

Grazebrook Homes Limited

Grazebrook Homecare

Inspection report

39 Adshead Road
Dudley
West Midlands
DY2 8ST

Tel: 01384240502

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 17 February 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes and at a supported living service. People who use the service may need support or care due to old age, learning disability or physical disability. At the time of the inspection the service was providing support and personal care to seven people in four separate supported living services. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from the service varied, according to their assessed needs and levels of independence. This was the first inspection of this service.

There was a registered manager. 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.

People were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take. All staff spoken with were confident that if they did raise any concerns, that they would be listened to and acted upon.

Staff were recruited appropriately and there were sufficient number of staff to meet people's needs. Staff received induction training which included shadowing senior colleagues before starting work. Ongoing training was in place in order to develop staff skills and systems were in place for management to assess the effectiveness of the training provided.

People were supported to live their lives in the least restrictive way possible, staff understood the requirements of the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS], and what it meant for the people they supported.

People were supported with their nutrition and health care needs.

People told us that the staff who supported them were kind and caring and helped them maintain their independence.

People were involved in developing how they wanted to be supported and were encouraged to be as independent as possible and achieve their aspirations.

People were confident that if they had any concerns, they would be dealt with appropriately.

The registered manager and staff group were described as supportive and approachable. Staff performance was monitored and efforts were made to ensure staff were well supported in their roles.

A number of audits were in place to assess the quality of the service provided but had failed to identify a number of issues highlighted by the inspection.. The registered manager and staff regularly sought feedback from the people they supported.

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 told us they felt safe when supported by staff.

Staff were safely recruited to ensure their suitability and prevent people being placed at risk of harm.

People were supported to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training, supervision and support to meet their needs effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty.

Safeguards preventing people from being unlawfully restricted. People were supported to access healthcare professionals to meet their needs.

Is the service caring?

Good ●

The service was caring.

People told us that the staff who supported them were kind and caring.

People's privacy and dignity was promoted and maintained and their independence regarding their daily life skills was encouraged.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plan so that staff knew how they wanted to be supported.

People were supported to take part in activities they enjoyed.

People had no complaints but were confident that if they did, they would be dealt with satisfactorily.

Is the service well-led?

The service was not consistently well led.

People described the registered manager and staff group as supportive and approachable and felt the service was well led.

Staff felt supported and listened to and were aware of their roles and responsibilities.

Systems were in place to obtain feedback about the service from the people who were supported.

Quality audits that were in place did not identify a number of issues that were highlighted during the inspection.

Requires Improvement 

Grazebrook Homecare

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.

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The inspection team consisted of one inspector.

We reviewed information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with three people who used the service and one relative. We also spoke with the registered manager, the deputy manager and three members of care staff.

We reviewed a range of documents and records including three care records of the people using the service, two staff files, training records, accident and incident records, complaints and quality audits.

Is the service safe?

Our findings

We observed that the three people we spoke with were comfortable in the company of the people who supported them, and looked to them for reassurance. When we asked each person if they felt safe when supported by care staff, each in turn nodded and smiled and one person put their thumbs up and said they were happy. A relative spoken with also told us they considered their loved one to be safely supported by staff who knew them well.

People were supported by staff who were aware of the risks to them on a daily basis. Staff were able to provide us with examples of how they kept particular individuals safe. For example, one person liked to search through drawers looking for different items. A member of staff told us, "We keep the knives and scissors locked away and make sure nothing sharp is in the drawer, that way [person] can still go through the drawers without hurting themselves". We saw that people's files held a number of risk assessments, but they did not cover all the areas that staff told us about, for example, a member of staff was able to tell us about a particular health risk to one individual and how they managed this risk.

Staff told us and we saw, that they had received training in how to recognise abuse and were aware of the processes to follow if they had any concerns. One member of staff told us, "If someone told me they had been abused, I would sit them down and calm them first and then report it straight to the manager".

A member of staff told us, "If I witness an accident or incident, I need to fill in the form and bring it to the office for the manager". We saw that where accidents and incidents had taken place, these were reported upon and recorded appropriately. However, the information collected was not analysed for any trends and therefore although individual learning was taking place, the information wasn't used to see if there were any trends or patterns to the accidents.

