

Grazebrook Homes Limited

Grazebrook Homes - 49 Adshead Road

Inspection report

49 Adshead Road
Dudley
West Midlands
DY2 8ST

Tel: 01384255171
Website: www.grazebrookhomes.com

Date of inspection visit:
24 February 2016

Date of publication:
21 March 2016

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

Our inspection was unannounced and took place on 24 February 2016.

The provider is registered to accommodate and deliver personal care to nine people. At the time of our inspection nine people lived at the home. Two of whom were there short term. People lived with a learning disability and/or other related needs.

At our last inspection of October 2013 the provider was meeting all of the regulations that we assessed.

The manager was registered with us as is required by law. 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 staff had received training on procedures they should follow to ensure the risk of harm and/or abuse was reduced.

The staff had been trained to manage medicines safely. Medicines were given to people in the way that they preferred and as they had been prescribed.

The staff were helpful, kind and caring and were provided in sufficient numbers to meet people's needs.

The recruitment processes the provider followed ensured that unsuitable staff were not employed.

Staff received induction training and the day to day support and guidance they needed to ensure they met people's needs and kept them safe.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered.

Staff supported people to have meals that they enjoyed and that met their dietary and cultural needs.

People received assessments and/or treatment when it was needed from a range of health care professionals which helped to prevent deterioration of their health and well-being.

People were offered and enabled to engage in recreational activities that they enjoyed and met their

preferred needs.

Systems were in place for people to raise their concerns or complaints if they had a need.

People, relatives and staff all felt that the service was well-led. Quality monitoring systems were in place and people's feedback was sought that ensured that the service was run in the best interests of the people who lived at the home.

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.

People felt safe and protected from the risk of harm or abuse.

People felt that there were adequate numbers of staff to meet their needs.

Recruitment systems prevented the risk of unsuitable staff being employed to work at the home.

Is the service effective?

Good ●

The service was effective.

People, relatives and staff felt that the service was effective and met people's needs.

People were appropriately supported and were not unlawfully restricted.

People were offered food that they liked and that met their dietary and cultural needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

People were glad that their relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were offered recreational activities that they enjoyed.

Complaints procedures were in place for people and relatives to use if at any time they were not happy with something.

Is the service well-led?

Good ●

The service was well-led.

People, relatives, and staff felt that the service was well-led.

Staff felt adequately supported by the management team. A manager was in in post and was registered with us as is required by law.

Quality monitoring systems were in place that ensured that the service was run in the best interests of the people who lived at the home.

Grazebrook Homes - 49 Adshead Road

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.

Our inspection was unannounced and took place on 24 February 2016. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications' these could be about accidents and injuries that had occurred. We had not received any recent notifications and the provider confirmed that there had been no issues that required us to be notified of. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with eight of the nine people who lived at the home. We spoke with two relatives, three care staff, two senior care staff, the registered manager who was also joint provider for the home. We looked at the care files for two people, medicine records for two people, recruitment records for two staff, supervision records and staff training records. We also looked at complaints, safeguarding, quality monitoring processes and completed provider feedback forms. We spent the day in communal areas observing the support provided to people and interactions between staff and the people who lived there.

Is the service safe?

Our findings

People, relatives and staff told us that they did not have any concerns regarding abuse. A person said, "No one has done anything to me". Another person said, "All the staff are very kind. They have not hurt or scared me". A relative told us, "There have been bad things on the television about abuse but no, I am not aware of anything like that at that home". A staff member said, "No there is no abuse here we [the staff] all love and care for the people very much". Another staff member told us, "No way is there any abuse here. If there was I would report it to the manager, social services and you" [the Care Quality Commission]. The safeguarding policy that we looked at detailed types of abuse people need protecting from and staff we spoke with were aware of these. Staff told us that they had received training in how to safeguard people from abuse and records confirmed this.

