

The Sandwell Community Caring Trust

Grafton Lodge Residential Unit

Inspection report

Grafton Road
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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

Grafton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Grafton Lodge is a care home without nursing, which can accommodate up to 35 people. At the time of our inspection 31 people were using the service and these included older people, people with mental health difficulties, people with physical disabilities, those with sensory impairments or dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection visit took place on 19 November 2018 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to and /follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people. People received medicines as required.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their needs, choices and cultural needs. Care staff knew people's needs and respected them. People could speak openly with staff and understood how to make a complaint. End of life wishes were considered.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the registered manager. We were provided with information we expected to receive.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Grafton Lodge Residential Unit

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 checked 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 unannounced comprehensive inspection was completed by one inspector and an expert by experience on 19 November 2018. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and we contacted commissioners who had a contract with the service.

We spoke with eight people who used the service, three relatives, three members of care staff, the cook and the registered manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at three people's care records, three medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Is the service safe?

Our findings

At the last inspection in June 2016 the key question of Safe was rated Good. At this inspection the rating was unchanged.

One person told us, "I am very safe". A relative told us, "Yes [person] is very safe, that's why we purposely chose this place". A staff member told us, "I am very confident people are safe here. I can see the difference here from other homes, we are very careful".

We saw that there was a detailed file on safeguarding. This recorded concerns which had been dealt with, information on the incident, the investigation report, which external agencies had been notified and any actions taken. Staff were clear on the actions to take in the event of an emergency and one staff member told us, "I would call the emergency services and make sure the person was looked after". We saw that any accidents and incidents were recorded appropriately and action taken where needed.

We found that any risks were managed well and that risk assessments were in place. Risk assessments included, but were not limited to, personal care, health, diet and fluids, medicines and mobility. Risk assessments were updated as required. Where records were required to be kept, such as fluid intake records or weight recordings these had been completed. Body maps to record any skin marks were completed where required.

People felt that there were enough staff. One person said, "Oh yes there's plenty of staff". A relative told us, "There are lots of staff, in fact if one ever has to leave the room they always ask another one to come in". A staff member said, "We have enough staff". We saw staff spending time with people and some positive interactions between them. The staff rota reflected the amount of staff available to people during the inspection.

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

People were happy with how staff supported them with their medicines. One person told us, "Yes, I get my medication alright". A relative told us, "[Person] gets their medicine and if ever the doctor comes in and changes it we are told right away". We found that people received their medicines as required and that records tallied with medications available. Medicines were stored and disposed of safely.

The service was clean. One person told us, "Yes, it is spotless and all the washing and ironing gets done". A relative told us, "I know the décor is tired looking, but I wouldn't say it was dirty. They [staff] are always cleaning". A staff member told us, "The domestics do an amazing job here, they never stop, there are no odours here". We found the environment was clear from hazards and people were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was safe were completed. We saw that safe cleaning products were used and these were stored securely. A hand-washing

policy was in place and staff were aware of this.

Is the service effective?

Our findings

At the last inspection in June 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

Pre-placement assessment information was in place, and these provided information on people's needs such as personal care, mobility, eating and drinking and health.

Staff had training that helped maintain their skills and the provider was supportive of them developing their knowledge further. We saw a summary of training staff had completed and were due to complete. The registered manager told us that the provider was currently re-evaluating the training and that there would be a new plan for training when decisions had been made.

Staff knew how to support people because they understood their needs. They put their training into practice. One person told us, "Oh yes the staff are very much on the ball. They are kind and seem very tolerant. They know my needs". A relative told us, "The staff are in tune with people".

Staff had an induction to the service. Staff who were new to the care sector completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that their induction prepared them for their role.

Staff were supported through supervision where they had opportunities to discuss people's support and their own. A staff member told us, "My supervisions have been more regular since [registered manager's name] came into post, and they are always very open and approachable".

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 authorisation 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. We found they were.

Staff understood the principles of the MCA and they knew which people had a DoLS and why. Staff told us that they gained people's consent prior to providing support. A staff member told us, "I always get consent and I find out what certain words mean to people, but no is always no. I always have patience and know if somebody doesn't want my help. We saw staff obtain people's consent before supporting them.

People told us that they were happy with the meals that they received and they enjoyed their food. One

person told us, "You can't fault the food". A relative told us, "[Person] is not wasting away here, they have put weight on. They [staff] weigh them regularly". A staff member told us, "We don't say no to anybody unless the office tells us to for health reasons. I know what people like so will offer them snacks, if somebody wants a biscuit, they get one". We saw that snacks and drinks were available to people at all times and an alternative meal was available. Where people had specific dietary needs these were catered for, for example one person was given a soft diet as directed by a health professional.

