

Swanton Care & Community Limited

Gryphon Place

Inspection report

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Date of inspection visit:
08 September 2016

Date of publication:
03 October 2016

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

The inspection took place on the 8 September 2016 and was announced.

Gryphon Place provides care for up to seven people. Gryphon Place is a nursing home which supports people who have complex neurological conditions. The home was purpose built offering accommodation over two floors with a large garden.

There was a manager in place who had started the process to become the 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People benefited from being supported by staff who had worked at the service a long time, they were safely recruited and well trained. Staff felt supported in their work by their colleagues and by the manager. There was consistently enough staff to safely meet people's individual needs.

Staff understood how to protect people from the risk of abuse and knew the procedure for reporting any concerns. Medicines were administered safely and adherence to best practice was consistently applied. People received their medicines on time, safely and in the manner the prescriber intended. The service regularly audited the administration of medicines. Medicines were stored securely.

Staff knew and understood the needs of people living at Gryphon Place. People received care which was person centred, the service knew the people they supported.

Staff received yearly appraisals. Staff also had regular supervisions. The manager observed practice and was involved in the daily running of the service.

Staff told us they were happy working at Gryphon Place. Staff were committed and dedicated to the service. They assisted people with kindness and compassion. People's dignity and privacy was maintained and respected. People were treated as individuals. People's wishes and what was important to them was promoted by staff and the manager.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their liberty in order to provide necessary care and to keep them safe. The service had made applications for authorisation to the local authority DoLS team. The service was working within the principles of the MCA. The manager and the staff had a good knowledge of the MCA and DoLS.

People's care plans contained important, relevant and detailed information to assist staff in meeting

people's individual needs. People's needs were regularly reviewed.

People were supported to maintain good health and wellbeing. The service responded proactively to changes in people's health and social care needs.

The service encouraged people to maintain relationships with people who were important to them. Relatives felt involved and part of the service. There were planned activities on most days to support people to maintain their interests. The service had worked creatively to stimulate and spark people's interests. However, the service understood they needed to develop this further.

There was a positive, open culture at Gryphon Place. The service was bright, welcoming and friendly. There were also effective systems in place to monitor the quality of the service.

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.

Staff were safely recruited to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, and managed appropriately. Staff had effective guidance to support people in relation to the identified risks.

Medicines were administered safely. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People benefited from being supported by well trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the MCA.

The service ensured people received food and drink of their choice. People had enough to eat and drink.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services and trained staff.

Is the service caring?

Good ●

The service was caring.

Staff had a good knowledge of the people they supported and delivered care in a respectful and compassionate manner.

Care and support was provided by staff in a way that maintained people's dignity and independence.

People were involved in making decisions around the care and support they needed.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided in a personalised way that took people's wishes, needs and life histories and experiences into account.

The service encouraged people to maintain meaningful relationships with those close to them.

There were social activities, the service encouraged people's involvement.

The home had a system in place to gain people's views on the service provided.

Is the service well-led?

Good ●

The service was well-led.

The staff and the people they supported benefitted from a manager that demonstrated dedication and knowledge in the service.

People were supported by staff that were happy in their work and felt valued.

There were auditing systems in place to ensure a good quality service was delivered.

Gryphon Place

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 was 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 September 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is a small service and we needed to be sure that manager would be in. Our visit was carried out by one inspector.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. During our inspection we spoke with three people who used the service. Observations were made throughout the inspection.

We spoke with the manager and four members of staff. We also contacted the local safeguarding team, the local authority quality assurance team, and the clinical commissioning team (health) for their views on the service.

We reviewed the care records of three people and the medicines records of another three people. We also looked at records relating to the management of the service. These included training records; health and safety check records, audits, accidents and incidents reports, and two staff recruitment files.

Is the service safe?

Our findings

People living at Gryphon were safe. Most of the people who lived at the service were unable to verbally tell us about their experiences of care. However, we spoke with two people who both indicated to us they felt safe at the service. One person nodded and put their thumbs up. Another person answered "Yes," and smiled at us. We spoke with people's relatives; they told us they felt their relatives were safe. One relative said, "The staff, the nurses, are the best...They are second to none."