We saw that people were allocated staff to support them 24 hours a day and arrangements were in place to ensure they were supported by the same group of staff. The registered manager told us that any staff absences were covered by the existing staff group, they told us, "We never use agency staff, always use our own in-house staff". A member of staff told us, "Staff absences isn't a problem, we just ask other staff to cover".

Staff spoken with confirmed that prior to commencing in post, all the necessary pre-employment checks had been completed, including checks with the Disclosure and Barring Service (which provides information about people's criminal records). We also looked at the files of two members of staff and noted that the provider had a robust recruitment process. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

A relative told us, "[Person] stays with a relative every weekend and they prepare the medication and book it out for him as well". We spoke with staff about how they supported people to take their medication. They told us they had been trained in this area and were able to tell us what they would do if someone refused their medication. A member of staff told us, "I would phone the doctor if someone refused". Staff were also

able to describe the circumstances in which they would administer particular medication, for example medication that was to be administered 'as or when required' if people became agitated or distressed. However, the guidance on this lacked detail in order to ensure this medication was administered consistently. We discussed this with the registered manager who agreed to update this information in people's medication records immediately. We saw that Medication Administration Records [MARs] all held the necessary signatures to demonstrate that people had taken their medication.

Is the service effective?

Our findings

All people spoken with were able to indicate that they were happy and were supported the way they liked. We saw that people were supported by staff who received training to enable them to meet their needs effectively. Relatives told us they were confident that their loved ones were supported by well trained staff. One relative told us, "We are very happy with the care that is provided to [person]". Staff told us they felt well trained to do their job and that they received regular training. The registered manager told us that once the training was completed, staff attended a group session in order to relate their learning to the service and make it more meaningful. They told us that this was a successful way of assessing staffs understanding and also applying their learning to the people they supported and staff spoken with confirmed this. A member of staff told us, "Training helps you know how to understand clients more". The deputy commented, "Staff prefer in-house training as they are more comfortable asking questions".

The deputy manager told us how important it was for staff to keep up to date with their knowledge and skills. They told us, "We buy the ones [training packages] staff need instead of waiting for Dudley Council to set up a course". We saw that staff received training in a variety of areas, including advanced autism and manual handling, the deputy told us, "No one requires manual handling at the moment, but it's good to have it in place just in case".

Staff told us that prior to commencing in post, they volunteered to work several shifts at the service. The registered manager told us, "We ask people do to some voluntary work and carry out an assessment to see if they are competent to do the job. We get feedback from service users as well and it gives staff the opportunity to try the job". Staff told us they benefitted from an induction that gave them to confidence to support people once they started on shift. One person told us, "I did voluntary shifts and shadowed staff, I was really happy when I went on shift and I wasn't nervous, I knew the help was there". Staff told us they felt supported by the management team and were happy with the amount of supervision they received.

We saw that there were systems in place to ensure that information was passed between staff in a timely to ensure they had the most up to date information for each person they supported. There was a diary in place for each individual plus a separate diary for any healthcare appointments. A member of staff told us, "We write down everything that happened each day – the next member of staff has to read it, it works really well" and another member of staff added, "All staff work together and pass information on".

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 when this is in their best interests and legally authorised under the MCA.

Staff were able to describe to us how they obtained people's consent before supporting them and we observed this. Staff spoken with told us they had received training in respect of the Mental Capacity Act and

Deprivation of Liberty Safeguards and were able to describe to us what lack of mental capacity meant and what they should do if they had concerns. The registered manager told us, "As a matter course, staff always ask people before supporting them. People have their own set routines but we always ask them first".

Staff told us that people were encouraged and supported to choose what they wanted to eat, to shop for ingredients and where appropriate, assist staff in preparing their own meals. A member of staff told us, how they supported one person to make healthy choices in their diet, they told us, "[Person] will always ask for pizza for tea every day. I'll say, 'you can't have pizza everyday it's not good for you' and explain why and offer an alternative".

