked at showed that not all staff had undergone the relevant training for their role. This domain was rated as 'requires improvement.' Following our last inspection the provider sent us an action plan detailing what action they were going to take to make improvements. We checked this as part of this inspection. We saw that improvements had been made and the provider was no longer in breach of this regulation.

People told us that they felt the staff had the right skills and training to support them. One person said, "I can do some things myself, but if I get stuck, I know I can ask the staff." All staff had been enrolled on a nationally recognised training programme which consisted of classroom based learning courses such as manual handling, safeguarding, MCA and DoLS, food hygiene and health and safety. Newly appointed staff were required to complete an induction aligned to the principles of the Care Certificate, which is a set of guidelines care workers adhere to in their roles. We saw that most of the staff at St Domingo had been enrolled on their level two or three NVQ in care, and the deputy manager was working towards their level five qualification in management. We checked the training matrix against the certificates stored in staff files which evidenced that all staff had attended training. We also saw that staff were undergoing regular supervisions. These took place every month for existing staff, and new staff were supervised weekly. Everyone had had an annual appraisal.

We looked to see if the home was working within the legal framework of The Mental Capacity Act 2005. 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 make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the home was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met. We saw that these conditions were being met for one person. The registered manager was knowledgeable about the MCA and DoLS and knew the CQC (Care Quality Commission) needed to be notified when the outcome of any applications were known.

We saw that the 'best interest processes' were being followed for people who had limited capacity and understanding of complex decision making. The need for 'best interest' processes were clearly identified in people's support plans. This included an overview of what decisions the person could make independently, such as what they wore, and what they needed help with. We saw for one person, a best interest meeting had been arranged to discuss changes to their support. We saw that this person's family were involved in this discussion.

We also saw another example where a best interest decision meeting had taken place for someone who needed some medical assistance. Minutes of this meeting were clearly documented.

We asked one person who lived at home about their mealtimes. They said, "I can do some food myself, the staff will help me plan my meals, and I go out often to eat." People who lived at the home were being supported to eat a varied and balanced diet. We saw that people went shopping with staff when needed and were supported to plan and prepare their own meals and snacks. We saw that one person was engaging in a healthy eating programme, to support them with weight loss, and the staff were assisting them with this. We saw from looking at support records that this person was supported to make healthy choices.

We saw from looking at records relating to people's medical and clinical needs, that this was being well maintained by the staff. Appointments were scheduled into people's daily activity plans and staff were allocated to support that person to attend the appointments. We saw staff completed documentation when they returned from the appointment with that person to show the outcome and additional information (such as any medication changes) which the staff would need to know.

We saw the home was well decorated with modern fixtures and fittings. People who lived at the home had helped to choose the décor of the home, and had also chosen how they wanted their rooms to be decorated. We saw that there was a ramp outside for disabled access, however there was no lift in the home, therefore people who were physically disabled could not be accommodated to live on the upper floors of the home. Also, if people who already lived at the home could no longer use the stairs due to a decline in their physical health they would have to be offered a room on the ground floor if this could be accommodated.

# Is the service caring?

## Our findings

People and their families told us they felt the staff were caring. Comments included, "The staff are lovely, really nice." Also, "Yes they are always friendly." One family member told us they liked the staff team. They said, "I have no issues at all with anyone here."

Our observations around the home showed that care was provided in a way which was meaningful for the people living at the home. For example, we saw that people were being supported to prepare buffet food for their Christmas party which was taking place later that day. We saw that extra staff had come in on shift to be able to support people on a one to one basis to do this to enable them to be involved.

We saw that staff would knock on people's doors and ask permission before they entered. Most people at the home had their own keys to their rooms and discussions regarding this were reflected in people's care plans. People had been given the choice about this.

We saw that people's care records were stored confidentially in a room which was kept locked or occupied, and there was no confidential information either displayed or left out in communal areas of the home.

We checked to see if people had information made available to them in a way which they understood. We saw that the provider had made various policies, including the complaints policy and safeguarding policy available in easy read to support people's understanding.

We asked one person if they knew about their care plan. They told us they did. They said, "The staff will talk to me about it sometimes." The same person told us they felt they made decisions and choices regarding their care and the staff supported them to do this. They said, "I will often tell the staff what my plans are for the day and they will help me to plan for it."

