

Griffin Social Care Limited

Griffin House

Inspection report

28 Lethbridge Road
Southport
Merseyside
PR8 6LG

Tel: 01704380889

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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

Griffin House is registered to provide accommodation and personal care for up to three people with a learning disability. At the time of our inspection, there were two people living at Griffin House. The service is within easy reach of local amenities. Parking is available to the front of the property and there is a well-kept garden to the rear. There are bedrooms and a bathroom upstairs and a lounge, kitchen and dining room and further bathroom on the ground floor.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service met all relevant fundamental standards.

A registered manager was 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.

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about safeguarding was available for staff to access.

Risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence.

Medicines were safely stored and administered in accordance with best-practice. Staff were trained in administration.

Care and support were delivered in line with current legislation and best-practice. For example, the service made use of positive behaviour support models to ensure that behaviours were clearly understood and to reduce the use of behaviours that challenged.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide effective care and support.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required.

It was clear that the décor of Griffin House had been designed with the needs and preferences of the people

living there in mind. Rooms were decorated in a manner which was age appropriate and reflected the personalities of the people living there.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA).

People were supported to maintain important family relationships and regular contact. The family members that we spoke with were extremely positive about the impact that this had on their relationships.

People were actively involved in decisions about their care. Staff took time to explain important information and offer choices. This was achieved by talking face to face and using Makaton to support understanding. Makaton is a simplified sign language used by some people with a learning disability.

People's care records were extremely detailed and personalised to meet their individual preferences and needs. There was clear evidence that care plans were subject to regular review.

We saw evidence that each person had an individual model of support which included activities that reflected their preferences. People's regular activities were displayed on a weekly timetable which used images to aid understanding.

People spoke positively about the management of the service and the approachability of staff.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through regular meetings, discussions and surveys.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. This included staying up to date with developments in learning disability care through membership of the British Institute for Learning Disabilities (BILD).

Further information is in the detailed findings below

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

Griffin House

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 was a comprehensive inspection.

The inspection took place on 27 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a care service for adults who are often out during the day. We needed to be sure that they would be in.

The inspection was conducted by an adult social care inspector.

A Provider Information Return (PIR) was not available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the services, their relatives, staff and the registered manager. We also spent time looking at records, including two care records, four staff files, medication administration record (MAR) sheets, staff training records, minutes of meetings and other records relating to the management of the service.

During our inspection we spoke with two people using the service and four of their relatives. We also spoke with the registered manager and a support worker. Because the two people living at Griffin House primarily used Makaton to communicate, staff assisted us with our interactions.

Is the service safe?

Our findings

People's relatives told us that the service was safe. Comments included; "[Safe] Absolutely. [Family member] has been there a long time and we've never had any concerns at all", "In all the years [family member] has been there I've never had a concern" and "It's nice to know you've got staff there that you trust implicitly." One relative noted how keen their family member was to return to Griffin House following visits. They said this indicated how safe and relaxed the person felt.

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about safeguarding was available for staff to access.

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence. For example, one person had been supported to attend an activity without direct staff support.

Environmental risk was managed through regular audits and reviews. The registered manager acted quickly when issues were identified. For example, in relation to improvements in fire safety. The service conducted weekly fire drills to ensure that people could exit the building safely in the event of an emergency. Other checks were completed as required.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. We saw evidence that the registered manager completed regular shifts to monitor safety and quality and reduce the need for unfamiliar staff.

Medicines were safely stored and administered in accordance with best-practice. Staff were trained in administration. The records that we saw indicated that medicines were administered correctly and were subject to regular audit.

Procedures reduced the risk of infection. For example, water systems were subject to regular flushing and disinfection to reduce the risk of legionella. Staff were clear about the need to use personal protective equipment when providing personal care.

There were no significant incidents of accidents recorded. However, where records had been produced the registered manager had signed to show that they had been read and evaluated.

Is the service effective?

Our findings

People's relatives were confident that staff were well trained and equipped to meet the needs of their family members. Comments included, "We know that [registered manager] makes sure that staff are all up to date with the latest training" and "They induct new staff to make sure they fit in."