A relative told us, "Staff are great. They will take [person] to the doctors or hospital appointments if we can't make it. We are constantly in touch with the service, they keep us informed at all times". We saw that each person had a care plan that held information regarding their healthcare needs including a health action plan which identified regular appointments people would need to attend including the dentist, optician and their GP. Staff were able to tell us of the healthcare needs of people they supported. When one person had to have an operation, plans were put in place in order to support them through the process. Staff were able to describe how they supported this person with the exercise programme that had been put in place following their surgery and the person had been involved in this process and had signed to say they agreed staff could assist them with this. Each person had on their file a 'grab sheet' which held useful information in event of a person being admitted to hospital. The registered manager told us, "They are really helpful, but we've learnt our lesson and keep several copies on file as the hospital likes to keep hold of them".

Is the service caring?

Our findings

A relative told us, "Staff are great, they are very friendly". We observed that people were happy and comfortable in the company of the staff who supported them. One person asked for a member of staff to sit in with them whilst we talked to them. We saw that they were pleased and reassured the member of staff was there, and the member of staff spoke kindly and softly to them. Another person smiled when we asked them about the staff who supported them and told us they were 'kind'. A relative told us that staff supported their loved one to access a number of activities in the community, they said, "If [person] wasn't happy he wouldn't go with them".

We observed that the registered manager knew people well and people were happy to be guided by him and hold his hand as he supported them. He asked people if they were happy for the inspector to speak to them and if they wanted a member of staff present.

We saw that people were involved in their own care planning and the making of their own decisions. Meetings took place on a monthly basis with the people the service supported, the registered manager told us, "It gives people the opportunity to change things if they want, for example their holidays or their menus. They can sit down and have a chat with their key worker" and we saw evidence of this.

Staff were able to tell us how they supported people to maintain or develop their independence. A member of staff told us, "[Person] can do lots of things himself, but you just have to prompt him and supervise him" and another member of staff told us, "[Person] helps a lot with the laundry, I always encourage him and he likes to do jobs". The registered manager told us, "When staff first come to us, the aim is to get them to understand that people need to be supported to do as much for themselves as possible".

Staff were able to describe to us how they communicated with people on a day to day basis. They told us that some people used picture books and others used sign language. A member of staff told us, "[Person] can communicate verbally, we're working all the time to understand what he's saying." We saw that three people used sign language. Staff were able to show us how they communicated with these people, but not all staff had received training in this area. Staff told us they shared their learning in this area to ensure they were consistent in their methods of communication. We discussed this with the registered manager who told us he would look at sourcing more training in this area and would in the meantime, encourage staff to share their expertise.

We observed that when staff spoke with people they did so respectfully and kindly. Staff were able to describe to us how they maintained people's dignity when providing person care. One member of staff told us, "I always knock the door and ask first if [person] needs help. I'll always say, if you need help, I am just waiting outside".

Staff told us that there was no one currently receiving a service who they thought may benefit from advocacy services, but they were aware of who to contact if they wanted to obtain these services on someone's behalf. The registered manager told us, "[Person] has had an advocate in the past, but he has

told us he would rather speak to staff".

Is the service responsive?

Our findings

The registered manager described to us the pre-assessment process that was in place, prior to people receiving support from the service. They told us, "We ask people to come down and meet with people and consider how they will fit in with the other person". People told us they had been involved in their care plans and reviews of their care and records seen confirmed this. A relative told us, "There are regular reviews and [person] is invited to them as well and his opinions are listened to". A member of staff told us, "We always ask families for their input in reviews". We saw that meetings took place on a monthly basis to obtain feedback from people using the service. A member of staff told us, "We get feedback from people every month, we always ask them if they are happy" and the registered manager told us, "It gives people the opportunity to change things if they want, they can have a chat with their key worker".

We saw that care plans were detailed and informative and were reviewed every three months or sooner if a person's care needs changed. A member of staff told us, "I read their [person] care plan and talk to their family as well and get to know more about them". Care records held detailed information about people's preferences including their preferred name, religion and spoken language. We saw that people were asked if they preferred male or female carers and the registered manager told us, "We always try to accommodate female/male carer requests". One person's care plan highlighted that they liked to be as independent as possible and listed the things the person was able to do and things they required help with.

Staff spoken with gave a good account of the people they supported and knew them well. They were able to describe in detail the information that was held on people's care files regarding how they wished to be supported and spend their time. A member of staff told us, when describing a person they supported, "I can tell from his face if he's not right. If he doesn't feel comfortable I'll put my hand on his arm to reassure him. He'll then be more talkative. He laughs at me and says 'you're funny'".

