Gravers Care Home Ltd

Graver's Care Home Limited

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

Overall summary

The inspection took place on the 29 September 2015. It was unannounced. During our last inspection of the service in August 2013, the provider was compliant with all of the regulations.

The Gravers Care Home Limited provides care and support for up to 21 people with mental health issues and / or learning disabilities. The service is situated close to York hospital and York city centre. There were 20 people accommodated on the day of our visit.

The service has two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the Gravers. Staff received training in safeguarding vulnerable adults and the service had policies and procedures in place to support staff should an allegation be made.

People were protected from discrimination. Staff received training in equality and diversity and there were appropriate policies available.

Summary of findings

Risks were identified and recorded in people's individual care plans and people were supported to take responsible risks.

There were sufficient numbers of staff on duty who went through a thorough recruitment regime before employment commenced. People spoke highly of the staff employed.

People received their medication safely. They were supported to manage their own medicines where possible.

The service had policies and procedures to support staff in maintaining good standards of infection control. People were supported to keep their rooms clean and domestic staff were employed to clean the rest of the home.

Staff received appropriate induction, training and support to help them in their roles. We were told that staff were skilled in caring for people.

People were supported to make their own decisions and where they were not able to do so, meetings were held to ensure that decisions were made in the person's best interests. If it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

People received a varied choice of meals and were supported to make their own meals where possible. Specialist diets were catered for and access to dieticians was sought where needed.

People told us they could access a range of health care services. There were a range of health professionals involved in monitoring and reviewing people's care. Other health professionals spoke highly of the management and staff.

The home was nicely furnished and decorated throughout. We saw that regular maintenance including redecoration and refurbishment was carried out.

People were well cared for and happy living at the Gravers. People spoke highly of the care provided by staff. People told us they were treated with dignity and respect.

People told us they were involved in discussions about their care. People had detailed care records in place which recorded how they should be cared for and the support they may require. These records would benefit from review and update in some areas.

People could access a range of educational, occupational and social activities of their choice. They were encouraged and supported to do so.

The service had a complaints procedure and people told us they could talk to the staff if they had any concerns. The complaints policy needed to be updated which the registered manager agreed to do.

The service had a range of management systems in place to support people. People's views were sought and there was some evidence of quality monitoring systems to review the service. These would benefit from review so that all aspects of service quality can be reviewed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and we saw that risks were appropriately assessed and managed.

Staff were recruited appropriately and there were sufficient staff on duty to care for people.

Medication systems were well managed and people were supported to manage their own medicines where possible.

Good

Is the service effective?
The service was effective.

Staff had training and support to enable them to meet people's needs.

People were supported to eat and drink enough to maintain their health and wellbeing.

The registered provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and applications to authorise DOLS had been made to the local authority.

Good

Is the service caring?
The service was caring.

People told us that they received care which met their needs and this was reiterated from a health professional spoken with as part of our inspection.

People consistently told us that they were treated with dignity and respect and we saw examples of this throughout our visit.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and those using the service were actively involved in planning their care.

Staff knew about the needs of people living at the Gravers and they used this information to provide personalised care and support.

People had been consulted about activities which were tailored to individual needs.

Good

Is the service well-led?
The service was well led.

The service had a strong management team who provided support to those living at the service and to staff.

We saw that there were management systems in place which were used to review and improve the service provided. Some of these systems could be further developed.

Good

Graver's Care Home Limited

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 registered 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 inspection took place on 29 September 2015 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission (CQC) and a professional advisor who had specialist experience of mental health services.

Prior to our visit we looked at information we held about the service which included notifications. Notifications are information the registered provider sends us to inform us of significant events. We did not ask for a provider information return (PIR) for this inspection, as we had changed the date that we had originally planned to carry out the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We talked in detail to seven people living at the service and one visitor. We also received feedback from an approved mental health professional (AMHP). During our visit we spoke with the registered manager and six staff. We also carried out a tour of the service.

We looked at three people's care records, people's medication records, four staff recruitment and training files, maintenance files and a selection of records used to monitor service quality, which included meeting minutes and audits which had been completed.

We sought feedback from the local authority safeguarding and commissioning team at City of York Council, who did not raise any concerns regarding the service.

Good

Is the service safe?

Our findings

People who lived at the Gravers told us that they felt safe within the service and they could raise any concerns they had with the staff. One person said "I feel safe yes. I like that it's a place I can stay, a real home. I don't have to move. It is important that it is home."

