

Partnerships in Care Limited

Grafton House

Inspection report

49 The Drive, Kingsley, Northampton NN1 4SH
Tel: 01604 719211
Website: www.partnershipsincare.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 8 and 9 September 2015.

Grafton House accommodates and provides support for up to three people with a brain injury. There were three people living at Grafton House on the day of our inspection.

A registered manager was 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.

Staff safely met people's essential needs and appropriate arrangements were in place to ensure people were safeguarded from abuse. People were supported to be safe in the community and appropriate measures were in place to manage risks to people's safety. Medicines were managed well and people received them in a timely manner.

Not all staff had received timely supervisions to ensure they were effective in their role and whilst the service had completed Deprivation of Liberty Safeguards (DoLS) applications for some aspects of care there were still

Summary of findings

some they were required to submit. People provided consent for the support they received. Further input into meeting people's nutritional needs was required to ensure these were adequately being met.

Staff showed great pride and passion for their job and maintained a caring and supportive relationship with people that lived at Grafton House. People's dignity and privacy was respected and advocacy services were involved with supporting people.

People received support that was based on their personal needs and wishes. People were supported to identify their changing needs and the service showed flexibility to

meet any new needs that were identified. Each person had a unique care plan which adequately detailed their needs and the support they required. People were involved in deciding the care they required.

The quality assurance measures that were in place were not embedded into practice and further improvements were required. Policies and procedures required updating to reflect current practice at Grafton House. People were supported to contribute to making improvements to the service they received by attending regular meetings. Staff were recognised and praised for extra commitment to their job.

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 is safe.

People were protected from harm and people felt safe when receiving support.

Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Sufficient numbers of staff were available to keep people safe and medicines were handled appropriately.

Good



Is the service effective?

The service was not always effective.

Staff did not receive timely supervision to ensure they were effective in carrying out their jobs.

The registered manager had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) however there were outstanding DoLS applications that required submitting.

Further support was required to ensure people's nutritional needs were being met.

Requires improvement



Is the service caring?

The service was caring.

Staff showed empathy for the people they cared for and were proud when they had achieved their goals.

Advocacy services were available and were involved in supporting people who wished to use their services.

Good



Is the service responsive?

The service was responsive.

People were involved in deciding their care plan.

People's changing needs and preferences were identified and responded to.

People were encouraged to organise their own activities which interested them.

Good



Is the service well-led?

The service was not always well-led.

Systems were not in place to regularly monitor the quality of the service provided.

Requires improvement



Summary of findings

Policies and procedures required updating to reflect the service at Grafton House.

Staff received praise and recognition for their commitment to their job.

Grafton House

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 8 and 9 September 2015 and was unannounced. The inspection was completed by one inspector.

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.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We contacted the local medical centre that supports people living at Grafton House and asked them for their feedback on the service.

We spoke with staff at an advocacy service that regularly supports people at Grafton House.

We took into account people's experiences of receiving care by listening to them and we asked relatives to contact us to provide us with their experience.

We undertook general observations in the communal areas of the home, including interactions between staff and people.

During this inspection we spoke with all three people who used the service and received feedback from two relatives. We spoke with four care staff including the registered manager. We reviewed the care records of three people who used the service and three staff recruitment files. We also reviewed the records related to the management of the service and the quality assurance documentation that was in place.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Grafton House. One person said “The staff make sure I am fed and dressed properly so I know I’m safe living here”.

Staffing levels were sufficient to keep people safe. People told us that there was enough staff available. One person said that they were able to do what they needed to do when they needed to do it however one relative informed us that activities had been delayed due to the availability of staff. Staff told us that they felt they needed more staff however they explained that as the registered manager was located in the same building they were available to come and offer extra support if they required it. The registered manager explained that there were currently two outstanding vacancies and at least two job offers were in the process of being made.

People were safe because there were systems in place to reduce the risk of harm to people. Safeguarding policies were in place and staff were able to demonstrate their understanding of what to look out for to ensure people were not at risk of harm. Staff could explain the different types of abuse and knew how they could report any safeguarding concerns. The registered manager had a good understanding of how to respond to safeguarding concerns and there was evidence to demonstrate the registered manager’s understanding of working with the local authority if they were concerned about any safeguarding matters. The provider had a whistleblowing policy in place which staff understood and knew how they could confidentially report other staff if they were concerned about bad practice.

Staff showed a good understanding of how they were able to keep people safe whilst at home or out in the community. Staff explained how they reinforced positive behaviour and understood when it was appropriate to give people time and space on their own. This was managed effectively and people were supported to manage their own behaviour.

