

Graceland Care Home Limited

Graceland Care Home

Inspection report

113 Parchmore Road,
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Website:

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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

We inspected Graceland Care Home on 16 December 2014. The inspection was unannounced.

Graceland Care Home is a home for people with mild to moderate learning disabilities. At the time of our visit there were two people living at Graceland Care Home which is the maximum number of people the home is registered to take.

The service had a registered manager who had been at the service for many years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We previously inspected Graceland Care Home in May 2014. We found that Graceland Care Home was not meeting all the legal requirements and regulations that we inspected. We were concerned that people who use the service were not adequately protected from the risk of abuse, because staff did not have good knowledge about how to do so. We were also concerned about the

Summary of findings

standard of record keeping and how people's records were stored. After the inspection in May 2014 we asked the provider to take action to make improvements This action has now been completed.

During the inspection in December 2014 people told us they were safe. They knew the type of behaviour that was unacceptable and who to contact if they had any concerns about their safety. Staff knew how to protect people against abuse and avoidable harm. There was a sufficient number of suitable staff to keep people safe and meet their needs.

People received their medicines safely because there were appropriate systems in place for storing, administering, recording and disposing of medicines which staff followed. The home was clean.

People were cared for by management and staff who had the necessary skills and experience to support them effectively.

Staff understood the general principles of the Mental Capacity Act 2005 and the specific requirements of the Deprivation of Liberty Safeguards and how they applied to people in their care.

People were supported to express their views, including where they went and what they chose to do with their time. People were given a choice of nutritious meals and had enough to eat and drink. People received the support they needed to maintain good health.

People were treated with respect and kindness. People's privacy and dignity were maintained by staff. People received care that met their individual needs and were fully involved in making decisions about their care

The management and staff knew people well. They knew their habits and preferences and understood what was important to them. People received continuous care that met their needs. People knew how to and felt able to raise concerns or make a complaint.

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.

Staff knew how to recognise abuse and how to report any concerns. There was a sufficient number of staff during the day and night with the right skills and experience to care for people safely.

Appropriate checks were carried on staff before they began to work with people. People were protected against foreseeable risks. Medicines were safely stored, administered and recorded.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills required to carry out their roles effectively. Staff understood the main principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and knew how it applied to people in their care.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People's health was regularly monitored and they had access to a variety of external healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People were happy living at the home and liked the way they were supported by staff. People said the staff were kind and caring. People were supported by staff to express their views. People told us they were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

The service was responsive. People were involved in their care planning and felt in control of the care and support they received.

The care people received met their needs. People knew how to make suggestions and complaints about the care they received and felt their

comments would be acted on. People received co-ordinated care when they used or moved between different healthcare services.

Good



Is the service well-led?

The service was well-led.

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

There were systems in place to monitor and assess the quality of care people received. There was evidence of learning from concerns raised at our previous inspection.

Good



Graceland Care Home

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 16 December and was unannounced. The inspection was carried out by a single

inspector. Before the inspection we reviewed all the information we held about the service. This included the last inspection report, the provider's action plan and notifications received from the provider.

During the inspection we looked at two people's care files, two staff files, the service's policies and procedures, as well as a variety of records relating to the management and maintenance of the home. We spoke with the two people living at the home and one of their relatives, two staff members, the registered manager and provider. We also spoke with a community based key-worker.

Is the service safe?

Our findings

People understood the type of behaviour that was unacceptable and told us they felt safe. One person told us, "I am very safe here. Nobody is ever unkind to me." People also knew what to do if they didn't feel safe. One person told us, "I'd tell [the manager], my key-worker or ring social services if anybody tried to hurt me."

The provider had taken steps to ensure staff could identify the possibility of abuse and minimise the risk of abuse happening. The service had a safeguarding policy and a whistle-blowing policy in place. Staff were aware of the contents of these policies. We saw evidence that staff had received safeguarding training recently. Staff members had good knowledge about safeguarding people from abuse. Staff were able to tell us the different types and signs of abuse and the steps they would take if they were concerned that a person using the service were at risk of abuse.