The manager and staff understood how to protect people from the risk of potential abuse. The staff told us the different signs which may indicate if a person was experiencing harm in some way. Staff told us they would raise any concerns they had with the manager. Staff told us of the provider's 'whistleblowing number' if they wanted to raise concerns with the provider. Staff also knew of outside agencies they could contact to raise concerns, for example the local authority. In the manager's office there was a list of 'contact numbers' this included the local authorities' safeguarding number. When we spoke with staff some staff directed us to this list. The manager told us that in the staff's one to one supervision 'safeguarding' is brought up as a general topic to discuss. The manager said, "I want to make sure everyone is aware. This is people's own home, they should feel safe."

We looked at people's care records; we could see people had thorough risk assessments before they moved into the service. The manager told us either themselves or a senior nurse would visit and assess the person before they moved to the service. We could also see there were regular reviews of the risk assessments as people's needs changed.

Some people had complex needs and they were at risk of developing pressure sores, this is a breakdown in a person's skin. We could see from visiting people's rooms, and looking at people's care records that staff were being proactive at responding to this risk. We spoke with a GP who visited the service on a regular basis. They told us that staff had a good understanding of the risks to people's health. They also said staff were proactive at minimising these risks.

The service carried out various safety checks to ensure the premises was safe. The equipment used to support people with their mobility and all electrical items were serviced and tested yearly. On the day of our visit the ceiling track hoist and weighing machines were being checked by the services' insurance company. We could see the service regularly tested the water and associated equipment and appliances. The service had an external company who tested for Legionella, this is a bacteria which can grow in water supplies, and can cause people to become ill.

The service had an evacuation plan in the event of a fire. This plan was clearly displayed around the home. People had individual personal evacuation plans in place. We could see the service regularly tested all fire associated equipment. Staff confirmed to us these tests took place. They also told us what they had to do in the event of a fire. The service also had a business contingency plan in place to respond to emergencies which could affect the running of the service.

The management team had a system of responding to accidents and incidents. We looked at these records and we found most recently the service had a robust way of analysing the incident, which often involved contacting specialist health care professionals to respond to a person's change in need.

However, we looked at one record where a person had had a series of falls for a long period of time, earlier this year. Although the service had recorded these, they had not considered the options to try and prevent this from happening again. We spoke with the manager about this, who told us when they started as the new manager they recognised improvements needed to be made in this area. They showed us other recent examples of the management team responding proactively to incidents and accidents.

There were sufficient numbers of staff to meet people's needs. Most people required one to one support and regular checks to keep them safe. During our visit we observed this happened and found records confirming these checks took place as outlined in people's care plans. Staff told us they had sufficient time to support people with their daily routines. Staff also said they had time to have conversations and chat with people.

People were kept safe as recruitment processes were in place, which ensured only those people suitable to work in care, were employed. We looked at the personnel files of some members of staff. We could see the appropriate security checks had been completed. Staff identification had been verified and the Disclosure and Barring Service (DBS) checks had been carried out. Staff told us who had worked at the service for a long time that their DBS checks were updated every five years.

The storage and the administration of people's medicines were managed in a robust way. All medicines were administered by registered nurses at the service. The nurse would complete an audit of people's medicines, including the medicines administration record (MAR). The manager said, "I then audit the audit." We looked at these records and we could see this took place on a regular basis. We reviewed these records and found the service had administered people's medicines as the prescriber had intended.

Is the service effective?

Our findings

The service was effective in meeting people's health and social care needs. Most people could not communicate verbally with us. However, we asked one person what they felt about the staff, they said, "Absolutely terrific, hard work, a good place." They then moved their head up and down, pointing to staff, they smiled with their thumbs up. Another person said, "Oh yes they [staff] are good." A relative told us, "The staff are absolutely marvellous."

There was a robust induction programme for new staff. The manager showed us the programme that a new recruit was currently following. There was a period of online training which included training on safeguarding, health and safety, and moving and handling. Face to face training was then provided, which included fire awareness, first aid and NAPPI (non-abusive psychological, and physical intervention) training. New staff completed the 'Care Certificate' this teaches fundamental standards in care. During this process new employees shadowed staff on shift which included nurses. The manager said they would also meet with the new staff to test their knowledge on these subjects. The manager said, "I want to feel confident new staff know their roles." During our visit the manager made plans to meet with a new member of staff.

