

Mrs R Haq

Graywood Care Home

Inspection report

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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

This inspection site visit took place on 28th September 2018 and was unannounced.

At the last inspection on 29th August 2017, we found a continued breach of Regulation 17. The registered person had failed to identify shortfalls at the service through regular effective auditing. In addition, records were not all accurate and up to date. We asked the provider to take action to make improvements and these actions had been completed.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good. At this inspection we found that the provider and manager had introduced a series of checks and audits that had ensured that shortfalls were quickly identified and resolved. We also found that records such as care plans and risk assessments contained more detail and were regularly updated in line with people's changing needs. As a result, Graywood is no longer in breach of Regulation 17.

Graywood accommodated 9 people with mental health difficulties. People's ages varied from 30 to 80 years and they all lived in one adapted building. Graywood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home was registered to one person who is the provider and therefore the Graywood does not require a registered manager. The provider was the registered person. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered provider had overall responsibility for the Graywood.

The atmosphere at Graywood was calm and relaxed. People had a high level of independence and mobility and came and went as they pleased. There was a kind and supportive culture which was embraced by all. People smiled and laughed and it was clear that everyone cared for each other. Staff knew people very well and spoke about them with fondness. One person told us; " I do like it here. Everything is so good, the staff are so good, the manager is good, they are all so helpful".

People told us that they felt safe. Staff had appropriate training to protect people from harm and abuse and any risks to people were identified and mitigated. The manager had an open-door policy and people and staff told us that they would talk to the manager straight away if they had any concerns. People were encouraged to take positive risks by trying new activities and opportunities, which promoted exercise, wellbeing and independence.

The small, longstanding team of staff knew people well and had regular training to keep up-to-date with developments in the law and best practice. They were supported by the manager and staff felt that any

concerns they raised to the manager would be investigated appropriately. Checks were carried out to ensure any new members of staff were safe to work with people.

Medicines were stored and given to people safely. Guidance was in place to ensure that staff knew what medicine people took and the actions that should be taken in case of a medical emergencies such as; when people became unwell. Regular checks took place to ensure mistakes were identified and resolved.

The premises were clean, smelt fresh and met people's needs. Staff knew how to protect people from infection. Peoples rooms were decorated to their own personal taste and people helped with the cleaning of the property. Maintenance issues were quickly identified and resolved.

Graywood provided people with person-centred care and support. The manager received best practice guidance from accredited organisations and attended local forums. This information was passed to staff through meetings and supervisions. As a result, people were involved in all decisions relating to their care and support, and people told us that their decisions and choices were respected. Care plans were thorough, person-centred and updated regularly to reflect people's changing needs.

People were encouraged to live healthy, independent lives. Staff encouraged people to exercise and eat healthily. Some people attended a local gym. People decided upon a menu and alternative choices were always available.

When people were unwell, staff responded quickly and contacted the relevant professionals. Policies and procedures were in place to ensure that care was responsive and delivered consistently with Graywood and throughout health care services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A person told us; "If I make a decision they respect it".

The manager sought feedback from staff and people using the service and an accessible complaints procedure was available. Regular checks were introduced to ensure mistakes were identified and resolved. Complaints, compliments, feedback, errors and incidents were recorded and these were collected and analysed by the manager to identify if lessons could be learnt. We discussed how the managers audits and analysis could be recorded for clarity and the manager said they would take action before the next inspection.

People were asked about their end of life preferences and their personal information was kept securely. Staff respected people's privacy, dignity and confidentiality.

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 was safe.

Staff had the knowledge and training to protect people from harm and abuse and knew how to protect people from infection. Risks to people were assessed and mitigated against. Positive risk taking was encouraged.

Recruitment checks ensured that staff were safe to work with people. People had enough staff to support them.

The service recorded and monitored the administration of medicines and incidents and accidents.

Is the service effective?

Good ●

The service was effective.

Staff had the training to provide effective care and support. Staff felt supported by the manager and provider.

People were supported to access healthcare professionals, and maintain a balanced diet of foods of their choice.

People's consent was sought and respected when delivering care and support.