People's care was planned to minimise the risk of harm when they were at home and in the community. People had personalised risk assessments which identified a variety of risks and gave staff detailed information on how to manage the risks. The risk assessments balanced protecting people with respecting their freedom. Where people were at risk in the community, there were plans in place which staff followed to minimise the risk. The new risks people faced were shared with staff and care plans were updated in a timely manner, which minimised the risk of people receiving inappropriate care.

There were sufficient staff with the necessary skills and experience to meet people's needs. People told us there was enough staff during the day and at night time. One person commented, "There is always someone at home when we're there."

Staff were recruited using a safe recruitment practice which was consistently applied. This included appropriate checks before staff began to work with people. Records demonstrated that professional references, confirmation of applicant's right to work in the United Kingdom and that they were physically and mentally fit to do the job were obtained. Criminal record checks were also carried out. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People received their medicines safely because the home had appropriate arrangements in place to order, store, administer and record medicines. People had clear records of the medicines they were required to take, as well as how and when these should be administered. People knew the medicines they were taking and when they should take them. Records confirmed that people received their medicines correctly. This meant people were protected against the risks associated with the unsafe use and management of medicines.

The home was clean. The building was adequately maintained to keep people safe. The fire safety equipment and utilities were regularly inspected and tested. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown.

Is the service effective?

Our findings

People were cared for by experienced staff who were supported by the provider to care for people effectively. People told us they were cared for by staff who knew how to do their job. People told us, “The staff know how to support me. They know what they are doing” and “They help me to do the things I can’t do myself.”

Staff had received training in the areas relevant to their work and there was a system in place to check staff competency in areas of their training. We saw confirmation that staff member’s understanding of the types and signs of abuse and how to report any concerns was tested by means of a questionnaire. Staff received supervision where their performance was reviewed and their training needs discussed.

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people’s capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. The manager and staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and spoke knowledgeably about how it applied to people in their care.

The service was following the MCA code of practice and made sure that people who lacked capacity to make specific decisions were protected. Where people were

unable to make a decision about a particular aspect of their care and treatment, best interest meetings were held for example, in relation to people having surgical procedures.

DoLS requires providers to submit applications to a “Supervisory Body” if they consider a person should be deprived of their liberty in order to get the care and treatment they need. Although no applications had needed to be made, there were procedures in place to make such an application, which staff understood.

People were supported to maintain good health. People living at the home were registered with a local GP surgery which had a good working relationship with the home. People were seen by specialists when necessary. Staff supported people to attend their appointments with a range of external healthcare professionals.

People who struggled to maintain a healthy weight were identified as part of their assessment process. This was taken in to account in their care planning and how their care was delivered. People weight was checked regularly. People also had access to dieticians where their needs required it.

Staff responsible for preparing meals knew what constituted a balanced diet. People had a choice of nutritious meals. They were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People living in the home told us the quality of food was good. People commented, “I enjoy the food when I eat at home” and “The food is good.”

Is the service caring?

Our findings

People told us they were treated with kindness and that the management and staff were caring. People commented, “They are really nice to me especially [the manager]. I love living here.” “They are lovely.” A community keyworker told us, “They go over and beyond what they need to do. They really care about [the person].” A relative told us, “They are really lucky to be living there, they (the staff) are wonderful, really kind and considerate.”

People told us their privacy and dignity was respected at all times. One person told us, “Sometimes when I’m at home I like to be on my own, so I am left alone.” People told us that staff knocked on their bedroom door and asked for permission before entering. They also said that staff asked their permission before giving support. “They always ask me,” one person told us.

Staff had a positive attitude to their work and told us they enjoyed caring for the people living at the home. Staff knew the people they supported well and were able to speak knowledgeably about their preferences and daily routine. One staff member told us, “I’ve been working here a long time. We all know each other well and I enjoy working with them.”