People were supported to access the health care they needed. A person said, "The doctor comes once a month and check up on you. He is a good doctor. The staff are good and the nurses are good". We saw evidence that dentists, opticians and other health professionals were seen by people as required.

We found that decoration around the home was clean and tidy and people were able to move around the home freely without any hazards. There were decorations and photographs on the walls and people could keep their bedroom to their own taste.

Is the service caring?

Our findings

At the last inspection in March 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People told us they thought the staff were friendly and caring towards them. One person said, "The staff are very kind. No problems living here". A relative told us, "Yes, the staff are very kind and patient". A staff member told us, "The staff are kind and caring we are a good bunch". We observed some positive interactions between people and staff, where people were having a sing-a-long a staff member said to them, 'Beautiful singing ladies'.

People shared with us that they were able to make their own choices and decisions and one person told us, "I am given choices". A staff member told us, "We give people choices, show them a selection of clothes each morning. We want to make them look nice". This showed that staff made people feel they mattered to them.

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "The staff keep my dignity and the manager checks the girls [staff] are looking after me well". A staff member told us, "I take people into their room to assist them, so it is private with the curtains shut. I cover up top half first and then do the lower section when doing personal care. I always knock the door". One person told us, "I am independent and staff encourage that, but they are there when I need them".

We saw that visitors were made welcome and one person said, "When my family visit they are always offered a cup of tea". A relative told us, "They [staff] make us welcome". A staff member told us, "We have a great rapport with relatives, they ask for us by name".

The registered manager told us that should be request the services of an advocate this would be arranged for them. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Is the service responsive?

Our findings

At the last inspection in March 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

We found that people's care plans were detailed and that they gave information on their needs and requirements and how they wanted their care needs met. Care plans included, but were not limited to; personal care, health, cultural needs, nutrition and hydration, medicines and mobility. A medical diagnosis and medicines taken were listed. People's preferences for the gender of carer were also taken. A life history and background was provided, including childhood memories, family and interests and hobbies. We saw that reviews were carried out in a timely manner. People and staff told us how they had worked together to compile the care plans.

People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. For one person they wished to observe their own religion and this was supported by staff. They had enjoyed specific cultural music and had access to it.

We saw that activities took place, these included people singing along with staff to music, reading newspapers and discussing topical issues and making Christmas cards. One person told us, "Yes, it's all right, we always do something different. If I was at home now I would probably be asleep". A relative said, "I don't quite know how much [person] does now but when boogie beat comes on [person] gets up and dances". A staff member told us, "We do things like celebrating the end of World War 1, they loved it we did a little play".

People we spoke with said they knew how to make a complaint or raise a concern. One person told us, "If I needed to address anything I wouldn't feel unable to approach any of them [staff]". We found that the complaints procedure gave information on how to make a complaint and was an easily understandable format. The contact details of the provider and appropriate external agencies were provided. We saw that complaints had been dealt with effectively and these had been recorded.

Care plans included an end of life plan. This included people's wishes about funeral arrangements and how they wished to be cared for in their last days.

Is the service well-led?

Our findings

At the last inspection in March 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

There was a registered manager in place. 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 spoke to us about the registered manager. One person said, "[Registered manager's name] seems very nice". A second person said, "We see the new manager, they are about all the time". People told us about the open communication within the home and that they could speak with staff at any time. We saw this happen. Staff also said they felt able to speak with the manager at any time.

People spoke to us about their experience of the service. Lots of people commented positively, saying, "I can't grumble about the place at all". A relative told us, "I would recommend it to others". A staff member said, "I absolutely love working here, it is the best job ever".

The registered manager told us that now they were settled into the role residents and staff meetings would take place. There was a plan for this.

People, relatives and professionals involved in people's care provided positive written feedback about the service through questionnaires that were sent out regularly. People's questionnaires were in an easy to read format which made it easier for them to understand. They were asked questions such as; 'are you satisfied you receive good quality care' and 'are you made to feel welcome'. The registered manager told us that outcomes from surveys were fed back to people verbally.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Audits carried out gave an insight into patterns and trends in the form of graphs and were taken on a regular basis. They also looked into specific concerns such as hospital admissions and falls and gave additional information on concerns and action taken. The provider took an interest in the service and the registered manager told us they were well supported.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.