Is the service caring?

Good ●

The service was caring.

People praised the caring nature of the service.

People were cared for by staff that respected their privacy and dignity.

Staff knew people they cared for well and supported them to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were clear in detailing people's preferences in how they wanted their support to be delivered.

Complaints were managed appropriately.

The manager had discussed peoples end of life wishes and had taken action to record their preferences.

Is the service well-led?

Good ●

The service was well led.

The service had processes to monitor and check the service provided to people.

The service had a kind and respectful culture and was driven by a shared value; to support people to live independent and fulfilling lives.

The service sought feedback from people and staff. The manager planned to ask health professionals for feedback.

The provider kept up-to-date with best practice by working closely with health professionals.

The service had a good working relationship with local organisations.

Graywood 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.

This comprehensive inspection took place on 28 September 2018 and was unannounced.

The inspection was carried out by one inspector.

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed four people's care plans. We also looked at a variety of different sources of information relating to these people, such as; care and support plans, activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs. We asked the manager to send us some documentation via email after the inspection. These were received on the days following the inspection.

On the day of inspection, we spoke with five people and observed interaction between staff, the manager and people. We also spoke with the manager and one member of staff on the day of inspection and two members of staff on the days following the inspection. Views were also sought from health professionals; however, we did not receive feedback.

Is the service safe?

Our findings

People told us that they felt safe and content at Graywood Care Home. One person commented; "The [manager] makes me feel safe, I go and talk to them when I want to". Staff had regular training and were able to describe signs to look for and what action to take if they suspected or were told about abuse. Staff told us that they would tell the manager or the local authority. They were confident that the manager would investigate any claims of abuse and would make the necessary referrals to the safeguarding authority to protect people.

Risks to people were identified and measures were put in place to reduce the risk. People had personalised risk assessments which provided guidance to staff. When asked about these risks, staff could tell us what action they would take. For example, staff told us that if one person displayed certain signs and behaviours, then they would check their blood sugar levels and depending on the result, give them water and contact the GP for advice. Others had risk assessments in place to ensure that they and other residents were safe from risks associated with smoking.

A fire assessment had recently been carried out and the provider had taken swift action to make the required changes to ensure people were safe from harm. These changes included; the addition of personal emergency evacuation plans (PEEPS), the replacement of doors and increased fire checks and drills. Staff could tell us about what to do in the event of a fire.

People living at Graywood Care Home were supported to live independently within the local community. Staff assessed risks such as; road safety and 'stranger danger' and measures were put in place to keep people as safe as possible. For example, people had mobile phones they used to contact the manager if they were lost or concerned. People were also supported to take positive risks to encourage them to live a meaningful and independent life. For example, people were supported to use public transport to visit different places and to try different activities.

There were enough members of staff to support people. The small, long-standing staff team knew people and their needs very well. In addition, an established rota system was built around people, their activities and this ensured that people had appropriate care and support at all times. For new members of staff, the manager collected references and requested police checks to ensure new staff were safe to work with people.

Medicines were stored safely and people were given the right medicine as and when they needed it. There were clear guidelines in place for staff about medicines which people needed on a 'when required' basis, such as; cold medicines. Staff had access to information and guidance and knew when to give people medicine. People had medicine at the same time each day to ensure that their conditions were kept stable. A person had recently refused their medicine and the manager sought immediate advice from the GP and psychiatrist.

Training and competency assessments took place and the manager carried out checks to ensure staff gave

people their medicine safely. The staff also conducted checks of the medication administration record (MAR) chart three times a day to identify and quickly rectify any medicine errors. Since this system had been introduced, errors had been found and rectified quickly.

Graywood was clean and smelt fresh. We observed staff wearing the appropriate protective clothing such as; gloves and aprons when cleaning and supporting people at meal times. When a cup of tea was spilt, the person went to get a member of staff who took immediate action by mopping the floor. People told us that they helped to clean out the smoking shelter, one commented about the cleanliness of Graywood; "I don't think I can say it needs improvement, I think they are good enough for a care home".