We checked the records and money held in safe keeping for two people. We saw that records of transactions were signed by two staff to witness and verify that they were correct. Only a limited number of staff had access to the money. The keys for the storage were held in a locked cupboard that only senior staff had access to. This helped to ensure that money held by the provider for people would be safeguarded.

People, relatives and staff we spoke with told us that the people who lived there were safe. A person told us, "I feel safe here. The staff look after me". A relative said, "I think [person's name] is safe there. I do not have any concerns". A staff member said, "People are safe here we do risk assessments to reduce the risks". We saw that risk assessments had been undertaken and had been recently reviewed. These related to the risk of falls, people going into the community independently, and people's vulnerability. Staff we spoke with were aware of the risk assessments. They were able to describe people's risks and what was needed to reduce them. A staff member said, "I was worried about one person as their mobility had got worse. I spoke with the manager and we reviewed the risk assessment and have changed practice about the person going up and down the stairs. It has been agreed that as soon as a ground floor room is available we will offer that to the person to reduce the risk of falls from using the stairs completely". Another staff member told us, "Risks are different in the home than when people go out of the home. In the home people walk about freely but outside we offer some people a wheelchair as the risk of them falling outside is higher".

People and staff told us that in their view there were enough staff to meet people's needs and to keep them safe. A person said, "There are always staff to help me". Another person told us, "The staff are here for me". Staff we spoke with told us that they felt that there was enough staff to supervise people, provide support, and take them out into the community. We observed that staff were available during the day to supervise people and to keep them safe. During the day two people went out into the community to the cinema supported by a staff member. Staff we spoke with told us that they covered each other during holiday time. They also told us that there was a bank staff member who people were familiar with, and knew people's needs, who could be called upon at short notice. Bank staff are employed to cover staff sickness or staff holiday leave. This was confirmed by the manager. These actions ensured that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member said, "Yes all of my checks were carried out before I could start work". Other staff we spoke

with confirmed that checks had to be undertaken before any new staff were allowed to start work. We checked two staff recruitment records and saw that pre-employment checks had been carried out. For both these included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed.

People we spoke with told us that they wanted the staff to manage their medicines. A person said, "I would rather the staff look after my tablets". Another person told us, "The staff give me my tablets at the right time everyday morning and night". We saw that assessments were available if people wanted to manage their medicines and records highlighted how people preferred to take their medicines. We observed a staff member giving a person their medicine. The staff member explained to the person that they were going to give them the medicine, they put it on a spoon and offered it to the person. The person opened their mouth and willingly took the medicines and then consumed the drink the staff member offered them. The staff member said to us, "Before I do anything else I am signing the medicine record to confirm that they have taken it". This showed that people were given their medicine safely and in the way that they liked.

All staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicine. This was confirmed by records we looked at. We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed. Staff we spoke with and records confirmed that medicine audits were undertaken regularly. The undertaking of the audits had ensured that medicine systems were safe and that people were being given their medicine as they had been prescribed.

Medication Administration Records (MAR) that we looked at highlighted that some people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. Staff we spoke with knew of the protocols and told us that they followed them. This prevented staff not giving people their medicine when it was needed, or giving people the medicine when it was not needed. We counted two people's medicines to confirm if the number of tablets available balanced correctly against the MAR and found that they did. We saw that body map charts were used to highlight to staff precisely where prescribed creams should be applied. These actions showed that people were given their medicines as they had been prescribed by their doctor.

Is the service effective?

Our findings

People we spoke with told us that they felt that the service that was provided was good. One person said, "I did not want to come here at first. I am leaving next week and now do not want to leave. They [the staff] have done so much for me and I am much better". Another person told us, "It is very good here". A relative told us that they felt that the service provided was, "Excellent". They said, "They [person's name] have done so well there. They are so much happier there than the home they were in before". Another relative said, "The place is absolutely brilliant". A staff member said, "It is good here. People go out when they want to, go on holiday, see their relatives and have what they want to eat and drink". All other staff we spoke with also told us it was their view that the service provided was effective and met people's needs.