The service had policies and procedures in place for safeguarding vulnerable adults from abuse. All of the staff we spoke with were clear of the process to follow should they identify any safeguarding issues or concerns. They had received training in safeguarding vulnerable adults. The registered manager confirmed that training had been booked for a staff member to attend the local authority 'alerter' training. This training provided staff with knowledge of local working procedures between key agencies.

The service had race equality and equal opportunity policies in place which were understood by staff. This helped to protect people from discrimination. Information regarding people's age, disability, gender, race, religion or sexual orientation was included within the care planning process. We saw that the service had a designated equality and diversity poster displayed which named a designated member of staff as a contact.

We looked at the way in which risks were managed. People were supported to be as independent as possible and risk assessments were in place to minimise risks to people. We saw risk assessments for the environment which included personal emergency evacuation plans (PEEPs); these are documents which advise of the support people need in the event of an evacuation taking place. Fire evacuations were completed regularly so that staff and people living at the service knew what action to take if the alarms sounded.

The service carried out a range of other maintenance checks which included water temperatures, nurse call, legionella and checks to monitor the safety of the premises. We saw evidence of these checks during our visit. We also looked at maintenance certificates for the premises which included the electrical wiring certificate, gas safety certificate and portable appliance checks. These checks helped to ensure the safety of the premises.

We saw that care plans listed the risks associated with the care of the individual person. We saw that people were supported to take risks, for example, one person had recently wanted to try paragliding on a recent holiday and this had been arranged by staff. Other risk management included managing specific health conditions for example diabetes and managing distressed behaviour. We saw that people signed their agreement to their risk assessments.

There was no evidence of restrictive practices during the inspection. We observed people moving around freely. Spending time in the garden, in their own bedroom, in communal areas or out at the hut. Some people went out independently others required support from staff.

We saw that any accidents or incidents were recorded within people's individual care plans. The information was reviewed each month so any themes would be collated. The registered manager told us that any incidents would be discussed in the weekly management meeting which was held.

In the event of an emergency, the registered managers and Directors told us they were always available at the end of the phone and this was confirmed by staff during our visit.

We looked at the recruitment files for four staff employed at the service. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) first checks had been obtained before people started to work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

All people who lived at the service, stated there were always adequate staff during the day and night and they could always find someone if they needed any assistance. The majority of the people we spoke with were aware of whom the registered managers and the team leader were and stated that they had no concerns about the staff. We observed a warm and friendly rapport between those living and working at the service. The registered manager told us that they had experienced some staffing difficulties which had impacted on the day to day running of the service. They told us that they had two full time vacancies which they were interviewing for later in the week. They told us they also had some staff on long term sickness. They told us that additional shifts were being picked up by staff working in the service.

Good

Is the service safe?

People who lived within the service stated that they got their medication as they required it. People who lived in the service were either fully supported with their medication or were self-medicating. We saw evidence that if people were self-medicating that this was risk assessed and staff supported them in doing so. Insulin (for people who were diabetic) was stored appropriately in the fridge and the temperature was checked on a nightly basis. The service had recently changed pharmacy supplier and this has been a smooth transition and made the ordering of repeat prescriptions an easier experience.

The medication administration sheets (MARS) were clear, contained a photograph of the person who lived there and details of their date of birth and allergies. Staff took time with people, when giving them their medication and they were available to answer any concerns they had. There were no controlled drugs during the visit but the staff had a clear understanding of how these should be stored and managed.

People who lived at the service were on certain medications that required blood levels to be checked. We saw evidence that they had been completed but this information was not as clearly documented as it could have been. The registered manager agreed to review their documentation. We spoke to one person about their medicines and they said “I self-medicate. My medication is kept in my room in a locked cupboard.” Medication was stored safely in a locked cabinet.

There was a clinical waste management contract in place including for sharps bins and staff were noted to wear PPE when appropriate and staff were aware of the disposal method for medication which was no longer required All staff administering medication had been trained in doing so and assessed as competent by the registered manager. We saw evidence that they had read and signed to say they understood the medication policy as part of their induction.