Accidents and incidents were recorded by staff and reviewed for patterns and trends by the manager. We saw that an appropriate investigation had been carried out when an incident occurred at Graywood. The manager worked with the person and other professionals to assess whether they could continue to meet their needs. However due to a decline in mobility the person was moved to a more suitable placement.

Is the service effective?

Our findings

Graywood provided people with the care and support they needed to live an independent and fulfilling life. People's support centred around their needs and preferences in line with best practise guidance. These needs were assessed when people moved into Graywood to ensure they could be given the right level of care and support. Peoples support plans were reassessed through a series of reviews.

Staff had the knowledge, skills and support to provide people with the care they needed. The small staff team had worked together at Graywood for a long period of time and as a result they knew people and supported them as they wished to be supported. One person commented; "They treat me very well." Any changes to peoples care and support needs were written in communication books and discussed during staff handover.

Staff told us that regular supervisions and yearly appraisals made them feel valued and supported. One member of staff said; "We always talk [to the manager] anyway". Another said; "We all get on well with [the manager], he is always helping us with anything we need. If we have problems we go to him for advice and he is always helpful".

The manager provided regular training to ensure staff were up-to-date with the latest and best practice. Staff told us; "We have training once a year, it is always refreshing. In one years' time you can't remember everything – so it helps to remind you". Staff also had training specific to people's needs, for example; autism training was provided when a person joined the service. The training helped staff to communicate with the person, and they introduced information boards to support them. New staff were supported through an accredited induction programme. Staff told us that when they joined Graywood they reviewed each person's care plan to gain a basic level of knowledge before building their relationship with people.

People were encouraged as far as possible to maintain a healthy and nutritious diet. People told us they always had alternative options at mealtimes; "The cooking is excellent. When we don't want a dish, they do something else for you". Another person commented; "I'm vegetarian so I get special dinners – they are very accommodating".

As people living at Graywood were independent and went out a lot, they often bought snacks and it was often difficult to monitor what people had eaten. However, the manager had sought advice from the local dietician and diabetes team appropriately. As a result of professional advice and guidance, staff prepared meals that met people's specialist dietary requirements. Staff also knew the signs to look out for to indicate whether a person's blood sugar was too high or too low and what action to take as a result. One member of staff said; "If [the person] is sleepy we know something isn't right, take blood glucose levels, give water and contact manager or GP and take advice".

Changes to people's physical and mental health needs were quickly identified by staff and the manager. People told us that; "They would notice if I was unwell, they would call the doctor, I had a blister and they called the doctor and district nurse". When a person lost a significant amount of weight, the manager

immediately contacted the GP and dietician, and remained in regular contact with them to monitor the situation whilst investigations were taking place. The manager told us; "We have a very good relationship with our GP and mental health service.

When they come and see the residents they are happy, they feel reassured. We get on well".

If people were admitted to hospital, a copy of their care plan and medicine records accompanied them to ensure professionals had the knowledge to provide people with the care they needed.

The staff encouraged people to live a more active life. People had set goals to lose weight and to become more active. Staff supported them to access local gyms and parks as a result. One person travelled to the gym regularly. The manager also worked with professionals to support people if they wanted to quit or cut down on their smoking habit.

Graywood Care Home continued to be suitable for people's needs. Peoples rooms were decorated with their pictures and belongings. People told us; "I've decorated my room how I want it to be". People also helped staff to maintain the property, a member of staff told us; "People set the dinner table, take out their plates, fold clothes, clean the smoking shelter".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and it was clear that the staff at Graywood were. Mental capacity assessments were in place for specific decisions. On the day of the inspection, the manager was carrying out MCA assessments for consent to receive a seasonal flu jab.

Staff had the appropriate level of knowledge and understanding, one member of staff told us; "They decide, they all have capacity here". A person commented; "I don't feel restricted in any way". One member of staff told us; "We ask about meals, 'what would you like to eat?' 'Do you want an alternative meal?' We make sure they eat what they want. Wear what they want". Another person commented; " I chose what I wore today and always do".

Is the service caring?

