

Grazebrook Homes Limited







# Grazebrook Homes - 39 Adshead Road

## Inspection report

39 Adshead 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	

### Overall summary

This was an unannounced inspection that took place on 19 January 2015.

We last inspected this service on 22 October 2013. There were no breaches of legal requirements at that inspection.

39 Adshead Road is a care home registered for nine people. The home provides accommodation and care for people who have a learning disability or complex needs (autism spectrum disorder). At the time of our inspection, eight people were living there.

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.

# Summary of findings

We saw that there were systems and processes in place to protect people from the risk of harm. Relatives of people who lived at the home told us that they felt the service kept their relative safe.

Care plans were detailed and contained personalised information. Staff spoke warmly of the people living at the home. They were able to provide us with detailed information regarding the care and preferences of the people they supported and demonstrated the skills and knowledge required to meet the needs of the people living there.

We observed that people living at the home were encouraged and supported to be as independent as possible. People living at the home spoke positively about the staff who supported them and we observed caring relationships between them.

Staff and relatives told us that they felt there were sufficient numbers of skilled staff on duty to keep people safe. The registered manager had put in place recruitment processes in order to reduce the risk of unsuitable staff being employed by the home. However we noted that on one occasion, despite being told these systems had been followed, there was no written evidence available to support a particular decision making process.

Where staff had concerns about a person's healthcare needs, they had involved the appropriate professionals to support them to make sure they received the medical care they needed. Where decisions had to be made in people's best interests, meetings had been arranged with the appropriate stakeholders. Although the appropriate paperwork was completed, on one occasion we noted that there were no formal minutes of the meeting held on the person's care file.

Relatives of people told us they found the registered manager and staff approachable and that they had confidence that if they needed to raise any concerns or complaints that they would be dealt with. Staff understood their role and felt supported by the registered manager and the training they received.

People living at the home were supported to take part in a variety of different activities and efforts were made to maintain friendships outside of the home and ensure people retained contact with families.

There were management systems in place to measure the quality of the home. Staff felt listened to and were given opportunities to contribute to the running of the home through staff meetings and supervisions.

# 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 were supported by sufficient numbers of skilled staff to meet their needs.

People were supported by staff who had the knowledge and experience to keep people safe and reduce their risk of harm.

People received their medicines as prescribed and medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People had access to healthcare professionals to meet their health care needs.

People were supported by staff who had received appropriate training and support to carry out their role.

People were supported to make healthy choices at meal times.

Good



### Is the service caring?

The service was caring.

People living at the home spoke warmly of the registered manager and the staff who supported them.

People were treated with dignity and respect and staff understood how to provide care in a way that met each individual's care needs.

Good



### Is the service responsive?

The service was responsive.

People's care needs were, assessed, planned, regularly reviewed and staff responded to any changes in health or care needs in a timely manner.

People who lived at the home were encouraged to take part in a number of regular activities within the community.

Relatives told us they were confident that if they had any concerns they would be listened to and acted upon.

Good



### Is the service well-led?

The service was well led.

Staff felt supported and well-trained.

Relatives and staff told us that the manager was approachable and that they felt the home was well managed.

There were procedures in place to monitor the quality of the service and where issues were identified to learn from them.

Good



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## 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.

The inspection took place on 19 January 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we looked at any notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts which they are required to send us by law.

During the inspection we spoke with four people who lived at the home, the registered and deputy manager and two members of care staff.

We looked at the care files of four people, observed a handover, looked at two staff files, training records, minutes of staff meetings and meetings held for people living at the home, medication records, recording of accidents and incidents and quality audits.

Following the inspection we also spoke with two relatives and a social worker to obtain their views of the home.

# Is the service safe?

## Our findings

One person living at the home told us, “I am happy here, I am safe. I am happy because [staff member’s name] is here”. Another person pointed to another member of staff and said, “I like her she’s a good woman”. Family members spoken to told us they felt their relative was safe in the home and spoke positively about the care and support their relative received. One family member told us, [Person’s name] likes the staff, they talk about staff like they’ve been away on holiday when they return onto shift and can’t wait to see them”. We also spoke with a social worker who supports one of the people living at the home. This person told us, “I am more than confident that they can keep [person’s name] safe”.