A relative told us, when describing how their loved one was supported to do things they enjoyed, "[Person] has the life of Riley! They take him out to lots of places and if he wasn't happy he wouldn't go with them [the staff]". The registered manager told us, "We try to get people to use public transport as much as possible". We saw that people were getting ready to go to the cinema and were clearly looking forward to the outing. Staff were able to tell us the types of films people enjoyed and that this was a weekly activity that people were supported to participate in.

A relative said, "All carers know us very well, we visit whenever we want". They told us they had no complaints about the service, but if they did, they were confident they would be dealt with. A relative told us, "We are fully aware of the complaints information, we've never had to complain. If we did, we're confident it would be dealt with". A member of staff told us, "If we had a complaint, I would try and resolve it, I would. If families have a problem they will come and tell us, they don't have to wait for the review". We saw that there was a system in place to record complaints and any lessons learnt.

Is the service well-led?

Our findings

We observed that people who were supported by the service, knew who the registered manager was and were comfortable in his company. We saw that they felt reassured and smiled when he entered a room and greeted them. A relative told us, "[Manager's name] is very friendly, I consider the service to be very well managed. I've seen him outside the service and he always chats and asks how we are". Staff spoke positively about the service and described the registered manager and management team as supportive and approachable. One member of staff told us, "It's really good working here, if something was bothering you, you wouldn't feel nervous about bringing it up" and another member of staff told us, "The management are supportive, I do feel listened to, I think the service is good". Staff spoke fondly of the people they supported. A member of staff told us, "I enjoy my job, it's like coming home, they [people they support] are like family".

Staff meetings took place on a regular basis and staff told us they were encouraged to participate and felt listened to. One member of staff told us that at a recent staff meeting there had been a discussion regarding shift patterns. They told us, "They asked in the meeting what we wanted to do with regard to shifts, they came up with a shift pattern and we agreed". Staff told us they received regular supervision and an annual appraisal. We saw evidence of additional guidance being provided to staff with regard to the completion of care plan reviews and when one person was being admitted to hospital, a meeting was arranged to ensure all staff were consistent in their approach when supporting this person.

Staff were aware of their roles and responsibilities within the service. They knew the importance of supporting people whilst helping maintain their independence. The registered manager told us, "When we get new staff we aim to get them to know that people need to be supported to do as much as possible for themselves". Staff knew when to raise any concerns and the processes to follow. We saw that there were systems in place to ensure that information was passed between shifts. Staff spoken with commented that communication between shifts was good and that staff worked together to support each other.

Staff spoken with were aware of the provider's whistle-blowing policy and told us they were confident that if they did raise any concerns, that they would be investigated appropriately.

We saw that care plans identified people's needs and that staff were aware of the risks to people on a day to day basis but written risk assessments were not always in place and reviews had not picked up that this information was missing. We discussed this with the registered manager, and the importance of formally recording risks to people to ensure that staffs approach to risks was consistent. The registered manager told us he would make arrangements to review care plan paperwork held on each person.

We saw where accidents and incidents took place, they were recorded and information was passed on to the next shift. For example, when one person had a fall we saw that this information was recorded, a body map completed and specific instructions passed on to the next shift to support the person in a particular way. However, there was no audit taking place to identify any trends. We discussed this with the registered manager, who confirmed he would look into establishing monthly audits of accidents and incidents.

We saw that spot checks were taking place on a regular basis to assess staff practice. The deputy manager told us, "I've done the job myself, so I know how I want things done and I ensure support workers are doing what they should". A number of quality assurance audits took place on a regular basis including monthly medication audits. The registered manager told us, "We hold a meeting immediately after the audits and any issues that are identified will be discussed". We saw evidence where audits had highlighted errors, actions were taken and staff were provided with additional guidance. However, we also saw that audits had failed to highlight a number of areas that came to light during the inspection, including missing risk assessments on people's files and the lack of information that was held on people's MAR charts for medication that was to be administered 'as or when required'.

As well as monthly meetings being held with service users to obtain feedback, surveys were also sent to family members. A relative told us that they had recently completed a survey requesting feedback from the service, adding, "We are very satisfied with the level of care [person] receives".

The service had a history of meeting legal requirements and had notified us about events that they were required to by law.