

Gracefield Health Care Limited (GHC)

Gracefield Health Care Limited (GHC) - 31 St Domingo Grove

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gracefield Health Care Limited (GHC) - 31 St Domingo Grove is a residential care home providing accommodation and personal care to up to 6 people. The home is situated in a residential area of Anfield, Liverpool and provides accommodation across four floors. The service provides support to people with a learning disability, autistic people and people with mental health support needs. At the time of this inspection there were 6 people living at the home.

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

Governance processes were not always effective at improving the quality and safety of the service. We identified shortfalls with the system to record and analyse incidents and found care plans still contained some inconsistent, contradictory and missing information. The provider had identified some of the issues. However, there was not always a clear timescale of when these would be actioned.

Risk assessments and care plans had improved since the last inspection. However, staff were not always following the identified control measures to effectively manage periods of emotional distress.

People's privacy and dignity was better respected. However, further work was required to improve staff culture as records showed staff did not always follow the advice of community mental health professionals to support people's wellbeing and to reduce periods of emotional distress

The completion of food and fluid charts did not always reflect people were being supported in line with their care plans or with their recommended diets.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: There was involvement of multiple stakeholders in the development of people's behaviour support plans to ensure the model of care met the needs of autistic people and people with a learning disability.

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

Right Care: The use of restrictive practices had been minimised to ensure people were supported in a more dignified and respectful manner.

Right Culture: The culture of the service did not always focus on ensuring people received person-centred care.

The provider had improved their safeguarding systems to ensure people were protected from abuse. The provider demonstrated their clear commitment to minimising the use of restrictive interventions and we found a significant reduction in the use of physical restraint since the last inspection. The provider had invested in training for restrictive practices and positive behaviour support to ensure staff had the relevant skills to provide safer care to autistic people and people with a learning disability.

Infection prevention and control procedures were managed more effectively and we found the home was clean and hygienic throughout. Observations found that the environment was more appealing and better met people's sensory and physical needs.

The provider had worked alongside the local authority medicines management team to improve their processes around medicine ordering, storage and administration.

The provider had improved their recruitment practices and the necessary pre-employment checks were completed before staff started working at the home. We found there were enough staff to support people.

Systems were now in place and working effectively to ensure concerns for people were escalated to appropriate healthcare professionals in a timely manner.

Records showed that people had input with their care plans and were involved in decisions about their care. People told us how they had contributed to the decoration of the premises and their own rooms.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 25 March 2022). and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made to some aspects of the service, however the provider remained in breach of one regulation.

This service has been in Special Measures since 25th March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider responded immediately during the inspection and put an action plan in place to address the concerns we identified with care plans and staff culture.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gracefield Health Care Limited (GHC) - 31 St Domingo Grove on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to leadership and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Gracefield Health Care Limited (GHC) - 31 St Domingo Grove

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Gracefield Health Care Limited (GHC) - 31 St Domingo Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gracefield Health Care Limited (GHC) - 31 St Domingo Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 August 2022 and ended on 30 August 2022. We visited the service on 24 August 2022.

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 and health professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at the home and 2 relatives to understand their experience of the care provided. We spoke with 8 members of staff including the registered manager, team leaders and care workers. We reviewed a range of records. This included 4 care plans and associated documentation. We looked at 2 staff files in relation to recruitment and multiple medication records. We reviewed multiple records relating to the management of the service and a variety of policies and procedures. We also looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we identified some further improvements were still required.

- Risk assessments and care plans had improved since the last inspection. However, staff were not always following the identified control measures to effectively manage periods of emotional distress. This meant there was a risk that people's care needs would not be effectively met.
- Since the last inspection, the provider had made significant improvements to the safety of the building, this included improvements to fire safety standards.
- The provider had created a new system to analyse incidents however, this was not always effective. Although regular reviews of incidents were taking place, they did not always identify concerns with staff practice and not all incidents had manager oversight. This meant opportunities to improve the safety and culture of the service were sometimes missed.

Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment processes were appropriate and safe. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved their recruitment practices and the necessary pre-employment checks were completed before staff started working at the home.
- There were enough staff to support people. However, records showed that some agency staff members did not have the relevant training to support a person who had frequent periods of emotional distress. We fed back our concerns to the registered manager who agreed to relook at the deployment of staff.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had improved their safeguarding systems to ensure people were protected from abuse.
- Staff understood their safeguarding responsibilities and we found safeguarding incidents had been shared with the local authority safeguarding team for investigation when required.
- The provider demonstrated their clear commitment to minimising the use of restrictive interventions and we found a significant reduction in the use of physical restraint since the last inspection. When physical restraint was used, records showed this was a last resort and was a proportionate response to protect people from the risk of harm to themselves and others.
- People told us they felt safe living at the home and relatives were also assured in the providers ability to keep people safe.