People’s care requirements were regularly reviewed. This ensured that care was in keeping with people’s current needs. People were encouraged and supported to carry out activities that could involve an element of risk but plans were in place to minimise those risks. For example one person had not been out in the community alone for some time but had decided they would like to do this. The service worked with this person to gradually reduce the staff support they required so they were able to go out alone, however appropriate measures were in place to safely support this. The person had been given a mobile phone and they understood how they could use it whilst they were out, and they carried information about their medical condition in the event of an emergency.

A medication protocol was in place which adequately described the process staff should follow whilst administering and handling medicines. Staff were able to describe how they safely gave people their medicine and this was in line with the protocol. People’s ability to handle their own medicine had been assessed and reviewed and steps were in place to ensure staff provided adequate support were appropriate.

Is the service effective?

Our findings

There was some variation in the frequency of supervision sessions between staff and their manager and this impacted on the level of support offered and opportunities for staff to receive feedback about their performance. Some staff told us that they had not received supervision on a regular basis and supervision schedules showed that some staff had supervision every three months whilst others had to wait for up to six months. The registered manager told us that staff should have supervision approximately every three months and the staff supervision policy stated that staff should receive supervision at least six times a year.

All staff received a mandatory induction before they were able to support people living at Grafton House. Training records showed that all staff, including bank staff, received appropriate training on an annual basis. Staff explained that training focused on the needs of the people that lived at Grafton House and how to keep them safe. One member of staff told us that they had received training which focussed on how to support people with brain injuries, which they said they found very useful. One member of staff said that they felt the training they received was sufficient but if they required any further support they would seek assistance from the manager.

The registered manager had a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware that further DoLS applications were required. These related to people accessing the community but for people's safety the restrictions were still in place. People were always asked to give their consent for the support they received, and their ability to make their own decisions about the support they

received was respected. The registered manager and the staff worked to protect the best interests of people who used the service and evidence of this was documented in each person's care plan.

People living in the home had access to a range of health care professionals to help support their care and treatment programs. People told us that with staff support they were able to meet with these professionals. However we saw that one person had not been involved in the decision about whether they were able to administer their own medicines. Their relative told us that this had caused the person some distress as they did not understand the reasons for this decision. The records documented the reasons for this but it was disappointing to see that the person or their relative had not been involved in reaching this decision.

Staff were aware of the requirement to ensure people's dietary needs were supported however there was no guidance about how to monitor this effectively to ensure their needs were being met in this way. Care plans identified concerns about the nutritional needs of two people. Although their weight and body mass index (BMI) was being regularly recorded there was a need to improve the assessment and monitoring of this aspect of their health. Following our feedback the provider took immediate action to begin to implement a Malnutrition Universal Screening Tool (MUST) to ensure people's health was monitored and reviewed in a better way.

People were able to access medical treatment if they became unwell in a timely manner. People told us if they needed to see a doctor they were supported to do so. We spoke with the local doctor's surgery and they gave praise to Grafton House. They told us that staff were always on the phone to discuss people's general health and they had no concerns about the service.

Is the service caring?

Our findings

People were relaxed and comfortable in the presence of staff and told us that staff were kind and treated them well. One person told us that staff helped them whenever they needed it. Staff showed genuine care and empathy in the way that they cared for and interacted with people. We saw that staff treated people in a caring and respectful way and showed pride and compassion when describing the positive progress people had made since they had started using the service. It was clear to see the joy staff and the registered manager felt when they explained how one person was able to go out in the community again with minimal staff support.

Staff knew people well and knew when people may be feeling upset or frustrated. They understood the individual signs to look out for and how to respond to help the person through this period. They used conversations and distraction techniques to engage them in a different activity. They were supported in this with up to date and accurate care plans which helped provide them with the guidance as to how to care for each person. One person said, "Staff usually know if I'm not feeling 100% and they talk to me and find out if anything is bothering me".

People's dignity and privacy was promoted and respected. We saw that staff spoke to people with respect and supported their needs. People had their own rooms and staff were respectful of people's wishes when asking if they could enter. We observed staff knocking on doors and waiting for people to open the door or tell them they could go inside the room. Staff were mindful that some people needed some time on their own and staff respected this. People were able to go out to the garden whenever they chose and staff gave them space to do this. People were supported to maintain their own dignity and respect others by wearing suitable clothing in the communal areas of the home.