Staff used respectful language and key words when referring to people who used the service. Words such as 'Choice', 'Empower' and 'Independence'. We asked staff to give us examples of how they protected people's dignity and privacy. A staff member told us, "We never discuss other residents in communal areas in case someone over hears us." One staff member said, "[When we support people with personal care] we close doors and cover them up with something, towels or blankets." One staff member said, "We ask people if they would like help, instead of just presuming they do." Other comments included, "I think of how I would want my family member treated if they were in a home." We heard staff addressing people by their preferred title throughout the day.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection.

# Is the service responsive?

## Our findings

We saw that people were provided with personalised care which was responsive to their needs. One person said, "Staff know me, they know what I like."

We saw that care plans were individualised and contained information about the person, such as their backgrounds, likes, dislikes as well as other things they were interested in. We saw that everyone had a 'This is about me' document, which contained photographs of the person, explaining their life history and personal journey. We saw this had been completed with the person by their keyworker, and people had given consent for this to be shared with new members of staff so they could get to know them. This was important, because as well as containing background information, this document also contained information around people's behaviours such as any triggers or situations which may cause them to display behaviours that challenge.

We saw that support plans were written in way which emphasised the person's ability to 'choose'. For example we saw one person's support plan stated 'I can choose my own clothes,' in one section of the plan, however they needed some support with choosing healthy foods, and the care plan stated, 'I would like staff to remind me of which foods are healthy choices.' This shows how the staff were required to support each person living at the home.

We saw that people regularly engaged in activities which were important to them. We saw that some people accessed the community alone, and other people had one to one time with staff to pursue their interests. One person who lived at the home had a part time job which staff supported them to attend. We saw that people took part in games and film nights at the home, however most people chose to have separate activities.

We saw that the home worked with other agencies to ensure care plan reviews and best interest meetings took place when needed. We saw that people were involved and included in these meetings.

We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to view. People and relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. The procedure clearly explained what people had a right to expect when they raised a complaint and the timescales as to when they should expect their complaint to be responded to. Everyone in the home told us they knew how to complain, most people said they had never had a cause to complain. One person told us, "I would tell my staff."

We saw that meetings for people living at the home were taking place every month and the next one was planned for the next few weeks.

## Is the service well-led?

### Our findings

During our last inspection in February 2015, we found the provider in breach of regulation relating to the governance (checks) which were completed in the service. This was because we saw numerous gaps in the recording of checks on the environment and medication errors were not always being investigated appropriately, despite actions being identified. The well-led domain was rated as 'Requires Improvement.' Following our inspection the provider sent us an action plan detailing what action they were going to take. We checked this as part of this inspection. We found during this inspection that the provider had made improvements and were no longer in breach of this regulation.

We saw there were audits for the safety of the building, finances, care plans, medication and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. The registered manager did their own weekly audit of the building and regular care plan checks. We spoke to the registered manager who explained how they were changing the auditing process to become even more robust. This included an in depth audit of everything in the home with clear actions and improvements which the provider wanted to make. We saw examples of these, which included new folders for people, new cleaning rotas, and more evidence of involvement from staff in care records. This shows that the provider was looking for ways to continuously develop their approach to quality assurance.

There was a registered manager in post who was also the owner of the home.

We spoke to the registered manager and they were aware of their role and responsibilities regarding reporting any notifiable incident to CQC. We also saw that the ratings from the last inspection were clearly displayed as required.

The culture of the home was warm, relaxed and friendly. Staff and people who lived at the home were complimentary about the registered manager and the provider. One staff member said, "[Registered managers name] is fab." And, "The culture here is different to other places I have worked at, it's so person centred." All of the staff we spoke with said they liked their jobs and enjoyed working at St Domingo Grove and would recommend the home to other people. One staff member said, "Nothing is too much trouble for the manger, they are really nice. It's just lovely, we all get on so well."

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance. We saw that the polices had last been reviewed in 2016.

We looked at how the registered manager used feedback from people living at the home and their relatives to improve the service. We saw that feedback was mostly face to face through meetings with people's keyworkers due to the small size of the home. We saw however, that some feedback forms had been developed and these would be sent out to people and their families.

We saw that team meetings took place every month, and resident meetings took place every week. We saw minutes of these meetings, and agenda items such as food shopping, activities and staff were discussed as part of the agenda for people who lived at the home. For the staff meetings we saw agenda items such as training, supervision and health and safety were discussed.