Partnerships in Care Limited

Grafton Manor

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

Overall summary

The inspection took place18 November 2014 and it was unannounced.

Grafton Manor offers open and community rehabilitation services for adults with either a traumatic or acquired brain injury, including that resulting from a stroke.

There was a registered manager employed by the service. 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 felt safe at Grafton Manor. They all had risk assessments, risk reduction and management plans in place, which were developed with input from the extended staff team.

There were enough staff on duty to ensure people were able to receive personalised care and support.

Effective recruitment processes were in place.

New staff were not allowed to start to work until provider mandatory training had been completed.

Staff attended a variety of training to enable them to support people using best practice techniques.

Summary of findings

Medication was managed safely and processes in place ensured the handling and administration of medication was suitable.

People were supported to make decisions about their life and treatment plan. Staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Capacity assessments had been carried out when required.

There were health care professionals on site, including physiotherapists, occupational therapists and a doctor, to support people's health care needs and rehabilitation plans.

We observed staff gaining consent to enter people's rooms, before undertaking their rehabilitation sessions and to enable inspectors to access confidential information.

Staff treated people with kindness, privacy and dignity.

Each person had a named key worker. Time was scheduled into people's programme to enable them to spend time together to ensure that their care plan was up to date.

Visitors were welcomed and there were areas where they could meet in private.

People told us that their views about their wants and needs were listened to and acted on.

People, relatives and staff were aware of the complaints procedure.

Effective quality assurance processes were in place. A variety of audits had been carried out and used to drive improvements.

The environment had been adapted for people who used the service, for example wheelchair accessible rooms, doorways and ramps.

A variety of meetings were held and people and staff were encouraged to voice their opinions and have them listened to and acted on.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe.

Staff knew how to protect people from harm and abuse.

There were enough staff to ensure people were able to receive personalised care and support.

Medication was stored and administered effectively.

Good

Is the service effective?
The service was effective.

Staff were supported with regular supervision and annual appraisals.

Staff understood the Mental Capacity Act 2005 (MCA) which enabled them to support people to make decisions.

People were involved in menu planning, and supported to eat and drink if required.

People had access to health care professionals on a regular basis as part of their treatment.

Good

Is the service caring?
The service was caring.

People were complimentary about the care and support provided.

People were encouraged to make choices, supported by staff who knew them well.

People were involved in the planning and review of their care plan.

People were supported to maintain relationships with families and friends in a variety of ways.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved in the assessment and planning of their care.

Staff spent time with people to ensure they had the support which was individual to them.

People knew how to raise concerns and complain, these had been responded to effectively.

Good

Is the service well-led?
The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

Links had been made with the local community. Village residents had regular chats and interactions with people as they walk around the village

Quality monitoring systems were in place and were effective.

Good

Grafton Manor

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 18 November 2014 and was unannounced.

The inspection was carried out by two inspectors.

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 checked the information we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place 15 November 2013.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported to join in rehabilitation sessions, to have meals and to access activities of their choice.

We spoke with five people and the relatives of 3 people who used the service. We also spoke with the registered manager, the regional director and five care staff.

We reviewed three care records, three medication records, three staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Grafton Manor, one person said, "Yes it is safe, it is pretty good." Another said that they felt good about the security arrangements. They told us that if they did not feel safe they would speak to staff about it. This meant that people were confident that they felt safe and secure within the environment.

Staff told us they had received safeguarding training and were able to describe what could be classed as abuse, for example, physical, medical and financial and how they would report it. If they felt it was not being acted on they would escalate it 'up the chain' to more senior staff or report it to the Care Quality Commission (CQC) to ensure people were kept safe. They were aware of the company policies and procedures and felt that they would be supported to follow them. Staff files confirmed that they had completed relevant safeguarding training.

Staff told us that each person had risk assessments, risk reduction and management plans within their care plans. The registered manager told us that these were developed with people and their relatives, and with input from the staff team, which included occupational therapist, nursing staff and care staff. We saw evidence of these within people's care records. Risk assessments included; going out for walks, shopping in the community and making tea. All activities were risk assessed to ensure reasonable measures were put in place to enable people to choose what they wanted to do in the safest way.