People who used the service reported that the building was clean and well maintained and that housekeeping staff helped them to tidy their rooms. There was a monthly hygiene audit carried out and there were policies and procedures in place to support staff monitor the control and spread of infection. We were shown a copy of the infection control manual as well as guidance and policy files. We saw that a Control of Substances Hazardous to Health (COSHH) file was also available. All cleaning materials were locked in a cleaning cupboard. There were clear audits and checks in place to monitor the control and spread of infection. This helped to reduce risks to people. The service was clean and tidy, however during our visit there was a noted odour in the lounge and main hallway and we were advised that these were being cleaned by a carpet cleaner on a weekly basis but were also due to be replaced. People living within the Gravers found the housekeeping staff helpful stating "They do as much or as little as you need them to do. I find them very helpful." There was evidence of cleaning schedules which included toilets, bedrooms and communal areas.

Good

Is the service effective?

Our findings

The service provided effective care. It was clear from our observations that the staff team knew the people who lived in the service well. Staff spoke warmly with the people who lived at the Gravers and were able to explain to us about their individual care needs and personalities.

We saw that staff received an induction and had training to help them carry out their roles effectively. Staff told us they had training on health and safety, food hygiene, infection control, moving and handling, first aid, fire safety, the Mental Capacity Act (MCA) and safeguarding adults. However, from the records we saw it was difficult to monitor which staff had completed which training and when training needed to be refreshed. The registered manager told us that they had recently recruited a Training Coordinator to work at the Gravers and across two other services run by the same provider. The registered manager told us that the training coordinator would be responsible for collating information and producing a training matrix so that they could more closely monitor the training needs of the staff.

We spoke with a member of staff who had recently started working at the service they explained that they had been given a full induction regarding their role and the expectations of the role. They were supernumerary for the first two weeks working with an experienced staff member. They reported always being able to ask for help and said that they felt welcomed and respected in their role.

We spoke to the registered manager about client specific training. They told us that staff had accessed training on epilepsy, diabetes and percutaneous endoscopic gastrostomy (peg). The registered manager said that the community nurse had previously provided training which was relevant to people's individual care and that this could be accessed where needed. This meant staff were provided with the knowledge and skills required to care for people.

Staff we spoke with told us they had supervision where they discussed their training needs, their role and any problems. We saw records of supervision meetings. In addition to supervision meetings the registered manager told us that informal monitoring sessions were taking place, these had been introduced as formal supervisions had not taken place as regularly due to issues with staffing. Staff told us they had regular staff meetings that were well attended. They told us if they could not make the meetings they had to read and sign a copy of the minutes. Staff told us they felt supported in their role and that support and advice was always available if needed.

We saw copies of staff minutes for meetings which had taken place in August and September this year. There had been a medication meeting where the pharmacist had visited the service to discuss medication issues. We saw a night staff meeting had taken place and a team building meeting had been held. This meant staff were kept up to date.

It was evident that people who live within the Gravers had been assessed in relation to mental capacity and appropriate plans and documentation were in place. Staff members we spoke with had a good understanding of the mental capacity act (MCA) and Deprivation of liberty safeguards (DoLS) It was noted that staff sought people's consent before entering people's rooms and when assisting people with medication. One person said "I have read and consented to my care plan."

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA) and are designed to ensure that the human rights of people who may lack capacity to make decisions are protected. The registered manager had appropriately sought authorisation for DoLS therefore protecting the human rights of the people living at the Gravers. We found that conditions made on DoLS authorisations were being met and the registered manager had a system in place to monitor when DoLS authorisations expired to ensure further applications could be made if necessary.

There was clear information regarding how people should be supported if they had behaviour which challenged others. For example; we saw in one person's care file 'X responds to straight firm talking, provide positive feedback, ask X to go to a quiet area until they feel calm.' The service had a no restraint policy and staff we spoke with were clear of diversion and distraction techniques.

People's nutritional needs were assessed on admission with particular reference to likes and dislikes and any allergies, which we saw were documented in their care plans. During mealtimes people were well supported. There was a relaxed friendly atmosphere and people who lived at the service were able to choose want they wanted

Good

Is the service effective?

to eat. Food looked appetising and well presented. We observed people helping themselves to hot and cold drinks throughout the day as well as fruit and snacks in the kitchen. We received positive feedback from people regarding the food. Comments included "I cook sometimes. I am a vegetarian" and "I enjoy baking."

Specialist diets were catered for where necessary, for example, we saw from one person's file that they were diabetic, another person told us they were vegetarian. Although we saw some evidence that people were supported in cooking tasks this could be further encouraged so that people continue to build on the skills that they had developed. Where professional advice was required this was sought, for example the diabetic nurse so that advice could be given regarding people's diets.