We observed staff and people living at the home interacting positively with each other and we could see that people living at the home had warm, friendly relationships with the people who cared for them. As staff came onto shift, people living at the home welcomed them in and appeared very pleased to see them.

Staff spoken with were aware of the home’s policies and procedures in relation to safeguarding and knew what to do if they had witnessed abuse. All had received training in this area. The registered and deputy manager had systems in place to check staff understanding in these areas and particularly how to recognise and identify any changes in behaviour. We observed this practice followed through in handover with the sharing of detailed information regarding each person living at the home. A member of staff told us, “If you notice a change you should investigate why and do something about it; reflect where it needs to be reflected”.

Staff spoken with demonstrated detailed knowledge of the people they cared for and how they kept them safe. They told us of the importance of keeping to people’s routines and were able to describe the different triggers that may lead to behaviour that challenges. For example, they described one individual who required constant reassurance when new visitors entered the home and the reason for this. We observed this in practice with the diversion techniques that staff successfully used with this person when we first arrived at the home. We saw risk assessments were in place and detailed notes recording what actions had been taken to avert any potential risks. We saw that the guidance that was written in a particular

risk assessment to advise staff on how to deal with any potential behaviour that may challenge had been followed successfully. Staff had recorded these incidents and detailed what actions they had taken and how successful they were.

Staff spoken with told us they felt there were enough staff in place to meet the needs of the people living at the home. One staff member said, “The staff numbers are comfortable, we have enough skilled staff”. A family member told us, “I think they have enough staff – they always seem to manage quite well”. We discussed with the registered manager what systems were in place to ensure people living at the home were kept safe. The registered manager told us and records showed how they ensured when putting care plans in place all stakeholders were involved.

We looked at the files of two members of staff. We noted on one file the correct information was in place prior to the individual commencing in post, for example, this including obtaining references, confirming identification and checking people with the Disclosure and Barring Service. However, on the second file we noted the references obtained did not refer to those originally listed on the application form. We discussed with the registered manager. We were told that it was the policy of the home to give potential new staff the opportunity to work at the home on a voluntary basis for two weeks initially in order for them to be closely observed by staff. Feedback is then obtained from staff on each individual’s performance and based on this information a decision is then made whether or not to offer an individual a position. However, this was not recorded in the file that we looked at. This meant in this case that the registered manager was unable to provide documented evidence about the process they had followed to reduce the risk of unsuitable staff being employed by the home.

The provider had appropriate arrangements in place to manage medicines and that protected people from any of the associated risks. Procedures were in place to ensure all medicines received into the home and administered were recorded and all staff spoken with were aware of the procedures. Staff told us and records showed that medicines were audited on a weekly basis. We saw that medicines were stored safely at all times. We noted that for one individual cream had been prescribed. Two staff spoken with were able to tell us how often and where this

## Is the service safe?

should be applied, but for this particular cream there were no body maps in place to instruct staff on application. This was raised with the manager and rectified by the end of the inspection.

# Is the service effective?

## Our findings

We spoke with family members, whose relatives had both lived at the home for a long time. They spoke positively about the care their relative received at the home. One relative told us, “If anything happens they are always in touch – there are certain things that [person’s name] doesn’t like and staff know – I’ve seen them when someone didn’t like what was being given for lunch they gave them something else”. Another relative told us, “They always make me aware if [person’s name] is not well and has to go to the doctors or see anyone and they always ask me if I would like to go with them”. This relative also told us that the provider had monitored their relative over the year and had produced an annual report to show them how this person had developed and what they were doing to support them.

A social worker spoken with provided us with details of one particular person living at the home and the lengths the manager had gone to, to ensure this person received the appropriate healthcare for a particular complaint. They told us that they felt it was only because the manager supported this person at hospital appointments that they received the correct treatment they required.

