

United Care limited

# Grassmere Residential Care Home

## Inspection report

675-677 Washwood Health Road  
Ward End  
Birmingham B8 2LJ  
Tel: 0121 327 3140  
Website:

Date of inspection visit: 11 December 2015  
Date of publication: 06/04/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 11 December 2015 this was an unannounced inspection. The inspection team consisted of one inspector. At the last inspection on 11 May 2015 the provider was meeting all the regulations assessed.

Grassmere is a care home which is registered to provide care to up to 26 people. On the day of our inspection there were 26 people living at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People who could tell us told us they felt safe living at the home.

# Summary of findings

People were protected because staff had a good understanding of the different types of abuse and knew what actions to take if they thought a person was at risk of harm.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's rights were protected and staff ensured that decisions were made in people's best interests and involved people's representatives if they were unable to make decisions for themselves.

People were supported by sufficient numbers of staff that received the training and support they needed to meet people's needs. However staff practices were not always monitored to ensure safe care was provided and the training they received was put into practice at all times.

People received their medication as prescribed and medication was stored safely.

People were supported to have food that met their dietary needs but staff did not always support people effectively.

People were supported by staff that were generally caring and kind however people's dignity and privacy was not always maintained.

People were encouraged to remain independent and their health needs were met. People were supported to undertake activities in the home and out in the community.

People knew how to raise any concerns they had and the provider used the information to improve the service for the people who lived there.

Systems were in place to monitor and check the quality of care provided. However these systems were not always used effectively so people were supported safely at all times.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Good



People told us they felt safe with the staff that supported them. Procedures were in place to keep people safe and staff knew how to protect people from abuse and harm. People were involved in their care and risks were identified so staff had the information to support them. People felt there was enough staff to support them and staff were safely recruited to provide care and support to people.

### Is the service effective?

The service was effective.

Good



People were supported by staff who received training and supervision to help support them to meet people's identified needs. People's rights were protected and there were no restrictions on their liberty. People were supported to have sufficient to eat and drink and their healthcare needs were met.

### Is the service caring?

The service was not consistently caring.

Requires improvement



People told us they were treated well by staff and we saw that people were relaxed in the presence of staff. People were supported to express their views and to make decisions about their support needs to enable them to be as independent as possible. People's dignity and privacy was not always maintained when providing personal care or assisting people with their meals.

### Is the service responsive?

The service was not always responsive.

Requires improvement



People were able to contribute to their care and changes were made if people's care needs changed. Interaction with some people who were not able to converse freely needed to improve. People felt comfortable speaking with staff if they had any concerns. People told us that they took part in activities that they enjoyed however some people were not always consulted when activities took place to enable them to decide if they wanted to take part.

### Is the service well-led?

The service was not always well-led.

Requires improvement



Systems for monitoring the quality of the service and how this was delivered by staff were not effective to ensure safe practices at all times. Staff had received training however this was not monitored to ensure that what was learnt was put into practice. Internal audits took place to support the

## Summary of findings

management of the service. However monitoring of staff practices did not always ensure the delivery of care effectively. The service gathered people's views about the service provided so improvements could be made where required.

# Grassmere Residential Care Home

## 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.

The inspection took place on 11 December 2015 and was unannounced. The inspection team comprised of one inspector. We reviewed all the information we hold about the service. We contacted the local authority and reviewed the inspection history of the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We also asked the provider to send additional information in the form of a Provider Information Return (PIR). This gives the provider an opportunity to tell us about their service. This was returned to us.

Some people in the home were living with dementia and had limited verbal communication and were not able to tell us if they were happy with the care they received. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with nine people who lived there, five relatives, a visiting health care professional and six staff including the manager and senior care staff. We looked at the care records of four people to check that they received care as planned and some records relating to the management of the home including medicine management, staffing, training and the quality monitoring of the service.

# Is the service safe?

## Our findings

People spoken with told us that they felt safe with the staff that cared for them. Relatives spoken with told us that they had no concerns about the safety or welfare of their relatives and felt confident speaking with staff if they had any concern. One relative told us, "I have had issues in the past but they were resolved when I informed the manager."

Staff spoken with told us that they had completed training in recognising and reporting potential abuse. One staff member told us, "If we do not care for people in the way they want us to this can be seen as abuse because it is their choice of how they want to be cared for not ours." Staff spoken with told us any concerns they had they would report to the manager. A staff member told us, "I would report anything I did not like, to the manager, you, social service or the police, I think all the staff would." We saw that the registered manager recorded accidents and incidents and an analysis was completed to identify trends, such as if accidents happened at certain times so an investigation and actions could be taken to prevent reoccurrence. The registered manager was aware of her responsibilities of reporting incidents and safeguarding concerns to the appropriate authority. We were also informed as required by law.