The manager showed us the training programme for all staff. We could see staff had had recent updated training and additional training was planned. The manager had arranged further training courses which related to the needs of people who lived at the service. We spoke with a nurse who told us they had had recent clinical training; the training records we looked at confirmed this. However, some nurses had not had updated training in 'pressure care'. We spoke with the manager about this; they confirmed most staff had had this updated training. For the staff that had not had updated training they said they were in the process of arranging this.

The staff we spoke with confirmed they had regular supervision and had yearly appraisals. The manager told us they carry out spot checks and monitor the quality of the care by being present in the service. We were shown a record of a night spot check completed by the manager. During our visit the manager was seen speaking with staff and people who lived at the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The management team identified people who may be deprived of their

liberty and had made applications for authorisation to ensure that people's rights were protected. However, the service continued to ensure that people were not restricted more than was necessary to keep the person safe.

The staff we spoke with and the manager demonstrated a good knowledge of the MCA. Staff spoke about the importance of offering people choices and involving them in their care. One member of staff said, "You should assume people have capacity, and let people make their own choices." Staff spoke about being involved in 'best interest' meetings. We found evidence of these meetings taking place when we looked at some people's records.

People told us they enjoyed the food. We asked one person if they liked the food, they said "Yes." Two people told us, "The food is good." We spoke with a relative who told us, "If [relative] refuses to eat, I've seen them [staff] go back one two and three times, to support [relative] to eat."

We observed some people having their lunch and later their evening meal. People showed signs of enjoyment as they ate their meals. Staff also asked people if they wanted more.

The chef told us that the food was home cooked. For people who required soft or pureed foods, the chef told us how important it was for the food to look appetising. On the day of our visit people were mostly eating a bright butter nut squash thick soup. The chef showed us that they pureed each food separately so that the colour, taste and texture was retained as far as possible. The chef said this was to make the experience of eating, "Familiar and enjoyable."

We spoke with people's relatives about their relative's health needs. One relative said, "They have been absolutely excellent; [relative's] health has improved beyond the consultant's expectation." Another relative told us that the staff and the GP, "Have all been on the same page...I only wish my [relative] had moved here sooner."

The manager told us they contacted health professionals when there was a need to. We could see in people's care records health professionals were contacted when people's needs changed and further health involvement was needed. One member of staff told us how they recently sought advice from a specialist community nurse. We spoke with a GP who said, "The staff are exemplary in meeting people's health needs and taking appropriate action." They confirmed that the management team liaised with them on a regular basis.

Is the service caring?

Our findings

The staff and the management team treated people in a caring and compassionate way. We spoke to one person who lived at the service and they said, "I love it here, staff are so kind, and lovely with it." Another person answered, "Absolutely terrific" to our question, are the staff caring? A relative told us, "The staff have empathy with people here, you can't teach that... it's a special place."

During our visit we observed staff acting in a calm, friendly and caring way towards the people they supported. We observed staff speaking gently at people's eye level, gently placing their hands on people's shoulders or lower arms when speaking with them. One person became emotional and a member of staff approached this person to see if they were ok. We then overheard this member of staff telling another member of staff that this person was upset, the other member of staff responded in a caring and sympathetic manner. Throughout the rest of the afternoon a member of staff intermediately checked if this person was okay.

People were supported to maintain relationships with people who were important to them. People's relatives played an important role in the home. The relatives we spoke with said they visited when they wanted to. One relative said, "You're welcome to come at any point of the day and night... Staff work closely with families here." Other relatives we spoke with confirmed this. The manager had arranged a family meeting for later this month. The manager told us, "These relatives know the people who live here better than us, they can help us support them."

The staff we spoke with had a good understanding of what equality and diversity meant. Staff spoke about treating people as equals, giving choice and supporting people's diverse needs. Staff gave us examples of how they would do this.