People's needs were assessed to a high standard, and the information was used to inform the delivery of care. Care and support were delivered in line with current legislation and best-practice. For example, the service made use of positive behaviour support models to ensure that behaviours were clearly understood and to reduce the use of behaviours that challenged.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide effective care and support. All staff had achieved level 2 or above in a health and social care subject.

People were supported to maintain a healthy diet in accordance with their needs and preferences. Griffin House used a seven week rolling menu, but it was clear that people could choose alternatives if they wished.

We saw clear evidence of staff working effectively both internally and externally to deliver positive outcomes for people. For example, staff were in the process of challenging a decision regarding a person's dental treatment to protect their rights.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, opticians and dentists. People had up to date healthcare records and health action plans.

It was clear that the décor of Griffin House had been designed with the needs and preferences of the people living there in mind. Rooms were decorated in a manner which was age appropriate and reflected the personalities of the people living there.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made regularly to the local authority.

Is the service caring?

Our findings

Relatives told us and we saw that staff treated their family members with kindness and respect. Comments included; "The staff have been absolutely brilliant. We've no concerns at all about Griffin. It is absolutely perfect" and "Every one of the staff is excellent [family member] loves them all."

People were supported to maintain important family relationships and regular contact. The family members that we spoke with were extremely positive about the impact that this had on their relationships.

It was clear that staff knew people well and communicated with them in an appropriate and respectful manner. Staff were vigilant in monitoring people's moods and behaviours and provided care in accordance with their needs.

People were actively involved in decisions about their care. Staff took time to explain important information and offer choices. This was achieved by talking face to face and using Makaton to support understanding. Makaton is a simplified sign language used by some people with a learning disability. At one point during the inspection staff supported one of the people to express their mood. The person used a Makaton sign to show that they were feeling happy.

People's care records were extremely detailed and personalised to meet their individual preferences and needs. There was clear evidence that care plans were subject to regular review.

Staff were aware of the need to maintain privacy and dignity when providing personal care or when people communicated using behaviours that might compromise their dignity. Where required, staff acted in accordance with specific risk assessments to achieve a balance between dignity and risk. This was clearly documented in the person's best-interests.

We saw numerous examples in care records of staff actively promoting people's independence. For example, in accessing community-based activities.

Is the service responsive?

Our findings

It was clear from care records and discussions with people that their care needs were met in a personalised way. People and their relatives were regularly involved in discussions about people's needs. Goals and aspirations were reviewed regularly and we saw evidence that people had made significant progress towards their goals. For example, to become less anxious in restaurants and other community settings and to make use of public transport. One relative said, "Taking [family member] to the cinema or a coffee shop is so much easier now. [Family member] has grown and matured."

We saw evidence that each person had an individual model of support which included activities that reflected their preferences. For example, one person attended a learning project and a social club. People's regular activities were displayed on a weekly timetable which used images to aid understanding.

The service exceeded the requirements of the Accessible Information Standard by utilising a range of communication methods. These included; conversations, easy read written information, Makaton, images and photographs. Staff were in the process of learning British Sign Language to support people to extend their vocabulary.

None of the people that used the service had specific needs in relation to equality and diversity. However, we saw that people's needs were considered as part of the planning process.

We checked the records in relation to concerns and complaints. There were no complaints recorded. However, the complaints' process was understood by the people that we spoke with and was clearly displayed.

Both of the people living at Griffin House were young and had no needs in relation to end of life care or planning.

Is the service well-led?

Our findings

A registered manager was 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 spoke positively about the management of the service and the approachability of staff. Comments included; "We always have a long talk with staff. We're very involved" and "They keep me informed. Communication is excellent."

The service had a clear vision to provide high-quality, person-centred care. The registered manager and the staff member that we spoke with were able to articulate this vision and demonstrated it in the provision of care.

Griffin House had a robust performance framework which was appropriate for the size of the service. Policies and procedures provided guidance to staff regarding expectations and performance.

Staff and the registered manager clearly understood their roles and responsibilities. The registered manager demonstrated a mature and transparent approach when questions were raised during the inspection.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through regular meetings, discussions and surveys. A recent staff meeting highlighted the need for a simplified safeguarding policy. In response, the registered manager had produced simplified wording and a flowchart to aid understanding.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. This included staying up to date with developments in learning disability care through membership of the British Institute for Learning Disabilities (BILD).