People and relatives spoken with told us that they felt that there was enough staff to meet people's needs. People who could tell us their views said that there was enough staff to provide the support they needed. One person told us, "Well they [staff] are always about and I don't have to wait so I would think there is enough staff." Another person told us, "Yes there are and they [staff] are all very nice." One relative told us, "You can never have enough staff but my relative is content and when I go in I see staff sitting with [person's name] and when other people call staff they attend they don't have to wait." Our observations confirmed this. Staff

spoken with told us that they felt more staff was required so more could be done with the people who lived there such as taking people out. One staff member told us, "As far as I am concerned the people come first, each person has different care needs no two people are alike so we look after people on an individual basis."

Staff told us the registered manager would put more staff on duty if needed. For example, one staff member told us, "If someone has an appointment and a member of staff need to go with them, then extra staff are called in." The manager told us staffing levels depended on people's care needs and were increase if required. A professional visitor to the home told us they did not have concerns about staffing levels.

Staff spoken with told us that a number of employment checks were carried out before they started to work at the home including a police check and references to assess their conduct in their previous employment. Records confirmed that appropriate checks were made to ensure staff were suitable to work in the home.

People told us that staff gave them their medication when they needed it. Staff confirmed that regular checks were completed to monitor that people had received their medication as prescribed by their doctor. These included checking people's prescriptions when medication came into the home and checks that people had taken their medication. We observed a medication round and saw that staff informed people what the medicines were for, waited till the person had taken their medication and then documented to say that medication had been given. Staff told us that they had received training which was undated as required so people continued to be given their medication safely. One person who used the service told us, "I have my tablets on the dot every morning, lunch time and evening, never missed one."

# Is the service effective?

## Our findings

People who used the service told us that staff looked after them well. One person told us, “They [staff] are trained never had a problem.” Another person who lived there told us, “Yes they are very good to [name of another person who used the service]. She cannot tell them what she wants they always make sure she is ok.” People spoken with felt that the staff were trained in what they do. One person told us, “They have to be trained or they can’t work I think, well they do what is asked of them and do it well so I would say they are.” Staff spoken with told us that they had training in various different subjects, so they could meet people’s care needs and training was updated when required.

Staff told us that all the people living there could make some day to day decisions about their care. For example, where they sat and what they wore. Staff told us that they always asked people what they would like help with. One staff member told us, “We do give choices and involve them as much as possible so they make the decision with our help.” Staff spoken with were aware of and had training in Deprivation of Liberty Safeguards [DoLS] and the Mental Capacity Act. This is an act that ensures people’s rights are protected. Where people are not able to make decisions about their care or do not have the capacity to make informed choices a best interest assessment is completed

so consent can be gained from the relevant person so decisions that are made are in the person’s best interest. The manager had ensured that where people could not make decisions about their care referrals were made to the appropriate authority.

People who were able to tell us said that they enjoyed their meals and there were choices available to them if they did not like the meal that was planned for the day. One person told us, “The grub is not bad.” Another person told us, “You do have a choice, and can have something different. They [staff] ask you what you want.” Staff spoken with knew about people’s dietary needs and they were able to explain what people liked and disliked. Staff told us dieticians were involved for those people that had been referred to them because of poor appetites or weight loss.

People we spoke with told us that the staff supported them to see health care professionals such as GPs. One person told us, “I can see the doctor when I want.” One staff member told us, “If someone is ill we discuss with them about getting the doctor.” One staff member told us, “We don’t hesitate getting advice. Some people cannot tell us they are ill so we seek professional’s advice if we feel that something’s wrong.” Staff told us that referrals were made to other healthcare professionals such as district nurse, GPs and dentists so people were supported to access appropriate support to remain as healthy as possible.

# Is the service caring?

## Our findings

Staff spoken with were knowledgeable about how to promote people's privacy and dignity but this was not always practiced when supporting people. Our observation showed that some staff were not following the instructions identified in people's risk assessments to ensure that people were safely supported. For example, we saw that the identified slings were not used by staff when people were moved with a hoist. We saw that for one person some staff did not apply the sling correctly so that the person's dignity and safety was compromised. This was witnessed by the registered manager.

We observed the support staff gave people who required assistance at the lunch time meal. We saw that a staff member sat between two people assisting them at the same time, and when food dropped out of one person's mouth the staff member picked up the food and place it back in the person's mouth with their hands. We ask the registered manager to observe the practice of staff while assisting people with their meals. The registered manager saw how staff were supporting people for herself and told us that she would speak with staff about this practice, because people dignity was not maintained. We saw some staff were discreet when assisting people to the toilet. However one staff member was telling other staff in front of [the person name] that they wanted to go to the toilet across the room so all the people in the lounge area knew about this personal request. The individual was not able to tell us how this made them feel.

People who were able to tell us said staff was kind. One person told us, "I think staff are very good they help all of us, I think they are very patient with the people who have dementia because it can be hard for them to understand what staff are trying to do." We observed staff speaking with people in a kind and friendly way. We saw people responded well when staff spoke with them.

