

Graceland Social Care Services Limited

Graceland Care Home

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Graceland Care Home is a residential care home providing accommodation and personal care to up to a maximum of 3 people. The service provides support to people with learning disabilities and/or autistic people living in a 3 bedroomed flat. At the time of our inspection there were 3 people using the service.

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

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

The service did not sufficiently protect people from the risk of the potential spread of infections. We found no evidence anyone had been harmed. However, this put people at an increased risk of potential harm. There was a lack of specific risk assessments in place for some people. This meant potentially there was not always sufficiently detailed information for staff about the risks to people and how to safely manage them. We found no evidence anyone had been harmed. However, the lack of specific and detailed risk assessment information for staff could put some people at increased risk of potential harm. During our inspection the provider said they would put specific risk assessment information about people and instructions in place for staff to follow.

The service worked in accordance with the Mental Capacity Act 2005. This meant the provider had supported people to make decisions following best practice in decision-making.

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.

The service gave people care and support in a clean environment. People were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

People's equality characteristics and individual diversity were considered when providing their care and support. People's care plans included information for staff to support people with their equality and diversity needs and wishes.

Right Care

People's needs, preferences and choices were assessed. The service worked well with other agencies to provide people with consistent, effective and timely care. People could communicate with staff and understand information given to them because staff understood their individual communication needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture

The provider had not always sufficiently assessed, monitored and improved the quality of services provided. This meant the provider had not identified the concerns we found. During our inspection the provider put a programme of audits in place to assess, monitor and improve the quality of services provided. Staff training was not up to date. Some refresher training for staff was overdue. During our inspection the provider arranged for staff to complete the overdue training within 3 weeks.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and supported their aspirations to live a quality life of their choosing. People and their families were involved in planning their care. Staff valued and acted upon people's and their relative's views. People's quality of life was enhanced by the service's culture of inclusivity and empowerment. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was good (published 27 April 2018).

Why we inspected

The inspection was prompted by a review of the information we held about this service.

This was a focused inspection that considered the key questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Graceland Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection and we have made a recommendation about assessing risks to people.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Graceland Care Home

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 one inspector.

Service and service type

Graceland Care Home 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. Graceland Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to

Speak with us.

Inspection activity started on 24 November 2022 and ended on 2 December 2022. We visited the location's service on 24 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative of a person who used the service about their experience of the care provided. We spoke with four members of staff, including the registered manager, the nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and two staff files. A variety of records relating to the management of the service were also reviewed. After the inspection we continued to liaise with the provider to validate evidence.



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 good. 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.

Preventing and controlling infection

- Infection prevention and control (IPC) practice did not always ensure people were sufficiently protected from infections.
- Care staff did not always wear PPE face masks in the home. This was not in line with national guidance for COVID-19 IPC in care homes. The provider had not recorded the reasons for staff not always wearing PPE face masks in the home and had not assessed the risk of staff not always wearing PPE face masks in the home.
- The provider had not carried out individual COVID-19 risk assessments for people to assess whether they were at a higher risk of severe COVID-19 infection. This meant people did not have personalised plans in place to protect them from the risk of COVID-19 infection.
- Soiled laundry was not separated from people's non-soiled laundry and put in bags to prevent the spread of infections. Soiled laundry was washed along with people's non-soiled laundry. This was not in line with guidance for IPC.
- Opened food did not have labels showing when it had been opened and when it should be used by. This put people at increased risk from bacteria that could cause illness.
- The provider's infection prevention and control policy was not up to date and the provider had not carried out IPC audits.
- We found no evidence anyone had been harmed. However, people were put at increased risk of potential harm from the potential spread of infections.