People using the service informed us that they were taken to the local GP or to any other appointments if needed. We saw that professionals were involved in supporting people with their health care. For example; the diabetic nurse, physiotherapist, psychiatrist, district nurse and GP.

We saw that information regarding any health condition was recorded on people's individual care file and that any health matters were followed up in a timely way. Staff appeared to have a good understanding of the people they looked after and were able to identify early indications that the client may becoming unwell and would need to be assessed by their psychiatrist. Staff were aware of the process in which to do this.

We carried out a tour of the premises which included some people's rooms (where they gave us permission). The service was nicely decorated and furnished throughout. People were able to individually furnish and decorate their own rooms. People had access to communal space which included lounge and dining areas, a conservatory and a garden area. People told us that they could have visitors who they were able to see in private if they wanted. One person said "The manager and owners are very good at keeping it (the service) ship shape, improving the furnishings."

Good

Is the service caring?

Our findings

Staff and the people who lived at the Gravers told us they were treated with kindness and compassion. There was a relaxed atmosphere. Staff spent time in communal areas chatting with people. One person said "They look after me well here." The people living there seemed relaxed around the staff. Another person said “The staff speak to me nicely. They treat me with respect.”

A health professional said “The service and care provided to each of my clients has been exemplary. All of the clients I have placed here have had only positive things to say about the service and the staff support.”

We could see from observations during our visit that people were involved in decisions and that staff did their utmost to make sure people knew that they mattered. For example we saw in one care file ‘I enjoy being helpful, it makes me feel valued and appreciated.’ Other entries included ‘I need carers to understand mental health issues, to promote independence, dignity and respect.’ We observed staff communicating with one individual; they were using basic signs and pictures. This enabled the individual to make their needs known. We saw another person opening their post. They had received an appointment card and we observed them showing staff so that it could be put into the diary.

We spoke with staff who were able to give examples of how they helped to support people with their mental health. One person liked to use a foot spa and have sound therapy, another spent time in a quiet area, and others liked to be distracted by staff. This demonstrated that staff knew and understood people’s needs well. We observed staff interacting with people throughout our visit in a caring and person centred way.

People told us that they were involved in discussions regarding their care and we saw that people signed their agreement to their care records. People living at the Gravers had a section in their care plan regarding advocacy. They could gain support from staff so that staff could advocate on their behalf or they could be supported to access external advocates. We saw that people made decisions and choices about all aspects of their lives. For example, we saw in one person’s file that they had no interest in accessing any type of work, yet for others this was really important. People were involved in discussions about the maintenance and decoration of the service, about social activities and holidays they wanted to experience

Regular meetings were held between people living at the service and their keyworkers so that any issues could be discussed. Some people used the recovery star. The recovery star is a care planning tool which acts in a visual way to support and measure change. The recovery star maps change across 10 domains. Examples include work, identity and self-esteem and responsibilities.

Each of the 10 domains corresponds with the stages on the ladder of change providing a visual aid to track a person’s progress from mental ill health to recovery. Eight people were using this tool. One person said “Different staff have different approaches. There is no magic wand. I would recommend it (the home) to others yes.”

We saw that people’s personal care records were stored in an office so that information remained confidential and accessible only by those who needed to access them. People signed their agreement to their personal information being shared.

People told us that staff knocked on their doors before entering their bedrooms. They told us they were treated with dignity and respect. One person said “My recovery worker makes suggestions, they try to push you to do things sometimes but it’s your choice. They do have your best interests at heart.”

People told us that they could have their family and friends visit them and that they could maintain relationships with people. One person said “My mum and my younger brother visit me here.”

Good

Is the service responsive?

Our findings

We looked at three people's care files. Client files contained both written and pictorial information to make them more accessible to people. Areas included; important people involved in my health care, dietary needs, communication, mobility, mental health, personal care and risk management. Although files contained detailed information we are also found that they were difficult to navigate as they contained a lot of historic information. Although there was evidence of risk assessments and care plans, some of these appeared outdated and had not recently been reviewed. Daily notes were not always signed by the member of staff who had written them and were not linked to care plans making it difficult to track progress. We shared this with the registered manager who confirmed that the difficulties they had experienced with staffing levels meant that some of the records were not as up to date as they should have been. They told us that they had a plan to review and update the care plans and we saw that a list was displayed on the office wall.