Our findings

People told us that they thought staff cared about them. One person told us; "They definitely care about all of us, everyone cares about me. When you complain something is wrong with you, they are always right on the ball".

The atmosphere at Graywood was calm and relaxed. People and staff smiled and laughed together. People used an affectionate nickname when referring to the manager and we observed them joke with one another. Staff spoke kindly to people and listened intently to what they had to say. We observed a staff member looking at a person with a concerned facial expression. The member of staff kept eye contact and touched the persons hand and said, 'Are you ok?' 'Shall we wash your face?' The same person later commented; "Staff are nice here".

A member of staff told us how they knew when people were happy or sad and what they did to support them. "[Person] likes company, when you sit and talk to [person] they get in a good mood. How they behave tells you how they feel." Another staff member said; "We have lots of time for people, we work as a team and spend time with people". A person told us; "Usually someone is around to take me out, we go to [arts and crafts shop]". Another commented; "I have a laugh with them all".

People expressed themselves verbally and keyworker and social services meetings confirmed people's choice of how they wanted to be supported and by whom. It was clear staff knew people and how they communicated their concerns and emotions. With people's permission, family and friends also took an active role in people's care and support and helped staff to fill in any gaps of knowledge or suggest activities people might like. One person told us that their brother and sister regularly visited and could come whenever they liked.

Peoples care plans contained information relating to their life before Graywood. We asked staff about this and they could tell us about people, their interests and aims. One member of staff retrieved a photograph of a person when they were a child, standing alongside their mother and father. The person smiled and together they told us about the person's parents.

There was a feeling of mutual respect between people and staff. A person told us; "If I make a decision they respect it". Another commented; "I have enough privacy, I can go to my room when I want to, I can stay in there as long as I want to. If I wanted to have a lay in I would".

Staff understood the importance of independence. A member of staff told us; "People do what they can do. We encourage people to do things, like making tea, which gives them the confidence to do it for themselves. They do not always have to rely on us". Another told us how staff were "accepting of anything I want to do, they encourage me to be as independent as I can be".

Information relating to people was kept confidential and staff understood their responsibilities to do so.

Is the service responsive?

Our findings

People were central to every aspect of their care and support, a person told us; "We have meetings and discuss how best to support me. When I ask them to do, they do."

People's care plans were thorough, person centred and detailed people's likes and preferences. Staff were receptive to small changes in people's moods and physical health. For example, the manager told us they had become concerned as one person had suddenly stopped wanting to go out. The manager was exploring this with health professionals and had made changes to ensure the person was content at home, introducing activities they knew the person enjoyed.

When people's needs changed these were recorded in the daily logs and transferred over to their care plans. This ensured there was clear guidance for staff on how to monitor and manage changing aspects of their care. One person had a detailed addition to their care plan following a recent incident. This described a change to the person's mobility and how staff should support them.

People were encouraged to do what they could so that their skills could be maintained and developed. Some people attended local colleges. Staff also supported people to explore their interests and skills. One person had visited local aircraft museums, an air show and was planning to go to another. The manager had recently noticed changes in a person. As a result, staff had sought advice from the relevant professionals and researched activities that the person would enjoy at home. This included model making kits, which the person showed us. Another person liked knitting but had difficulty using their hands. As a result, the manager went with the person to a local arts and crafts shop where the person discovered a new craft they enjoyed. On the day of inspection, we saw their recent artwork.

The admission process captured people's spiritual, sexual and cultural needs and these were revisited formally and informally to ensure people's emotional needs continued to be met. One person stated; "I sometimes go to church when I am up to it. The vicar comes to get me and brings me home again. If he can't come they send someone else. It's up to me when I want to go; we have communion here sometimes, sometimes I go to the church".

Everyone had their own key worker (a key worker is a staff member who takes a lead in a person's care and support). Through informal discussions, key worker meetings and house meetings, people were supported to say what they wanted and were given enough time and information in a way they could understand so that they were able to make informed choices and raise ideas and concerns.