A new staff member told us, "My induction training when I started was very useful. I worked with other staff to see what I had to do. Another staff member told us, "During my induction everything was explained". Staff files that we looked at held documentary evidence to demonstrate that induction training had taken place and that some new staff were working with the new 'Care Certificate'. The Care Certificate is an identified set of standards that care staff should follow when carrying out their work.

All staff we spoke with told us that they felt supported on a day to day basis. A staff member said, "The managers are very helpful and supportive. They advise us when we need to know something". Staff told us that they had supervision with their manager and records that we viewed confirmed this. A staff member said, "I think the supervision sessions are helpful".

People we spoke with told us that the staff looked after them well and in the way they preferred. A relative said, "The staff are so good at what they do". Staff we spoke with told us that they had the training they needed to enable them to do their job effectively. A staff member said, "I am trained and supported and can do my job as I should". Staff files that we looked at confirmed that they had received mandatory and specialist training for their role to ensure they could meet people's individual needs.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The manager told us and records that we looked at confirmed, that previously a DoLS application had been made to the local authority. No person at the present time was in need of a DoLS. We identified from training records that staff had received MCA and DoLS training. Staff we spoke with were aware of MCA and DoLS. They had a knowledge of, and gave us an account, of the principles of the MCA and DoLS. Staff knew that people should

not be unlawfully restricted.

A person said, "I am asked before staff do things". Staff we spoke with told us that they asked people's permission before they provided care and support. A staff member said, "We offer first and wait for people to respond". We heard a staff member ask a person if they could provide support and waited for them to reply. We saw the person nod heard them say, "Yes" in response and willingly went with the staff member.

A person told us, "We choose what we eat and drink". We looked at people's care plans and saw that their food and drink likes and dislikes had been documented. We heard staff giving people food and drink options at both breakfast and lunch time. A staff member told us, "We know what each person likes to eat. They would soon tell us if they did not like the food". We observed that mealtimes were flexible to meet people's needs and preferences. One person did not get up until midmorning and had their breakfast when they got up.

A person said, "I am vegetarian and I only eat that. Staff help me to make vegetarian curries and I like them". We found that some people had cultural dietary needs and that staff had identified and recorded this in their care plans. People told us that they were supported and offered a diet that met these needs.

Staff told us and records that we looked at confirmed that people's risks and health needs had been determined concerning each person's food and drink. This included any food allergies that people may have had. Staff knew that if risks were identified that included poor swallowing or weight loss referrals should be made to Speech and Language Therapy (SALT) and/or the dietician.

People told us that they received a range of healthcare services as they needed them. A person said, "I see the doctor when I am poorly". A relative said, "The staff deal with their [person's name] health needs and then let me know". Staff we spoke with told us that they supported people to access health and social care appointments that included people seeing the dentist, optician and their social worker. This showed that staff accessed the health support that people needed to prevent poor health. We saw that a health plan document was available which highlighted people's medical conditions and needs and what was required to address them. All staff we asked knew of people's conditions and what support was required to maintain their health.

Is the service caring?

Our findings

All the people we spoke with told us that they liked the staff. A person said, "The staff are very nice and kind". Another person told us, "The staff, well what can I say, they are so lovely and kind. They listen to me and let me talk to them". A relative said, "The staff are really lovely". We saw from the look on staff faces when they spoke with people that they really cared about the people who lived there. We heard a person say to a staff member, "I love you". The staff member responded by saying, "I love you too". We saw that the person smiled and looked happy.

We found that the atmosphere was happy and welcoming. We saw people chatting, smiling and laughing. A relative told us, "It is such a nice place". When staff came on duty we saw that they went to people and gently touched their arm, greeted them and asked them how they were. When staff went off duty they went to each person and said goodbye. We heard staff speaking with people on an individual basis talking with them about what was on the television and taking an interest in them. We observed that staff had quality time to sit and chat with people.