People were involved in reviews and discussions regarding their care. They had regular meetings with their key worker and with other health professionals involved in their care.

We saw that care records included recovery and rehabilitation plans, therapeutic activity plans and mental health crisis plans. Care records also contained a section of the skills, knowledge and attitudes required by the care team. There was clear information recorded regarding people's mental health and the strategies required by staff to provide appropriate support. Care records were detailed and clearly identified the level of support required.

People who used the service told us that they had a choice of how they wanted to spend their day. There was evidence of structured activities at 'the hut' or they could choose to spend the day as they wished. One the day we visited one person who lived there chose to go to the charity shops in the morning then back to the home for lunch and to the afternoon craft session at 'the hut'. The hut is a day service open to people who suffer from poor mental health and learning disabilities and is open 10:00 – 16:00 Monday to Friday. People pay per session and have a chance to partake in organised activities and group work with a focus on recovery from mental health.

Specific activities were provided to meet people's needs. One person who liked fishing was taken on regular fishing trips and was really encouraged to pursue this. There had been recent trips to Butlin's and Spain which the people who went told us they enjoyed. Some people were going to Paris and they told us how much they were looking forward to this. Some people went out independently and others went with support from staff. All of the people we spoke with said that they could choose how they wanted to spend their time and choose who they wanted to spend time with.

People were able to personalise their rooms and were supported in decorating them in any way they wanted. We saw that there was a large 'residents notice board' displayed in the dining room. This included information about the service user forum, information about DoLS, and information regarding activities and menus.

The service held monthly residents meetings to share information. We saw minutes of these meetings. One person told us "I attend a Sunday meeting. It is useful. I am listened to."

All of the people we spoke with stated they had not needed to raise any concerns but said they would go straight to the staff if they did have any concerns. They told us that both managers and staff were approachable. The Gravers had a complaints procedure however this would benefit from review as it did not included up to date contact details for the local authority or for the registered providers. It did contain contact information for the Care Quality Commission and advised people to raise any concerns directly with the service. The registered manager agreed to review and update this. No complaints had been received at the service since our last inspection.

One person we spoke with raised some concerns over a recent issue and this was passed onto the registered manager who agreed to look into the matters raised.

Good

Is the service well-led?

Our findings

The service had a registered manager who was also the registered provider of the service. In addition the service had a co-manager who was also registered with the Care Quality Commission and was responsible for the day to day running of the service.

People we spoke with were aware of who the managers were and said they would happily approach them both. People made positive comments about how the service was managed and run. One person said "The managers are very good. Very meticulous. They keep it (the home) ship shape."

We spoke with a health professional who said "Staff and management have always worked professionally with myself and colleagues."

Staff reported feeling well supported with an 'open door' policy from the management, they felt listened to and said they could have a say in influencing change. They told us that regular meetings took place and said they were able to share their views and opinions. They told us that they were confident that issues raised would be acted upon.

We spoke to the Operations Director who advised that there had been a culture change within the organisation. They told us were trying to better demonstrate and reflect the ways in which they valued their staff. The company had introduced a rewards scheme for staff. Three rewards were allocated to nominated staff members in each service. Rewards were allocated for the following categories; team player, making a difference and service user's choice. One member of staff told us "The owners are really good role models. Service users are a priority. It is very much their home."

We asked how the service kept up to date with research and changes to legislation. In addition to the house and staff meetings being held, management meetings were also held each week. These meetings were used to discuss improvements and any changes. The registered manager also told us that they accessed information from the internet. The Operations Director told us that they had introduced electronic rotas and smart phones for staff so that less time was spent on administrative tasks.

We asked to look at audits. We saw that audits were carried out on the premises and on medication but there was no formal system in place to monitor the quality of the care being provided. The registered manager may benefit from reviewing their auditing procedures so that all aspects of service delivery can be monitored. We shared this with the Operations Director during our visit who agreed to review their auditing procedures.

We saw that notifications were submitted to the Care Quality Commission as required. These are forms which enable the registered manager to tell us about certain events, changes or incidents.

A health professional told us that the registered manager attended a patient participation group and was a strong advocate for people with mental health needs. They said that the staff had a close working relationship with the practice and worked well with other professionals. They told us that they would recommend the home to others.

We were told that surveys were due to be sent out to relatives and people using the service. Feedback sheets were also available at the home. These could be completed by anyone visiting the service. This enabled visitors or people living at the service to share their views.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.