Staff told us that people had individual Personal Emergency Evacuation Pans (PEEP's) which staff were aware of and able to follow in the event of an emergency. We saw evidence of these. We found the home stocked a supply of emergency equipment, for example, first aid boxes, burns kit, defibrillator and a ligature cutter. This demonstrated that staff were able to respond to a number of different emergencies to keep people safe.

Staff told us that accidents and incidents were reported and recorded and they were given feedback if necessary. The registered manager explained the electronic recording system which was used. This enabled the senior managers to review and analyse any trends, and then develop action plans if required. We observed this system in action and found the registered manager had responded appropriately.

The registered manager told us that the provider had a concern line and whistleblowing hotline for people to raise any concerns they had about the safety in the service. These were both confidential. There were posters for both of these in areas around the home. This meant that anyone could raise a concern confidentially at any time.

People told us that there were enough staff on duty to provide them with the support they required. One relative we spoke with told us they thought there was enough staff, although they only visited at weekends so were not able to comment about staffing during the week. Staff told us they tried to cover absences with their own bank staff where possible, and agency staff were only used as a last resort. The registered manager explained that the rota was developed around the needs and activities of the people who used the service. We viewed the rota for two weeks and there appeared to be enough staff to ensure people were able to attend activities and be kept safe.

Staff told us that they had not been allowed to start working until their checks had been completed and they had done some training. The registered manager told us that they had a recruitment policy which must be followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. New staff also had to attend the providers' mandatory training before being allowed to go onto the rota. Records we saw confirmed these checks had taken place.

People told us that they got their medication on time. Staff told us that the qualified nurses administered medication. We observed medication being administered to some people. This was carried out correctly following policy and procedure. The senior nurse on duty took us to the medication room which was securely locked. They were able to explain the various systems including ordering, administering and disposal of medicines and we saw records to confirm this. The temperature of the room and fridges were taken daily to ensure medication was kept at the correct temperature. We looked at the records for three people; these contained the protocol for administration, a photograph of the person and their medication care plan. We carried out a stock check of some medication which balanced correctly.

Good

Is the service safe?

The nurse explained that the service had their own doctor employed which enabled them to ensure people had correct medication. The doctor would be involved in any capacity assessments around medication, including when people were able to administer their own medication.

Good

Is the service effective?

Our findings

People told us that they felt the care they received was good and from well trained staff. One person said, "They all know what they are doing." A relative said, "Staff are trained well and know what they are doing."

Staff told us they received training from the provider on a variety of subjects including health and safety, infection control and safeguarding, and also more specific training for the people they provided support for, for example; behaviour modification and de-escalation techniques. They said the training helped them to carry out their roles with better knowledge. There were notices in the staff areas notifying staff of training planned for the next month. We saw the training matrix which listed all of the staff and training delivered, it was colour coded to high light when refresher courses were required.

The registered manager told us that new staff must attend the company mandatory training followed by a three month probationary period with higher supervision and support. If an individual required longer to learn about the service the probationary period would be extended with further support. This ensured staff were confident before working alone.

Staff told us they received support from the manager and senior staff including regular supervision and an annual appraisal, which they said they found useful. One person said, "It has helped to improve performance." The registered manager told us that supervisions were used to review work performance, provide training where required and to support staff development. We saw a supervision matrix detailing planned supervision and appraisals for all of the staff for the year. This meant that staff were given an opportunity to have one to one time with the senior staff on a regular basis throughout the year.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff told us that the MCA is used to see if people 'are capable' of making their own decisions and to help and protect them if not. We saw that there were policies and procedures in relation to MCA and DoLS to ensure people who could make decisions for themselves were protected. Where people lacked the capacity to make decisions about something, best interest meetings had been held. We saw records of capacity assessments within peoples care plans.

People consented to their care being provided. One person told us, "Staff always ask for consent." We observed staff gain consent to enter peoples rooms and before any activity, for example; rehabilitation sessions and speaking with an inspector. Within care records we saw that people had signed for consent to care and support and for staff to read their care plans.

