

Wellburn Care Homes Limited

Grimston Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grimston Court is a residential care service providing personal care to a maximum of 47 older people, some of whom are living with dementia. There were 44 people using the service at the time of the inspection.

People's experience of using this service and what we found

Staff knew about people's individual care needs and people said they received good support.

People's medicines were administered safely, and people said these were given on time and when needed.

People told us they felt safe and well supported. The provider followed robust recruitment checks and employed sufficient skilled staff to ensure people's needs were met.

Staff had received training and development around management of dementia and demonstrated a good understanding of dementia care. They worked with people's individual strengths to ensure their independence, wishes and choices were promoted.

Communication was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a choice of nutritious, well cooked food and were supported with any dietary requirements. Their health needs were assessed, and staff worked with other professionals, to ensure these needs were met.

People participated in a wide range of activities and enjoyed the company of others in the service. Relatives and friends were encouraged to visit. The provider supported links with the community and were implementing plans to help people to achieve life goals.

The service was well-led; systems were in place to assess and improve the quality of the service. Complaints and concerns were supported and responded to help improve people's experiences. There was an open culture and learning was encouraged to drive improvement.

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

Rating at last inspection

The last rating for this service was good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any

concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Grimston Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Grimston Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with seven people who used the service and two visitors about their experience of the service. We spent time observing the environment and the dining experience within the service. We spoke with five members of staff including the registered manager, care staff and cook.

We reviewed a range of records. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had received assessments of their care and where risks were found support plans provided guidance to help provide safe care and support. Regular evaluations ensured this information remained up to date.
- Staff were aware of risks to people's wellbeing and how to manage them in the least restrictive way which promoted their independence.
- The environment was safe both inside and outside the home because certified and routine risk assessments and checks were routinely carried out to keep everyone safe. People told us, "Oh yes, very safe" and "Quite safe, staff listen to me."
- Staff understood what to do in a Fire. Care plans included information for staff and emergency services to follow should there be an incident. For example, a fire.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from avoidable harm and abuse. Staff received regular training in safeguarding people and were able to discuss how they reported and acted on any concerns.
- Systems and processes were embedded to ensure any concerns about people's safety were reported and fully investigated. A staff member said, "I would report any concerns. I haven't had to do it here but wouldn't hesitate to report anything."
- The provider had oversight of incidents, accidents and reported concerns. Information was evaluated with actions and outcomes to help improve the service.

Staffing and recruitment

- Staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were sufficient staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments. We observed people received care in a timely way. One person said, "Seem to be enough [staff], you do have to wait sometimes."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had competency assessments completed to ensure their practice was safe.
- People confirmed they received their medicines as prescribed and on time. One person told us, "I have no end of tablets, staff look after me well and I get them on time; better than if I did them."

Preventing and controlling infection

- The home was clean and free from lingering unpleasant odours. One person said, "It is clean, of course it is; we used to have carpets but it's more hygienic like this, a lot easier to clean and polish."
- Staff had received infection prevention and control training, wore protective gloves and aprons, and followed the provider's policy and procedure to ensure people were protected from the risk of infections spreading.
- Some bathroom areas were used for interim storage of non-bathing items. This was removed at the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had received assessments, which determined they did not have full capacity to consent to all their care and support, decisions were made in their best interest and records confirmed this.
- Care and support was always provided in the least restrictive way for people which helped to promote any areas of independence. Where restrictive practices were in place staff had applied for these to be legally authorised.
- People were supported to make decisions by people who knew them best. Records, where required included input from people's relatives, other professionals' carers and advocates.
- Where people were able to, care plans included their consent to demonstrate their understanding, input and agreement to the care and support they received.
- People's needs were routinely assessed. Where people's needs changed care and support plans were updated and referrals to other professionals made as required

Staff support: induction, training, skills and experience

- People were supported by staff with the right skills to meet their needs. Inspection records confirmed staff had received the required induction, support and training to deliver care and support following the latest legislation and best practice.
- Staff told us supervisions and appraisals helped to focus on their strengths and identified any areas requiring further training or support. A staff member said, "Supervisions are an opportunity to speak with

manager, to discuss how we are feeling and any areas for improvement. There's good support and there are opportunities when I am ready for progression."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a varied and balanced diet. Menus were flexible and were adapted to suit people's preferences and requests. People gave us mixed feedback about the food provided but confirmed they had a choice of menus to choose from.
- People received fluids on a regular basis. Drinks were available in the communal areas and bedrooms.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns. For example, records confirmed referrals had been made to nutritional professionals and staff followed their guidance with meals provided.
- People's health care needs were met in a timely way. Staff supported people to access a range of health care services and followed professional advice.
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The home was accessible to all. Where required equipment (for example wheelchairs and a lift) was provided to help people mobilise. Signage provided direction to assist people navigate their way around and access communal areas.
- People were encouraged to hang photographs and paintings and to bring furniture with them to help them feel more comfortable and at home.
- People had safe, user friendly access to a large conservatory area and self-contained garden with seating.