We spent some time in communal areas observing the care provided to people and interactions with staff. We saw that staff were respectful and spoke with people kindly and in a way that ensured people could understand. A relative told us that they felt staff were caring and always involved them with their family member's care. Another relative told us, "I come all hours of the day, and staff don't know when I am coming. I see how they not only treat [named person] but others also, and this is always with kindness."

People were supported to maintain their independence where possible. One person told us they were able to undertake their own care. We saw that people had access to walking aids such as walking frames and sticks. Staff told us it was important that independence was promoted as much as possible so that people felt involved in their care. One staff member told us, "Just because people come into care it does not mean that they can no longer do things for themselves. I think the manager is very good at promoting people's independence by the guidance she gives us."



# Is the service responsive?

## Our findings

During our observation we saw that staff interactions were respectful and people who were able responded well with friendly banter. However, we saw that staff spent little time engaging with some people who were living with dementia. For example, we saw one person walking up and down the corridor; staff supported the person back to a chair in the lounge area but did not ask what the person wanted or where they were going. One staff member told the individual to come and have a sit down and a cup of tea, However the person did not have the cup of tea. This was repeated on another two occasions. We saw that staff turned the television off and put music on without asking all the people who were sitting in the lounge area if they were watching the TV. Some people were asleep. The loud music resulted in two people who had been asleep being startled and a third person getting up saying I don't like the noise.

All three people were living with some form dementia and had not been consulted, or prepared for the sudden change in the noise level within the lounge area. Care records showed people's preferences of the activities they liked had been discussed and where possible planned. People told us that staff would ask them what activities they wanted to do and included bingo and exercises. One person told us that sometimes they would go for a pub lunch or outside entertainment would be brought in for them.

People told us they felt their needs were being met in a personalised way. One person told us, "They call my social worker and we discuss my needs together." A relative told us, "[Person's name] is very happy here and I am quite confident with staff at the home." One person told us, "They [staff] make sure I am okay with what they are doing and I have no problems with what they do for me." Relatives told us that reviews took place about their

relative's care and records seen showed that information was updated when people's care needs changed. People who were able to contribute to the care they received were involved in the reviews but for people unable to contribute family members were involved so that support could be given in the way they would have liked. A relative told us, "Staff asks me about [named person's] care. I know them better than anyone else and can give them the little details which were important to them before they moved here."

People spoken with told us that staff assisted them when needed. One person told us, "When the staff help me they do what I want them to do and how I like things done." Another person told us, "They [staff] are always willing to help." Care records contained information about people's past history so staff had the information they needed to provide individual care and support. Staff told us about people's different backgrounds and one staff told us, "I like to listen to some of the stories people tell me about the war, food rations and coal mines. It's very interesting."

People were supported to maintain contact with friends and family. We saw that relatives visited at various times during our inspection. Relatives we spoke with said they were able to visit at any time and were always made welcome and invited to activities that took place at the home. Relatives were involved in special occasions and able to support people in the activities people wanted to take part in.

People told us they were given information about how to make a complaint which was also displayed in the entrance of the building, giving details about who to contact. One person told us, "I would just tell them I was not happy."

Another person said, "You tell staff and they do something about it." The provider has processes and procedures in place that people could access if they had any complaints about the service provided. We saw that where concerns had been brought to the provider's attention action was taken immediately so reoccurrences were minimised.

# Is the service well-led?

## Our findings

We saw that regular audits were completed to ensure that the home was safe and met the needs of the people who used the service. These included monitoring risks to people, staffing levels, training for staff, and using feedback from the people who used the service relatives and other and external professionals so improvement could be made if required. However during our visit we brought to the attention of the registered manager our observations in relation to some manual handling practices by staff that could potential cause harm to people and how staff supported people during meal times. This showed the systems in place to monitor the delivery of care were not effective to ensure all care practices were delivered safely at all times to prevent potential injury to people.

People told us they knew who the manager was. We observed that people spoke with the manager and staff without hesitation and the door to the office was kept open so people could speak with the manager at any time. A visiting professional told us that the service sought guidance and support and maintained strong links with other healthcare professional so people's health care need were met.

People spoken with told us that they were asked about their care by staff which included any suggestion to improve the service. One relative told us that they were

invited to meetings so they could give their views on the service provided. One person told us that they filled in questionnaires about the service provided with support from staff. Another person told us they did not know if any suggestions made had been done. Staff told us that they had meetings so they could say what would improve the service for people. One staff member told us, "We make suggestion and although these are written down, we don't hear about them after." This meant that although monitoring systems were in place to gather the views of people so improvements could be made and promote a positive open culture the systems were not used effectively.

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 registered manager was aware of her roles and responsibilities in reporting events that may have an impact on the health and welfare of people living there and we had received them as required. We saw that all incidents and accidents were recorded and that changes were made to plans of care and risk assessments to take account of incidents so preventive measure could be taken to minimise the risks of future accident.