People told us that the food they were getting was good and alternatives were always offered. A relative said, "It is not cordon bleu but it is nutritious." Another said, "[relative's name] has managed to put weight on since being at Grafton Manor." The registered manager told us that the chefs involved the people who used the service in menu planning. They met with them on a regular basis to ensure people were happy with the meals provided and to enable changes to be made. Catering staff told us they knew if anyone required a specialist diet, the dietician would speak to them and they would devise a menu which was appropriate. We observed lunch being served, alternatives were available and offered. People who required assistance were supported by staff in a dignified manner. Drinks and snacks were available at all times. The chefs had won the Heart Beat healthy food award for the past three years. This demonstrated that people had healthy nutritious food and were supported to eat when needed.

People told us that they saw specialist health care professionals on a regular basis. The registered manager explained that as most people were at Grafton Manor for rehabilitation, they had sessions on a daily basis. The service had their own staff on site, for example; physiotherapists, occupational therapists, psychologist and speech and language therapist. There was also a doctor who visits regularly and is on call to attend if needed. When required other professionals such as dieticians, podiatrists and specialist nurses were accessed via the general hospital. This had been documented in all the records we reviewed.

Good

Is the service caring?

Our findings

People said that staff treated them with kindness and compassion. A relative told us, “Staff are very friendly and super with [relatives name].” Another told us that, “Staff always have [relatives name] best interest at heart.” This was observed throughout our inspection, for example staff chatting and spending time with people in a relaxed manner.

It was evident from our observations that staff knew the people who used the service well, for example, one person wanted to contact their relatives and staff explained when they could assist and how they would do so. Another wanted to speak to a certain member of the staff team; staff told them when they would be available. Staff explained to us that as part of the rehabilitation programme these people were having to learn they had to sometimes wait. This showed staff knew the content of individuals care plans.

People were treated with dignity and respect, for example, quietly asking if they needed to use the toilet and assisting people who had behaviours which challenge in a discreet way.

People told us they were involved in the planning of their care. One relative told us they got a report every three months regarding the care plan.

The registered manager told us that people had a clinical review (called Manor round) every two weeks by the whole disciplinary team. This enabled the person to voice their opinions and wishes to the whole team. With the permission of one person, we sat in on their review. Every aspect of the persons care was discussed and they were able to have input with setting their own goals. Each person had a note book in which they detailed what they wanted to discuss at the meeting, they were encouraged to make a note of the responses. This ensured that everyone knew what had been decided whilst waiting for the official care records to be up dated and that people had been listened to.

Staff told us that each person had a named key worker and time was available with them on a daily basis. They also met weekly to review and update care plans if required. Specific health care staff such as physiotherapist would discuss the support with the person and update records accordingly. Records we saw confirmed this. This ensured that people were involved in the planning of their care and the setting of realistic goals.

The registered manager told us that there was an advocacy service available. Each person was given information when they arrived. The advocacy service visited weekly to ensure people were given an opportunity to raise any issues they had.

People told us that they could have visitors but they were usually restricted to evenings and weekends. The staff and registered manager explained that this was because people were having rehabilitation sessions during the day and it may have been detrimental to their treatment or recovery it they had been missed. The registered manager told us that as many of the families lived long distances from Grafton Manor they tried to support people to maintain relationships in a number of ways including support for travel, home visits and have just introduced Skype to enable video link conversations.

Good

Is the service responsive?

Our findings

People told us that their views about their 'wants' and 'needs' were listened to and acted on. A relative told us that the actual care plan record was not heavily emphasised to them, but they had been invited to meetings to discuss their relatives care and had been very much involved. At these meeting they had made some suggestions which had been acted on. This showed that people or their representatives were involved in their care plan and staff listened, and acted on, their comments.

A relative told us that as their relative's condition improved they were given the option of looking at an on-site cottage as a potential new placement rather than a room in the main house. They would still have access to services provided but would be given more independence. We observed that people were living in different parts of the service as part of their rehabilitation to encourage independence and recovery. The same support was available if needed, but the aim was for people to recover enough to return home.