A person said, "The staff are polite. They always speak to me well". Another person said, "The staff do not go in my bedroom unless I say they can". We observed that one person's nose needed a clean. A staff member noticed this straight away. They went and got a cloth and said, "Here let me help you. Does that feel better"? We saw that the person looked happy and calm. Records highlighted that some people enjoyed personal time and space to be alone in their bedroom and that they did that often. Records highlighted that staff had determined the name each person liked to be called by. We heard that staff used this name when speaking with people. Staff we spoke with knew the importance of promoting people's privacy and dignity. They told us that when they provided personal care they made sure that doors and curtains were closed. This highlighted that staff promoted privacy and dignity and showed people respect.

A person told us, "I understand what the staff say to me". A relative said, "They [person's name] wears a hearing aid and the staff always make sure this is checked and working". We saw that care plans were in use that highlighted how people best communicated. Our observations highlighted that people all understood what was said to them. A staff member said, "All people have the ability to understand what we [the staff] say". We saw that people understood what staff said to them as they responded appropriately as confirmation. We heard staff gently asking a person to repeat what they had said to confirm what they had said so that their conversation could continue.

A person told us, "I always choose what I want to wear". Another person asked us to go to their bedroom with them to look at their nice dresses. They took us to their bedroom and showed us the dresses which they were proud of. They said, "I sort myself with clothes". A relative told us, "They [person's name] always look clean and well presented. They are fussy about their appearance". Staff knew that it was important that people dressed in the way that they preferred. A staff member told us, "People mostly chose what they wear each day. If they had difficulty choosing we would show them different clothing items". We saw that people wore clothes that were appropriate for the weather [warm clothing as it was a cold day] and reflected their individual tastes. We saw that ladies all had their nails painted. They told us that the staff did these for them

and that they were very happy about that.

A person said, "I do everything for myself". Another person said, "The staff do not need to do much for me". A staff member told us, "A fair number of people here need prompting only. We [the staff] encourage people to do what they can independently". Records that we looked at highlighted that people helped to clean their bedrooms and attend to their laundry. We observed people in the kitchen making their own snacks and drinks. We saw that picture prompts had been put on kitchen cupboard doors of what was in each cupboard. This helped people know where the different foods and crockery was stored. We saw that some people went out into the community independently and staff were encouraging and supporting another person to gain the confidence to also do this. This showed that staff knew the importance of encouraging people to be as independent as possible.

People told us that they enjoyed visits from, and going out with, their families. A person said, They [their relative] can come here when they want to". A relative told us, "I visit often. The staff make me feel welcome". Another relative said, "If I cannot get to visit the staff help them [person's name] to telephone me so that we can chat over the telephone". Staff told us that people could have visits from family and friends when they wanted to and that they very much encouraged this.

Staff told us that one person had input from an advocate and that other people had regular input from their social workers. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

A relative told us that they had visited the home before their family member moved in. They said, "When I looked around I knew it was a good place and it would be right for them [person's name]". Staff we spoke with told us that all people had an assessment undertaken before they were offered a place at the home to determine if they could meet people's needs. We saw that instructions were in people's care files from the agencies that funded their placements at the home to tell staff how people should be cared for and supported.

A person said, "The staff know me". A relative said, "The staff know all the people well who live there". The care plans that we looked at captured people's needs. We looked at two people's care plans then asked staff about people's needs and wishes. They gave us a good account of these and had a clear understanding of what was needed to meet these. A person said, "I know things are written about me. I am happy how I am looked after". A relative told us, "We [family members] are involved with everything. We attended a meeting after Christmas to go through the care plans and we are happy with them". We saw that care plans were updated regularly and that a review of each person care had been undertaken. This would ensure that staff were aware of people's needs and how to meet them.

We found that the staff had responded well to a person's whose needs had changed. The person had a deteriorating health condition and their walking had become limited. We saw that staff had changed the way they supported the person to prevent the risk of them falling.