People who used the service had a diverse range of verbal and nonverbal communication needs. This meant that staff found it challenging to fully involve people in planning their care. We spoke with one member of staff who felt the service could improve upon this. They said they had asked for additional support from the provider and the manager on how to do this, but they told us they received no further support. We spoke with the manager about this; they agreed a challenge for the service was involving people in the running of the service and in people's care. The manager said they will discuss this with relatives at the upcoming meeting to see how they can improve on this.

We spoke with other members of staff who told us they involved people in day to day decisions relating to people's care needs. Staff told us they encouraged people to make decisions for themselves. Despite the communication difficulties staff we spoke with felt confident they were effectively communicating with people. One relative we spoke with said, "Staff try really hard to communicate with [relative]."

On the day of our visit we observed staff offering explanations when they supported people with their mobility needs. We also observed a nurse administering people's medicines, during this process this

member of staff explained to each individual what they were doing.

On the day of our visit we found people's information was stored securely and treated in a confidential manner. On two occasions we observed staff checking with a colleague about a person's needs. However, this was done very quietly and discreetly.

Staff told us how they supported people in a way which maintained their personal dignity. The staff we spoke with told us, "It's important to go at their own pace." Also, "To pick up on people's body language." One member of staff said, "I always think, if I was living here, how would I want to be treated." Throughout our visit we observed staff knocking on people's doors and waiting a short time before opening them.

The staff we spoke with told us how they promoted people's independence. Staff told us how they encouraged people to be as independent as possible with elements of people's daily routines and their mobility. One member of staff said, "It's all about tone and having a smile."

One person was very ill with a complex condition. The staff and the management team supported this person to still do what was important to them. Staff facilitated this person to visit a relative on a regular basis. A member of staff had previously discussed with this person how they would want to be supported if they became very unwell. A meeting was held when this person became unwell and plans were put in place to ensure that the person was provided with the care and support they needed that met their wishes.

Is the service responsive?

Our findings

Gryphon Place provided support which was person centred and responsive to people's needs. Most of the people we spoke with could not verbally communicate with us. We spoke with one relative who said, "The staff give their time and individual attention... staff bend over backwards for people here." We spoke with a health professional who said, "Residents receive holistic care from staff...I would be happy for a relative of mine to live at the service."

The service completed thorough assessments of people's needs. These records contained detailed information about how to meet people's health needs. Some people expressed behaviour which may challenge others or place the person at risk. There was detailed information about how to support these people with their daily needs. Giving practical guidance on how to do this, so the person engaged and consented to their support.

The service had gathered information about people's interests, their passions, and what helped them to feel good about themselves. The staff we spoke with all knew this information and how to try to support people to maintain their mental wellbeing. On the day of our visit we saw staff putting this information into practice.

We found the service reviewed people's needs on a monthly basis, or before if there was a change in a person's health needs. We could also see the service had responded to these changes by seeking involvement from health professionals. There were also plans in place to monitor the changes in people's health needs.

We saw that people's care records were unique to the individual person. They contained personal information about who and what was important to individuals. People's life experiences and achievements were recorded in these documents. Relatives had been asked to write detailed accounts of what they felt their relative would want to be shared with staff. There were examples of one person's art work and information about another person's previous profession. We spoke with the activity co-ordinator who told us this information was really important in supporting people's interests.

On the day of our visit we saw these people were being encouraged by the staff and activities co-ordinator to explore these interests. Some people were sat outside in the services large garden. A member of staff had purchased some plants and they were going to plant these in containers. The activity co-ordinator explained how they were going to involve these people with this activity. The activity co-ordinator advised us of a range of activities they had created to spark people's interests. We were shown a document called 'Meaningful Times' which was a record of various activities the home either facilitated or were provided by people's relatives and friends. We could see these were varied and happened on a regular basis.

The manager told us an aim of the service was for people to access to the community on a more regular basis. The service had recently purchased a mini bus which will enable people to go out more. We spoke

with staff who told us people do go out and how important this was. Some staff felt this had not happened enough recently. However, they were confident with the new transport and a newly appointment member of staff, who could drive the mini bus, that this would be a regular event in the future.