Families and staff alike told us that they felt staff had the skills required to meet the needs of the people living at the home. A social worker spoken to commented that they were aware that, “They are having lots of training at the moment”. The registered manager and deputy manager told us and records showed that in order to assess the effectiveness of training, regular observations of staff practice took place. This included the auditing of documentation to ensure staff training was effective and that people’s needs were being met.

The manager told us they had recently arranged ‘advanced autism training’ for the staff and they considered this additional training had made them more aware of the importance of routine for people. Staff spoken with all commented positively on this training. One person told us, “It’s made me step back a bit and reflect on what I have learnt”. Another member of staff told us how they realised they were already putting a lot of the advice into practice, for example one person became quite agitated if their routine was changed and how important it was to keep to exact times, they told us “You can’t say ‘hold on a sec’ to [person’s name] and keep them waiting”. Staff told us and

records showed that they received supervision every 6 weeks. Managers informed us that they use supervision to gauge staff understanding and obtain feedback from recent training.

We observed that when staff initially came onto shift, they immediately spoke to the people living at the home before attending the handover. Verbal handover was given by the senior member of staff and those present were provided with a synopsis of each person living at the home and their current well-being. We noted that comprehensive daily records were in place giving each shift a detailed picture of each individual. Staff spoken with were able to demonstrate detailed knowledge regarding the people living at the home and an awareness of people’s individual preferences and needs.

Records showed that people living at the home were weighed on a regular basis and their weight was monitored closely. One family member told us, “[Person’s name] has fads with food – they are trying to do more home cooked food and weigh them weekly. They keep me informed as [person’s name] has a tendency to put on weight”. Relatives told us that they were kept informed of any changes and at the request of one family arrangements had been made to have their relative’s cholesterol checked on a regular basis. On the day of the inspection we observed some people had chosen to sit in the lounge, others were cooking with staff in the kitchen and two other people had gone out with the activities co-ordinator to do some shopping. At lunchtime we noted that people living at the service chose what they wanted to eat, some had been shopping that day to purchase particular items for their lunch.

Following a health check and recommendations by a nurse, one person had highlighted that they wanted to lose weight. Staff told us and records showed how the home had been successfully supporting this individual to achieve a healthy weight. Arrangements had been put in place for them to attend a local ‘Slimmer’s Kitchen’ on a regular basis. After sometime, this person decided they no longer wanted to attend the Slimmer’s Kitchen but wanted to continue with their healthy eating and exercise regime. Staff had completed a ‘What works for me’ form in response to this and arrangements were made for a professional to visit the home to talk to the people who

## Is the service effective?

lived there about healthy eating and the importance of exercise. The staff continue to support this individual to make healthy choices at mealtimes and encourage them to take part in gentle exercise.

We noted that people who lived at the home received annual health checks and health action plans were in place, which included nutritional screening, eye and dental health checks. Staff told us how one resident had recently visited the dentist for extensive dental treatment. Prior to the treatment taking place, we were told a best interests meeting had taken place to discuss the need for the treatment and how best to support the individual who required it. The meeting was chaired by the dentist and attended by the person who required the treatment, their advocate and the registered manager. This was recorded by the dentist and the appropriate NHS consent form was completed, however there were no formal minutes of the meeting on the person's file. This was raised with the registered manager who agreed to speak to the dentist to obtain a copy of their recording of the meeting in order to

show that the person's best interests were being met. We noted in this person's care records, the details of the treatment and what arrangements were in place prior to visiting the dentist to ensure they were supported appropriately throughout the process. We also saw that arrangements had been made to ensure the person was with their favourite carer throughout the treatment and they received the care and support they needed afterwards.

We observed staff obtain consent from people before assisting or enabling them. We noted that staff spoken with had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and what this meant for the people living at the home. All staff had received training in this area. We noted that one particular person living at the home had their own key and were supported to visit a relative independently on a regular basis. Risk assessments were in place to support this activity and regularly reviewed.