People told us that they would feel confident raising concerns and complaints and felt they would be dealt with promptly. There were 'How to Raise a Complaint' guides on people's notification wall. When asked about the guide, one person said; "I have not looked through it, I just know I'd speak to [the manager]". Another person told us; "If I had an issue I would go to [the manager]. I'd be confident they would get to the bottom of things, in 14 years I've had no issues at all".

The manager had discussed peoples end of life wishes and had recorded some details, such as; whether people wished to be buried or cremated. They also had plans to review how peoples end of life wishes and preferences were recorded in their care plans.

Is the service well-led?

Our findings

The provider was no longer in breach of Regulation 17; good governance. In response to the breach and guidance from a recent fire safety report, a series of daily, weekly and monthly checks had been introduced since the last inspection. Staff carried out basic checks on a daily and weekly basis, including; medicines and cleaning schedules. The manager would review these checks to ensure no errors had taken place. Since this system had been introduced, shortfalls were picked up and quickly resolved and the service had met areas for improvement highlighted in a fire safety report. The systems had also helped to identify and resolve maintenance issues more quickly.

The manager had introduced a monthly house check. This check had recently identified areas for improvement which had been swiftly rectified. For example, recent checks had identified a small leak and a light that was not working and both were fixed immediately.

The family-run home had been managed by the provider for many years. However, the provider had recently taken a step back and the manager had taken on the responsibility of running the service. The manager had also worked at the service for many years and knew people well, they told us; "This is the family business, if staff need help we cover it." The provider continued to visit the home regularly and maintained oversight and overall control of the home.

People described the manager as a friend and some called the provider "mum". The staff had also worked alongside the manager for a long time and a supportive and kind culture was clear to see. Staff and people smiled and joked together, one person said; "We all have a good laugh and a joke". People told us that because of the close relationship, they felt they could go to the manager and staff with any issues. One person said; "I feel completely comfortable speaking to them about anything". A member of staff said; "[The manager] will help me at any time, day or night".

Everyone interacted with kindness and respect and they shared the same set of kind and supportive values. A member of staff commented; "Graywood is homely, friendly, we are close to people. We respect them and they respect us too. We are always there for them". Graywood was peoples home, and had been for a long time. One person told us; "I am quite at home here, literally".

The manager led by example, they knew people and had oversight of the service. People spoke about the manager and the team of staff affectionately, one person said; "I do like it here, everything is so good, the staff are so good, the manager is good – they are all so helpful".

The supportive nature of Graywood was evident when we saw people and staff make use of the manager's open-door policy on the day of the inspection. The manager spoke to them kindly and offered support and guidance. Staff told us; "We get things sorted between us, we would never let the people down, we just help each other."

Feedback from people and staff was sought and analysed by the manager every six months. People

completed short questionnaires. The responses were positive, people told us that; "There is no way to improve". The manager had considered the response of two people who had rated the activities low. They told us how many people liked to do their own thing, so they did not want to take part in activities which they understood was completely their choice.

Staff were also asked to complete anonymous questionnaires, which were reviewed for patterns by the manager. The results were consistently positive. Staff described the process as helpful; "You are able to put anything". We discussed feedback from health professionals and the manager said that this would be something they would like to explore and would have in place by the next inspection.

The manager told us about their close relationship with local mental health organisations and the local mental health team. The manager commented that they plan to collect feedback for the next inspection, as feedback from such professionals would be an important morale boost for people and staff. However, advice and guidance was regularly sought to improve how they provide care and support to people. For example, the local mental health team introduced the manager to the 'recovery star'. This tool enabled staff to check and analyse developments and/or declines in people's wellbeing, relationships etc. The manager told us that it had recently highlighted a decline in a person's time spent in the community and they were supporting the person to try new activities and build their confidence.

Meetings took place regularly and these enabled people and staff to share their ideas and concerns. The meetings were also used to update staff on the latest and best practice. The manager received publications from different care management organisations and attended best practice forums to ensure the service developed in line with latest practice. The manager had recently attended a local authority forum about developments in the law around data protection and confidentiality and we saw that this had been discussed at a team meeting.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Records were clear and up to date and were held securely. The previous rating for the service was displayed in the hallway for people to see.