People were encouraged to express their views and make their own choices. An advocacy service was in place to promote people's choices and we saw evidence that the service worked with people to achieve their personal goals. We spoke with staff from the advocacy service who stated, "It's a brilliant service, they involve advocacy all the time and are quick to check they are doing everything right". The advocacy staff also confirmed that they were able to talk to the people who lived at Grafton House in private whenever they needed to.

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of people's needs had been obtained and this was regularly reviewed. Staff actively worked with people to identify their interests and hobbies and worked towards including this in each person's timetable. One person told us they enjoyed going to the gym and this had been accommodated into their timetable. The service responded to the changing needs and requests of people. For example staff told us that one person had attended a vocational work experience program but they had not enjoyed it so this was changed to a different setting, which the person enjoyed. Another person told us that staff listened to them if they said they wanted to change their timetable. One person positively told us "I do as I please here".

People were supported to be actively involved in their care planning. Staff met with people to discuss any changes they wanted to make to their care plan. Following this people had a more formal meeting with senior staff to decide how their care plan would be modified. Formal care plan assessments were held every six months however staff met with each person approximately every two to four weeks to discuss any issues or changes they wanted to make. A laptop was used to enable people to see what had

been written and to empower people to write their own views if they wished. One person told us that they were given appropriate support for their personal care in a way that they liked and this encouraged their independence.

People were supported to organise their own activities which reflected their interests. The service held joint meetings with people from another service owned by the provider to decide on a different community trip which took place approximately every two months. People provided their own suggestions for new activities, or places to visit and they were empowered to organise the trip themselves. People were supported to take on their own responsibilities, for example to research ticket prices or transport options. People told us they enjoyed these activities.

People we spoke with told us they had no cause to complain and they were satisfied with the support they received. One person told us if they were unhappy about something they would speak to a member of staff and it would get resolved. The person told us they would talk to the manager if they felt they needed to speak to a senior member of staff. However one relative told us they felt improvements could be made to the way complaints were handled as they did not always receive satisfactory responses.

Is the service well-led?

Our findings

There were a range of quality assurance and governance processes in place and these helped monitor the quality and safety of the care provided and the way in which the home operated. However we found that some aspects of these processes were not fully embedded in practice and that there were areas where further improvements were required. Some of the policies we looked at, contained information that was incorrect or was not adhered to by the service. For example the safeguarding policy contained out of date contact details. The medication protocol stated that there would be a medication audit on a weekly basis, however the last medication audit was conducted four weeks prior to the inspection and did not include Grafton House. And the complaints policy stated that any informal complaints must be recorded in the informal complaints log but we were aware of complaints that had not been recorded in this way.

There was a system in place for the provider to complete a monthly compliance assessment of the home however this had not been completed for almost three months before our inspection.

Staff understood that the ethos at Grafton House was to treat each person as an individual and to give each individual the best possible life that they were able to have. We saw that aspects of the care provided evidence of how this was being put into practice and it was clear that people who used the service were encouraged and supported to be independent and regain skills that they had lost or to develop new ones. People had tailored activity programs to meet their interests and needs and were supported with long term goals to improve their independence.

People were supported to attend meetings related to the running of their home and they were encouraged to raise suggestions, ideas or concerns. These meetings were led by people who lived at Grafton House with staff support. The

meetings covered a variety of topics which had included menu options and facilities within the home. One person told us they attended meetings about the provider at another location and represented people from Grafton House which gave them the opportunity to give feedback at provider level.

People told us that they usually received feedback about the issues they raised, or that positive action took place once an issue had been raised, however records showed that this was not always the case. For example, in June people had asked when they would have wifi at the home but no response had been received for this query. The registered manager confirmed that the provider was aware that this was still outstanding but that no date had been set to resolve this. Two relatives provided feedback to us to say that they did not find the registered manager approachable, and as a result they did not always raise their concerns as they did not feel listened to. We also saw that the results and subsequent action plan of a resident survey, completed in November 2014 were not held by the registered manager.

Staff told us that they felt the service was well led, and they felt supported. One member of staff told us about a difficult incident they had dealt with. They said, "The management heard what was going on and they came downstairs, showed me what to do and made sure I was OK". They explained that as the registered manager was located in the same building they felt they could be called on during any adverse incidents within the home, and as a result they felt supported. The registered manager held regular staff awards and staff were encouraged to nominate their colleagues. Records showed that the registered manager gave praise and recognition to staff when they had shown extra commitment to their job. For example staff were given small gifts for flexibility and commitment to taking on extra work, and were thanked for the support they gave each other during a refurbishment to the kitchen.