# Is the service caring?

## Our findings

People living at the home and their families told us that they thought the staff were caring. One relative told us, “You can go at any time and they make you welcome. They are so friendly – whenever they put on outings they always ask if you want to go along”. Another relative told us, “If I have anything to raise, I can approach them and they deal with it; I don’t think I would get this at any other home, the staff really do their best”. People living at the home spoke positively about the staff, comments included, “I am very happy today, they look after me”, “I have lots of friends” and when talking about a particular member of staff, “[Person’s name] is a nice woman”.

We spoke at length with one particular person who lived at the home. They told us how staff cared for them and what was important to them. This person told us, “I like my room” and proudly showed us round, pointing out their favourite belongings.

We observed one person who was particularly tactile and staff responded appropriately to this.

Staff spoke warmly about the people living at the home, and were able to provide detailed knowledge regarding each individual’s needs including their likes and dislikes. We saw that daily recordings held detailed information regarding each individual’s day. These referred to activities people were involved in and the impact these had on people and their resulting mood; for example we saw a diary note for one individual which started with “[Person’s name] was in fine mood”. Staff told us how they were able

to recognise if a particular individual wasn’t well and the behaviours they would demonstrate at such times. A staff member told us “If [person’s name] wasn’t well or unhappy they would just sit down and wouldn’t walk round”.

We observed that people living at the home were encouraged and supported to be as independent as possible and to make decisions regarding their everyday lives. At lunchtime we noted people were choosing what they wanted to eat and where they wanted to eat. Staff spoke respectfully about the people living at the home and the registered manager told us how he instilled this into his staff, adding “Our overall aim is to ensure it’s a homely environment – it is their home”.

Staff spoke with pride when talking about people living at the home, their achievements and how they had supported them. One staff member told us how they had worked closely with health professionals to support a particular individual and added, “This job is quite rewarding when you see people change”.

We observed throughout the visit staff supporting people living at the home in a kind and caring way and with dignity and respect. We observed warm and friendly relationships between people living at the home and staff. All staff spoken with talked positively of working at the home, comments included, “I enjoy my job, the staff group, everyone, gets on really well” and “This home reminds me of a home from home – I would recommend it”.

On the day of the inspection, two people had gone out shopping in the morning with a member of staff. On their return, they spoke positively about the morning and were happy to share their experience with those around them.

# Is the service responsive?

## Our findings

We noted that staff responded to people's needs in a timely manner. They were able to demonstrate a detailed knowledge of each individual in the home and the care plans looked at reflected what people told us. Staff were able to describe how important it was to tell people what was happening and provide structure and routine to their day. One staff member commented, "As long as you let [person's name] choose their own clothes and tell them what's happening, they are happy". Staff told us how they were able to recognise if people weren't happy about something and gave an example of how they would observe people's body language or behaviour to know they were unhappy.

Care plans seen provided staff with the information they required to meet the needs of the people living at the home. They held information about people's health and social care needs. We saw that they were individual to the person and included information regarding people's likes and dislikes. Care plans and risk assessments were regularly reviewed and kept up to date. There was evidence that people who lived at the home and their relatives were involved in their care plans and they held useful information under the heading 'How I see me now'. Staff described the importance of ensuring they passed relevant information to each other via each shift, and particularly with respect to one individual who required a "lot of monitoring of health issues as they impact on their behaviour, mood and routine".

The registered manager, staff and families spoken to all stressed how important it was for the people living at the service to maintain links with the community and to take part in as many activities in the community as possible. Weekly activity plans were in place and arrangements were made for people living at the home to go out individually and as a group, on a regular basis. For example, as a group we saw that people enjoyed pub lunches, attending the 'GAP' Club on a weekly basis and the Horizon club on a monthly basis, a number of people also enjoyed visiting the cinema as a group on weekly basis. Staff and relatives spoken with told us of the negative effect the closure of local day centres had had on people living at the service. One staff member told us "The GAP club is a good way for people to meet up with people from the day centres, they really benefit from this". The GAP club and Horizon club

were both seen as part of this solution enabling people to socialise and maintain friendships. People spoken to were very positive about both these clubs. We saw photos on display showing people enjoying themselves at these events. One person told us, "I like going to GAP club". A relative told us, "I run the Horizon Club and they [the home] work with me". One relative spoken with acknowledged the group activities that took place in the home but added, "It's a pity they can't take people out more as individuals".