We spoke with relatives about their views on their relative's level of social stimulation. Relatives told us the staff engaged and chatted to people at the service. They spoke positively about the level of social activities that the home provided. One relative described the activities as, "Very special." They told us of a trip they thought their relative had enjoyed because this had been related to a past hobby of theirs. Another relative told us their relative was reluctant to engage with activities, they said, "They [staff] try really hard...The girls are really good at supporting [relative]."

People were offered choices. Some people had complex needs with eating and drinking. The chef told us a lot of the people in the service have a "Restricted diet, so it is important to give a variety of choice." The chef said they speak with people about what they wanted to eat. The chef said they managed the grocery shopping so there was choice and people could change their minds. During our visit we observed people being asked where they wanted to be within the home. One person had asked for a yogurt and a member of staff brought a wide variety to the person to choose.

The manager and the relatives we spoke with said there had not been any formal complaints made. However, we spoke with one relative who said they had a raised concern they had with the provider. They said they felt able to do this due to the 'family ethos' of the home and since this conversation with the provider, they had seen an improvement.

Is the service well-led?

Our findings

There was a positive culture at Gryphon Place. People who were able to communicate with us in a way we could understand told us they were happy to be at the service. One relative told us, "It's fabulous every day, the energy is really wonderful, it's a lovely place to visit." Another relative told us, "The attitude of staff, says it all, they are open and flexible...They love their residents."

We spoke with staff about the culture of the service. One member of staff said, "Everyone here is passionate about their role." Another member of staff said, "These people here are part of my family too."

The manager told us they lead by example. They said, "Don't say it, do it." The manager went onto explain; through their practice this will encourage and inspire good practice in the staff team. The manager also told us that they were present in the daily running of the service and had an, "Open door policy." During our visit we observed the manager talking with staff and people who lived at the service. The manager demonstrated a good knowledge of the people who lived at the service, their needs, their backgrounds, and their relatives.

During our initial conversation with the manager members of staff visited the manager's office to ask questions and share information with them. Staff told us they felt comfortable in talking to the manager and discussing issues. However, the manager had not had a staff meeting since they joined the service four months ago.

The staff we spoke with were very clear with us that they would address any issues of practice relating with other members of staff. One member of staff said, "If I have something to say...I say it." Another member of the staff said they would address any issues with the individual member of staff and if it persisted they would speak with the manager. During our visit we observed staff communicating professionally with one another. For example at lunch time staff spoke in a calm and quiet way to one another as they supported people with their lunch.

The relatives and staff we spoke with were very encouraging and spoke positively about the new manager. Relatives told us the manager had kept them informed about the needs of their relative's. All the relatives we spoke with confirmed they had been invited to the 'relative's meeting.'

Relatives also commented on, the openness of staff. One relative told us, "They [staff] are so easy to chat with." Another relative said, "I care about the staff as much as I do about my [relative]." Staff told us they felt supported by the manager.

Some members of staff and relatives told us they had had negative experiences with the new provider of the service. Some staff felt the provider did not want to discuss issues which were important to them. They also told us the provider had not responded to them regarding certain requests relating to their work. A relative told us they had not had any correspondence from the provider regarding an important issue relating to their relative. Some staff didn't feel the provider had been supportive to the new manager.

We asked the manager what were the values of Gryphon Place. The manager said, "Everyone here is different, we work together, we're open with one another, and life is for living." We spoke with staff who also expressed these views. One member of staff said they supported people to have, "Quality of life, and enjoyment in their lives." Staff talked about making the service 'a friendly home.' Staff also said they were part of a 'strong team.'

The manager told us they wanted to develop links with the local community. They had recently had an 'open day' where they invited the local community to the service. They had a BBQ and played games in the garden. The manager said they wanted to develop this further.

The manager fully understood their responsibilities and had a comprehensive knowledge of the types of incidents they need to inform CQC about, as part of their role. The manager was not the registered manager of the service but they had made an application and had started the process to become the registered manager.

The manager had effective systems in place to monitor the quality of the service. We were shown various audits which the manager carried out to ensure the service was meeting people's needs. We were shown an action plan to be passed to the provider as a result of a recent audit. The provider also completed quality checks, we were shown a report they had produced following a recent visit. The provider also ensured the premises and equipment were maintained. There were regular safety checks on the equipment used to ensure it was safe to use.