The registered manager explained that prior to admission an assessment would be carried out and a treatment plan developed. This assessment would include the person themselves, family and health professionals. Once a person had been admitted this would be reviewed and again at six weeks. This enabled staff to keep peoples individual goals up to date and realistic. Care plans we reviewed showed a full assessment had been carried out and as much information gained about the person to enable individualised care could be given.

People we spoke with told us that they were able to follow their own hobbies and interests, for example one person told us they were heavily involved with the local community trying to get the speed limited changed through the village. One staff member told us that people had 'a daily programme to schedule specific activities and sessions.' This was included in their treatment and rehabilitation programme which was person centred specifically to each individual.

The provider had made reasonable adjustments to the environment to enable people with disabilities to be as independent as possible. Staff told us that the environment had been adapted such as wheelchair accessible rooms, doorways and ramps. The registered manager told us that all the vacant rooms are left completely empty until a new person has been assessed. The team would visit the person at home or hospital to assess their needs in relation to aids and adaptations to assist them in their room. For example, walk in shower, hand rails, specialist bed and overhead hoist track. During our observations we saw that adaptations had been made where appropriate for people to enable them to be as independent as possible and to assist with their care and support.

The manager told us that surveys for people who used the service and their relatives were conducted twice a year and staff surveys once a year. Responses from these were analysed and used to drive improvement. We were informed that they had just been sent out and were waiting for them to be returned.

People we spoke with were aware of how to complain and that complaints would be dealt with, however, none of them had complained. A relative told us they had raised a complaint which was responded to effectively and had been resolved. The registered manager explained that the provider had a complaints officer. All complaints had to be sent to them to review and organise any investigations required quickly. This ensured that complaints were responded to in a timely manner. We reviewed the complaints documentation and saw that they were responded to effectively.

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was and saw her on a regular basis and could ask to see her if they wanted to. One relative said getting hold of the registered manager was 'like gold dust', however, they had made an appointment and this had been kept. Another said, "I tend to send emails and these are responded to."

People told us they had a weekly 'community meetings' where they were able to discuss general issues. Personal issues were discussed at their Manor round meeting. This meant that everyone was involved in what was happening in the service and were able to voice their opinions.

Staff told us that they received support from the homes management team. They said that management generally knew what was going on in the service.

The registered manager told us that the service had representation at Corporate Clinical Governance and that information was fed back via the Brain Injury Services Clinical Governance. (Clinical governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.) The hospital director attended a quarterly meeting regarding policy and regulation. All information from these was then disseminated to the team. This ensured staff were up to date with best practice.

The registered manger told us that staff from Grafton Manor lectured at universities about the complexities of working with people with acquired brain injuries and they also delivered presentations in peer support groups. They went on to say that some nursing students from the universities had undertaken placements at Grafton Manor and the information which they had received during the lectures had assisted with their understanding. This showed that the service had encouraged innovation in order to drive a quality service.

Staff and the registered manager told us that a variety of meetings were held on a regular basis, including; staff meetings, safeguarding, best interest and health and safety. Minutes from meetings were seen. Staff said they were able to voice their opinions at meetings and they would be listened to, and acted on if appropriate.

Staff told us that links had been forged with the local community in which the residents and staff of Grafton Manor interact with local residents. Village residents had regular chats and interactions with people as they walked around the village, and local people had been invited to 'event days' held.

There was a registered manager in place who was supported by a strong team of health care professionals, nurses, care staff and administrators. The provider also had a management team to provide support at a management level.

Information held by CQC showed that we had received all required notifications. A notification is information about events which the service is required to send us by law in a timely way.

The registered manger had systems in place to monitor the quality of the service. Weekly, monthly, quarterly and annual audits covering a variety of areas had been carried out. Documents we looked at included, fire prevention, hygiene, internal and external areas, infection control and medication. The registered manager also told us that the provider carried out their own monthly compliance assessments which were based on the current Health and Social Care regulations. We saw the report from the latest assessment, there were no outstanding actions. This ensured that the service was compliant to the regulations.