As well as weekly activities, people living at the home had been asked what other activities they wanted to be involved in. People had voiced an interest in seeing the Christmas lights and arrangements had been made to take everyone to London to see the lights on Oxford Street followed up with a trip to Harrods. This was also followed up with a trip to the Pantomime in January 2015.

We noted that the registered manager had put on display a pictorial complaints procedure to show people living at the home what to do if they were unhappy. We also saw evidence of monthly meetings with people who lived at the home. At the meeting held on 28 September 2014, there was a discussion regarding the menus and people requested some changes. We saw evidence that this was taken on board and changes made to the menus but it was not put in place until January 2015. The deputy manager told us that the delay had been caused by getting all the information together and then sharing it with the people living at the home. Other topics raised were with regard to people having their rooms redecorated and we saw evidence where they were involved in choosing the new colour schemes for their rooms. A relative spoken with told us, "They recently had [person's name] bedroom decorated and I was involved and they took [person's name] to pick their own wall paper and colour scheme".

Relatives spoken with told us that they were aware of the home's complaints procedure. One told us, "I haven't got any complaints, I am quite satisfied". Another said, "I have a copy of the complaints procedure but have never had to use it, if I had anything to raise I can approach them and they will deal with it". Staff spoken with confirmed that if there were any concerns, family members would raise them directly with either themselves or with the registered manager. We saw that the home had its own complaints

## Is the service responsive?

book in place for recording any concerns. The registered manager had written an example for staff of how to record a complaint but there were no details in book on the procedure to follow.

The registered manager told us that although he had not received any complaints regarding people's care, he was keen to receive feedback from people and any concerns or complaints raised would be addressed to ensure improvements where necessary.

Families spoken to told us they had not attended any relatives meetings. One told us, "They often give you questionnaires for your comments and always acknowledge when they have received them".

# Is the service well-led?

## Our findings

People spoken with told us they considered the service to be well led. A social worker told us, “The manager is quite amenable and willing to help; if there are any issues they ring me up with any concerns”. One family member told us, “I have known the service from the beginning and have seen the changes they have made; they seem more organised”.

Throughout the inspection we saw people were comfortable to approach and express their views to the registered manager and the staff. We observed the registered manager talking with people who lived at the home and the people living there spoke positively about him. One person told us, “I like [the manager]”. The registered manager told us that he promoted an open culture in the home and that if there were any issues he encouraged people living at the home and their relatives to speak to him directly. He said, “People don’t wait for a meeting, they tell me straight”.

Staff spoken with told us they felt supported by management of the home. They told us they had opportunities to contribute to the running of the home through regular staff meetings and supervision. One staff member had suggested the introduction of photos on Medication Administration Records (MAR) charts and this

suggestion was taken on board. Staff spoke positively about working at the home. One told us, “It’s like coming into your own house, like a family. I treat people how I’d like to be treated”.

All staff spoken with told us they felt fully equipped to do their job and welcomed the training the registered manager had arranged. The registered manager described to us and we saw evidence of, the audits he had in place to assess and monitor the quality of the service and the effectiveness of the training delivered. The registered manager described how through observing staff in the home, he ensured that they respected the people living there and that staff were mindful that people were able to make their own choices. The registered manager was particularly pleased with the positive feedback he had recently received regarding the advanced autism training that staff had received. The deputy and registered manager regularly carried out unannounced audits across the home including observed staff practice and then shared any feedback at team meetings or individual supervision for discussion.

Accidents and incidents were recorded appropriately and the manager had sent us notifications of events that occurred in the home in a timely manner.

Regular staff meetings took place as well as monthly meetings with people living at the home.

Relatives told us there hadn’t been any relatives meetings.