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed people had appointments with a range of health professionals to support their needs. One person said, "The GP visits every Thursday. I can tell the office if I feel ill and they would get someone out. The chiropodist visits and the optician comes once a year."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who had completed training and understood how to support people equally according to their assessed needs.
- Where people required emotional support and showed signs of distress staff made the time to offer reassurance and provided emotional comfort. One person said, "[Staff] are very kind and caring, any personal problems they will help you."
- It was clear from our observations staff cared about people as individuals and clearly understood people's individual needs. People were responsive and settled in their company.

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

- Where people were able and choose to, they had signed to their care planning and associated reviews. Where people required support, people who knew them well were invited to contribute to decisions about their care to ensure their preferences and choices were respected.
- People had access to advocacy support. Advocacy is independent support to help people to understand information about decisions they need to make.
- People told us their wishes were recorded and respected. One person confirmed, "I'm sure they [staff] know everybody well, it takes time, but they know all our little behaviours and mannerisms."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of taking measures to protect people's privacy and promote their dignity when supporting them with their personal care.
- We observed staff treating people respectfully providing them with dignified care and support. One person said, "Yes, they are all most respectful."
- Records included information about outcome-based support for people and how staff should support them and encourage their independence.
- People told us staff were helpful and supportive but did not take over. One person said, "I get about with a walker but need a bit of help getting back and fore from the toilet."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were detailed, up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People received person-centred care and were involved in care planning; staff had a detailed understanding of their needs and what was important to them.
- People and their representatives were involved in reviews of their care. One person said, "I have three [care plans] to sign; I know what's going on."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was assessed and recorded.
- Staff new to ensure people who required glasses and hearing aids had them accessible.
- Where people had difficulty explaining their needs, staff told us they responded to their facial expressions to help them to express themselves.
- Staff told us documentation was available in large and coloured print with pictures if this helped people to communicate their preferences and be understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had employed an activities coordinator to help people achieve life goals. One example included a request to parachute. The deputy of operations said, "If we can remove the known health risks and get the all clear then we can support people to create this kind of lasting memory."
- People were supported to enjoy a range of social activities. We observed a member of staff engaging with people to play a floor sized snakes and ladder game with an inflatable die that people could throw from their seats. Other games helped to improve people's dexterity and helped to keep them active.
- Where people choose to remain in their rooms, staff ensured they remained free from social isolation and remained attentive to their needs.
- People were encouraged to have visitors and links with the community included church services and school visits.

Improving care quality in response to complaints or concerns

- People were informed of their right to complain and processes were in place to support them to raise any issues.
- Complaints were investigated and addressed in line with the provider's policy and procedure.

End of life care and support

- Where people had agreed, care plans included information which recorded their preferences and choices for their end of life care and support.
- The registered manager understood the importance of recording peoples wishes and preferences for end of life care relating to protected characteristics, culture and spiritual needs.
- Staff told us they worked with other health professionals for example, Macmillan nurses to help people remain comfortable and pain free.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led by example and was committed to providing good quality care to people. Communication was effective, and everybody was kept up to date with changes in the service and their views were sought by the provider.
- Staff morale was high. They felt listened to and told us the registered manager was approachable. They understood the provider's vision for the service and worked as a team to deliver high standards of care.
- The service was well run. It was welcoming and friendly; people were treated with respect and staff acted professionally.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems including audits and checks helped to maintain and improve the quality of the service people received. For example, audits were in place to check care plan records remained up to date.
- Staff were clear about their roles and responsibilities. They understood when to escalate any concerns for higher level investigation and decision making.
- Daily handovers and regular communication helped the management team and staff plan and coordinate how people's needs would be met.
- Regular checks ensured people were safe and happy with the service they received.
- The registered manager understood the regulatory requirements and reported information appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Working in partnership with others

- People, relatives, staff and health care professionals were asked for their opinions of the service.
- Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed with actions implemented by the registered manager to help improve the service people received.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The registered manager was visible around the home and engaged openly with people, their families and staff.