People told us they were involved in making decisions and planning their own care and this was evident in their care plans. Assessments recorded the person’s view of their needs. Care plans considered all aspects of their individual circumstances and reflected their specific needs and preferences. They also stated which aspects of their care people wanted support with. This meant that people received personalised care.

Is the service responsive?

Our findings

Staff understood people's needs and how they preferred to be supported. People told us their care and support was delivered in accordance with their wishes and that they were satisfied with the care they received. People told us that they were in control of the care they received and the way it was delivered. People commented, "I decide what I want and what I do." "They help me to sort things out and they are there to help me when I need it."

People were asked for their views on the care they received in a variety of ways such as, in conversations with staff and through feedback surveys. People were comfortable expressing their views on the care they received. They told us this was because the staff were approachable and listened to them. One person told us, "[the manager] is always asking me if I'm ok or if I'm happy and I tell her if I'm not and she sorts it out." A community keyworker told us, "They have always been very responsive if I've had any reason to call them about [the person]. They are very accessible."

People's care plans were regularly reviewed with their input. People said they knew who to speak to if they wanted to discuss their care plan or make a change to it. People were able to express their views and told us their views were listened to and put into action.

People told us they decided how they spent their day. People had very different routines and lifestyles which reflected their personalities and interests. The manager told us, "Our job is to make sure they are safe and happy."

We do everything we can to make sure they are fulfilled and can live their lives as they please." Staff supported people to be independent, to socialise and maintain relationships with the people that mattered to them. One person regularly travelled to a nearby home owned by the provider to visit their friends and participate in group activities. One person told us, "I like to go out every day and see my friends. Sometimes we go to the pub and I get a taxi home. I'm out everyday." Another person told us, "I like seeing my friends and going to work best." It was clear that people led full, active social lives.

People were promptly referred to external healthcare professionals when necessary. There were systems in place to ensure people attended their hospital and other healthcare appointments and to ensure that all staff were aware of the appointments, so that there was continuity of care. One person told us, "They make sure I attend any appointments." Records indicated that staff worked well with external healthcare professionals so that both parties were aware of changes in people's needs and medicines. This minimised the risk of people receiving inappropriate care.

Although nobody living at the home had made a complaint, they understood the complaints process. People told us they knew how to make a complaint and would be comfortable doing so. People were confident their complaint would be dealt with promptly and to their satisfaction. The provider had systems in place to allow for the outcome of complaints to be shared with the person who made the complaint and where appropriate, other people and staff.

Is the service well-led?

Our findings

People living at the home, their relatives and external social care professionals were of the view that the service was well organised and well-led. People told us the management were approachable. A relative told us, “I can ring [the manager] at any time. She rings me too.”

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and responsibilities within the structure. They also knew how to escalate concerns. Staff we spoke with had a good understanding of the service’s core values of independence, privacy, dignity and fulfilment and put these into practice.

Staff felt supported by the management. It was evident that staff and management worked well as a team to ensure people received a continuity of care. Staff told us the home was a pleasant working environment and that they enjoyed working there. A staff member told us, “I’ve been working here for years and I enjoy it.” Staff felt able to raise any concerns and get guidance from the manager.

There were appropriate arrangements in place for checking the quality of the care people received. The manager observed staff interaction with people and checked the standard of cleanliness in the home. The manager also regularly checked care and medicine records, staff training and supervision. We saw confirmation that where areas for improvement were identified these were raised with staff and monitored.

The manager sought to improve the quality of care people received by obtaining and acting on feedback from a variety of sources including people living in the home, their relatives and staff. We saw that since our last inspection where we reported some concerns about staff knowledge on how to protect people and the systems in place for maintaining records, management had taken steps to address our concerns. This reduced the risk of people receiving inappropriate or unsafe care.