The provider's failure to sufficiently protect people from the potential spread of infections was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff wore full PPE, including PPE face masks, when providing people with personal care.
- People's laundry was washed separately from each other's laundry.
- There were cleaning schedules in place and the home was clean.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was responding effectively to signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively managed.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- The provider and staff understood the legal requirements and processes for them to report abuse.
- Staff had received safeguarding training. However, staff safeguarding training was not up to date and some staff were unable to demonstrate sufficient knowledge of the types of abuse and the signs of abuse. This put people at an increased risk of potential harm.
- We found no evidence anyone had been harmed and people's families said they felt their relatives were safe. One person's relative told us, "[He/she] is comfortable and [he/she] is safe". The feedback to the provider from another person's relative included, "The home provides a very comfortable and safe environment".
- We have made further comments about staff training in the effective and well-led sections of this report.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Needs assessments had been carried out and people had care plans in place, and these included some information for staff about the risks to people. Staff knew people's health conditions and their care and support needs well. The provider kept daily records of the care and support provided to people.
- However, there was a lack of specific risk assessments in place for some people. This meant potentially there was not always sufficiently detailed information for staff about the risks to people and how to safely manage them.
- We found no evidence anyone had been harmed. However, the lack of specific and detailed risk assessment information for staff could put some people at increased risk of potential harm.

We recommend the provider records specific and detailed risk assessment information for staff and incorporates it into people's care plans.

- We have made further comments about assessing risk in the well-led section of this report.
- Two people's bedrooms had window restrictors missing. During our inspection the provider had the required window restrictors fitted.
- The provider carried out regular health and safety checks and health and safety certificates issued by external contractors were up to date.

Using medicines safely

- Medicines were given to people safely.
- Staff had received medicines administration training and they completed Medicines Administration Record charts to record when they had given a person their medicines.
- People received their medicines as prescribed and there were protocols in place for staff to give people 'when required' medicines. Medicines were stored safely. One person told us, "Staff help me with my tablets, and it works ok".
- However, staff medicines administration training was not up to date and the provider had not always recorded an ongoing stock count of medicines and had not recorded medicines audits.

Learning lessons when things go wrong

- There was a system in place to identify learning and share lessons when things went wrong.
- This included procedures for recording and reviewing accidents and incidents. Staff knew how to report and record accidents and incidents. We saw records that confirmed this.
- However, the provider had not always recorded their analysis of accidents and incidents or recorded what had been learned from them. The provider had not carried out audits of accidents and incidents. This meant the provider was less likely to be able to identify patterns and trends in order to learn from them to prevent

the same types of accidents and incidents recurring.

- Learning and updates were shared with staff in staff handovers, supervision, staff meetings and updates to people's care records.

Staffing and recruitment

- There were enough staff to meet people's needs and the provider followed safer recruitment procedures.
- Recruitment checks for new staff included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Visiting in care homes

- The procedures for visits followed national guidance for visiting people living in care homes.
- People could have visitors whenever they wanted.

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 good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were provided with care and support by staff who received training and support.
- New staff completed induction training and compulsory core training.
- Staff received regular supervision and yearly appraisals to support their development.
- However, training records showed staff training was not up to date. Some staff refresher training, including the registered manager's, was overdue. This included safeguarding adults; medicines administration; infection control; learning disability awareness; manual handling; basic first aid and health and safety training.
- The provider had not carried out staff competency assessments.
- During our inspection the provider arranged for staff to complete overdue refresher training within the next 3 weeks and told us they would assess staff competency.

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

- The building met people's needs and some areas of the home had been redecorated.
- Some people's rooms were personalised. One person's room was in the process of being personalised. A person told us, "I am happy here. I like my room".
- Some areas of the home required repainting. The provider had redecoration works planned for 2023.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, preferences and choices were assessed.
- The service carried out a needs assessment with people and their families before people started receiving a service. People had individual support plans in place. People's care and support plans were reviewed with them and their families to make sure they were up to date.
- One person's relative told us, "It is a transaction between us and the care home. We have handed over information about [name of person] and if the registered manager needs to know something, she calls us and we give her the information. We can call them [the provider] anytime to ask questions".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and maintain a balanced diet.
- Staff supported people with food shopping and preparing meals.
- The registered manager and staff consulted people about what they liked to eat, and the service had a

menu that reflected people's choices. One person told us, "They make nice dinners here". The feedback to the provider from one person's relative included, "There is a wide variety of meals in the home."