A person said, "I don't want to go to church but we did go to carol services and I liked that. I saw the vicar and he shook my hand". People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that staff had identified people's preferred faith and if they wanted to follow this. Staff we spoke with confirmed that some people followed their chosen faith weekly and were supported to do so.

A person said, "I like going shopping and buying myself handbags. I am going shopping tomorrow with the staff". Another person told us, "I like doing my knitting". We saw that one person was drawing and that another person was knitting. The person who was knitting took us to their bedroom and proudly showed us a blanket that they had knitted. A staff member told us that the person had knitted squares and that they had sewn them together for them. People told us and records confirmed that if they wanted to they could go out into the community every day. This was confirmed by relatives we spoke with. The provider had secured additional funding to enable some people to have regular support to go out into the community. We saw that two people went to the cinema with staff and when they returned they told us about the film that they had watched, and how much they had enjoyed going out. People told us that they enjoyed trips and outings to places of interest. People smiled when they told us about the holiday they went on last year. They both told us that they had really enjoyed the holiday. One person worked Monday to Friday and another two people were on work placement type schemes. This showed that staff ensured that people's recreational and occupational needs were met.

A person said, "If I was not happy I would tell the staff". A relative told us that they knew how to complain. They said, "If I had any concerns at all I would be happy to raise them. I would go to the owner". No complaints had been made. We saw that the complaints procedure was available within the home. It had been produced in words and some pictures that could make it easier for people to understand.

Is the service well-led?

Our findings

All people, relatives and staff we spoke with were very complimentary about the service provided and the provider. A relative said, "The place is well run and is wonderful". Another relative told us, "The place is excellent".

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by senior care staff. The relatives we spoke with knew who the registered manager and provider were and felt they could approach them with any problems they had. Staff told us that the registered manager and provider were, "Good". A staff member said, "They are there and they listen. They are committed to providing a good service to the people here".

A person told us, "I like him" and pointed to the registered manager. We saw that the provider and registered manager were visible within the home. We saw that people were familiar with them and that they were confident to approach and speak with them. The provider and registered manager knew the people well and were able to answer our questions about the people and the current position regarding the running of the home.

A staff member said, "We do audits and the owner does audits as well". We saw that quality monitoring systems were in place and that they had identified that some processes and records needed a review. A staff member told us that there had been a problem with the recording of some medicines and that action had taken place to address this.

A relative told us, "We filled in a form". Another relative said, "Our views about the home are asked". We looked at provider feedback forms that had recently been completed by relatives. Feedback confirmed that they were very happy with the service provided. Although two had raised that they would like more feedback. The provider had addressed this. They had invited relatives to meetings early in 2016 to go through all care plans and to discuss their view about the home. A relative said, "My husband attended a meeting and came home very satisfied". A person said, "We have meetings and talk about holidays and food". Meeting minutes that we looked at confirmed that regular meetings were held for the people who lived at the home. This showed that the provider had processes in place for people and their relatives to raise issues and make suggestions.

The provider had made resources available to enhance the environment and people were happy with this. Staff told us that there had been a lot of redecorating and some new curtains had been purchased. Two people showed us their bedrooms. One person said, "I love my room and my new wall paper. I picked it". The other person told us, "I love my room".

The provider had refurbished a room in a building situated not far from the home for staff training purposes. We saw that the room was warm, light and comfortable. The provider said, "It is better for training as it is away from the home and the staff when training have no disturbance. This showed that the provider had a commitment to staff training.

A staff member said, "The manager and owner are good. We have support". Another staff member told us, "We have regular meetings and can raise any issues". Staff told us that the registered manager and provider both lived within the local area and were on-call at all times. Staff told us that on the occasions they had used the on-call arrangements they had been adequately responded to.

Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member told us, "If I saw something I was concerned about like staff doing things they should not. I would feel confident to speak up about it. To the managers or owners. I would not hesitate to do this". We saw that a whistle blowing procedure was in place and accessible for staff to follow.