Preventing and controlling infection

At our last inspection the provider had failed to manage risks related to the spread of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Infection prevention and control procedures were managed more effectively.
- The home was clean and hygienic throughout and improved cleaning schedules were in place.
- The provider had recruited more domestic staff to ensure good standards of cleanliness were maintained.
- Relatives told us staff made them feel welcome at the home and explained there were no restrictions when visiting their loved ones.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had worked with the local authority medicines management team to improve their processes around medicine ordering, storage and administration.
- Care staff who administered medicines had appropriate competency checks to ensure their practice was safe and processes were in place to ensure this was assessed on an ongoing basis in line with best practice guidance.
- Medication Administration Records (MAR) showed that people received their medicines as prescribed.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requirement improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to act within the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- Since the last inspection, the registered manager had put processes in place to ensure people's mental capacity was assessed and reviewed.
- A better system for managing DoLS applications was in place to ensure applications to deprive people of their liberty were submitted in a timely manner.
- There was evidence of best interest decisions involving people, relatives and health professionals in relation to the use of physical restraint.

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

and drink enough to maintain a balanced diet

- Systems were now in place and working effectively to ensure concerns for people were escalated to appropriate healthcare professionals in a timely manner.
- Not all people had health passports in place. This meant there was a risk that their health and wellbeing needs would not be fully met when transferring between care services. The provider was in the process of reviewing care plans and told us this would be included in their review.
- The completion of food and fluid charts did not always reflect people were being supported in line with their care plans or with their recommended diets. For example, one person's care plan directed staff to record their daily food intake to ensure the effective management of a specific health condition. Food charts did not evidence that this was being consistently completed.

Staff support: induction, training, skills and experience

- The provider had invested in training for restrictive practices and positive behaviour support to ensure staff had the relevant skills to provide safer care to autistic people and people with a learning disability.
- The provider had developed a monitoring system to ensure staff completed their training in line with the provider's schedule.
- Staff told us they felt supported in their roles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care;

- Since the last inspection, the provider had worked alongside health professionals to assess people's needs. The assessments were used as a basis for appropriate care and support plans.
- Records showed that people had input with their care plans.

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

- The provider had made improvements to the internal and external design and decoration of the home.
- People told us how they had contributed to the decoration of the premises and their own rooms. For example, one person had chosen a football themed room which contained the bright colours of their favourite football team. Another person told us about their choice of curtains and bedding.
- Observations found that the environment was more appealing and better met people's sensory and physical needs.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to ensure people were treated with dignity. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's privacy and dignity was better respected.
- There had been improvements to the physical environment and people's care plans. The use of restrictive practices had been minimised to ensure people were supported in a more dignified and respectful manner which better promoted their independence.
- Further work was required to improve staff culture as records showed that not all staff were following people's behaviour support plans to support people's wellbeing and to reduce periods of emotional distress. The provider had already identified poor staff culture as a concern and work was underway to improve this.
- Staff did not consistently engage with people in a meaningful way which did not always promote effective relationships with people.

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

- People were supported to be involved in decisions about their care.
- People told us they were able to make decisions about their day to day care including what activities they wanted to do and what they wanted to eat.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had not ensured that people were supported with person-centred care, and care did not always meet their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Records relating to care and treatment had improved. However, further improvement was needed to ensure they were accurate and complete.
- Behaviour support plans were more person centred and contained sufficient detail to guide staff in reducing periods of emotional distress. However, records showed that staff were not always following the strategies to promote positive behaviour. This meant there was a risk that people's emotional needs would not be met and increased the risk of incidents that could result in harm to themselves or others.
- The behavioural support plans for 2 people stated that a weekly activity chart should be in place as this strategy is needed for consistency. We found that no activity charts were in place. Staff explained they were now managing activities in a different way. However, the care plans had not been updated to reflect current practice.
- People's care plans were focussed on long term aspirations and goals. However, people's progress towards achieving the goals were not well recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the need for information to be accessible.
- The provider was in the process of updating care plans to a format that autistic people and people with a learning disability could understand such as easy read and pictorial.

Improving care quality in response to complaints or concerns

- There was an effective complaints management system in place.
- The provider had worked hard to encourage people to raise concerns and promote a culture that was more open and accountable.
- We were assured that people's complaints were taken seriously, thoroughly investigated and responded to in line with the provider's policy.

End of life care and support

- At the time of our inspection, no one using the service required end of life support.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to implement effective governance processes and people did not receive effective care and were at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance processes were not always effective at improving the quality and safety of the service.
- We identified shortfalls with the system to record and analyse incidents. Some incident records had ineffective manager oversight, some did not evidence lessons had been learnt and there was limited action taken to drive improvements. In addition, there was sometimes a lack of effective evaluation with the staff involved following an incident.
- Care plans still contained some inconsistent, contradictory and missing information and further improvement was required to ensure they fully reflected people's physical and emotional needs.
- New auditing tools were in place. However, when issues were identified there was not always a clear timescale of when these would be actioned. This meant there was a risk that the issues would continue without appropriate follow up.

The failure to effectively monitor and improve the quality and safety of the service is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately and took action to address the concerns raised

- The provider was aware of what events they needed to notify CQC about. They had submitted notifications in line with legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service,

the public and staff, fully considering their equality characteristics;

- The provider had re-established relationships with external professionals and shared information in an open and honest manner.
- People achieved better outcomes because the engagement with health professionals had improved.
- The provider had worked hard to improve the culture of the service to ensure a more person-centred approach. However, we identified that further work needs to be undertaken to improve the culture and attitudes of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to implement effective systems to improve the quality and safety of the service