- Staff supported people who required assistance to eat, including ensuring people with special diets received food that was the right consistency for them.
- People's weight was checked regularly and monitored if needed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to receive consistent and effective care in a timely manner.
- Staff worked with GPs, specialist healthcare teams, district nurses, hospital staff, social workers and local authorities to ensure people received the care and support they needed when they needed it.
- People had frequent regular health checks.

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

- People were supported to access healthcare services and live healthier lives.
- The registered manager referred people to healthcare services when necessary, including the Speech and Language Therapy team. Staff accompanied people to healthcare appointments.
- Staff had supported one person to reduce the amount of medicines they took by better control of their diet.

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

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 service worked within the principles of the MCA.
- People had decision-specific mental capacity assessments in place.
- The provider had made DoLS applications when it was necessary to put restrictions in place to protect people from harm and staff applied DoLS conditions appropriately.
- Staff sought people's consent where possible and the provider sought the consent of people's families when it was appropriate to do so.

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 good. 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

- The provider's quality assurance systems and processes were not always effective.
- The provider did not always carry out audits.
- When the provider had carried out audits, they had not always recorded them or what they had found and learned from them. Their quality monitoring systems and processes had not identified the issues we found during our inspection.
- The provider's systems and processes had not ensured there was always specific and sufficiently detailed information for staff about the risks to people and how to safely manage them.
- The provider's systems and processes had not ensured all staff training was up to date, that staff competency was assessed, and that staff training and competency were sufficiently monitored.
- The provider's systems and processes had not ensured all people and staff were sufficiently protected from the risk of the spread of infections.

The provider's failure to operate effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of people was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection the provider sent us a programme of audits they told us they would carry out.
- Staff had job descriptions and were given a staff induction pack, which included a statement of purpose and a set of values. This gave staff clear information about their roles and what was expected of them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive culture that was person-centred, inclusive and empowering and achieved good outcomes for people.
- People and staff spoke positively about each other. One person told us, "[Name of registered manager] is my keyworker, she is nice. I get on well with the others [residents], I usually go out with them, we went out today and had fish and chips. I go to the day centre with [name of person]."
- Staff comments included, "I feel supported, anything you tell the manager, they will do whatever you need"

straight away" and "Everything is fine, the service users are always very happy and if there is something wrong, they will tell you". Other staff comments included, "They [management] give a lot of support to the staff" and "I love working here because of the manager and the service users, everybody here, we are like a family".

- The registered manager said, "The staff are very good, I can rely on them in so many ways" and "I am open with the staff. Whatever is going on, day in day out, I do not hide anything from them. Everyone knows what is going on here, including the service users".
- The support people received had a positive impact on their quality of life. People had choice, led active lives and were supported to be as independent as possible. One person told us, "I like it here. I am happy here. There's no problems here at all."

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

- The provider understood their responsibilities in relation to the duty of candour.
- The registered manager and staff communicated openly and honestly with people and their families and other organisations when there was an incident.

Continuous learning and improving care

- The service had systems and processes in place to support learning to improve care.
- The registered manager and nominated individual were members of the National Care Home Association (NCHA) and also participated in meetings set up by the local council to support registered managers and providers. They received information and updates about practice and guidance from the NCHA and the local council. The registered manager and nominated individual also communicated regularly with the registered manager of another care home to share information and discuss good practice.
- The provider shared information and learning with staff via conversations, staff handovers, supervision, staff meetings and updates to people's care and support plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out family feedback surveys to involve people's relatives in the development and improvement of the service.
- The service had a suggestions box for people and staff and management had an 'open-door policy' for people and staff to talk with them about anything whenever they wanted.
- The provider's processes meant people's equality characteristics and individual diversity were considered when providing their care and support. The provider had considered people's ethnicity, culture, religion, gender and protected characteristics when carrying out assessments. People's care plans included information for staff to support people with their equality and diversity needs and wishes.
- The provider had not carried out feedback surveys with people and staff. The provider told us they would carry out feedback questionnaires with people and staff.

Working in partnership with others

- The service worked in partnership with a with a range of services and organisations to meet people's needs.
- The registered manager and staff worked well with other health and social care professionals, community services, day centres and local authorities to provide people's care and support.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to sufficiently protect people from the potential spread of infections.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of people.