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Grafton House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grafton House Residential Home is a care home providing accommodation and personal care for up to 24 older people, including people living with dementia. At the time of our inspection 14 people lived at the service.

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

The provider and registered manager had made improvements in how the service was overseen and managed. These improvements were in areas such as staffing levels, risk management, protecting people from abuse, the environment, notifying agencies and maintaining appropriate standards of cleanliness and hygiene. However, these improvements now needed to be sustained and a better audit programme was needed. We have made a recommendation regarding this.

Risks towards people's health and safety were reduced. The assessment, monitoring and mitigation of risk processes for people who used the service had improved.

Improvements had been made to infection control and prevention practices. The environment and most items of equipment were clean and there was enough cleaning taking place to keep people safe from the risk of infection.

Many improvements had been made to the environment including redecoration and new flooring, furniture and bedding. Further improvements were planned.

Risks towards people's health and safety were reduced. The assessment, monitoring and mitigation of risk towards people who used the service had improved.

People received their medicines as prescribed. People were protected from the risk of harm and abuse. Staff understood safeguarding procedures and reported concerns straight away. People felt safe and well looked after. Relatives said they were confident that staff provided good care in a safe way.

Staff were recruited safely, and they received appropriate training, supervision and support. There was enough staff on duty to meet people's needs.

Staff supported people in a kind, friendly and person-centred way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's health and nutritional needs were planned for and met. Any concerns were raised with health professionals.

People, relatives and staff felt there were positive changes taking place and the registered manager and provider were listening to their views and opinions.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 24 October 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since October 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-Led. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Grafton House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Grafton House Residential Home 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 service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the

provider must notify us about, such as abuse. We sought feedback from the local authority, local safeguarding team and the community infection prevention and control team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at the service and observed the interactions and care delivery in communal areas of the service. We also spoke with the registered manager, deputy manager, a senior care worker and care worker, two housekeepers, the cook, the laundry assistant, the activity coordinator and the maintenance person. We completed an observation of the lunchtime experience for people.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection site visit

We continued to seek clarification from the provider to validate evidence found. We spoke by phone with two relatives. We looked at staff training data and equipment service records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider had failed to appropriately assess, monitor and mitigate risks relating to the health, safety and welfare of people. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further sustained improvements were needed to achieve a good rating.

- Improved health and safety and maintenance checks helped to make sure the environment was safe and risks associated with hot water, equipment and a fire were reduced. Outstanding safety works recommended by the fire safety officer had been completed or scheduled in the near future.
- Staff understood where people required support to reduce the risk of avoidable harm. More detailed care plans and risk assessments included guidance for staff on how to reduce risks and help keep people safe. We found one person did not have an appropriate care plan and risk assessment around their risk of choking. The registered manager sent evidence that this was put in place following our inspection.
- Staff were recording all incidents. The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. Not all risk factors were included in this analysis to provide a better review of the whole picture and the registered manager amended this during the inspection.

Preventing and controlling infection

At our last inspection the provider failed to ensure Infection prevention and control systems were effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further improvements were needed to achieve a good rating.

- Following the last inspection in September 2020, the community infection control team had visited the service again and found many improvements in the standards of hygiene and adherence to COVID-19 precautions.
- Improved standards of cleanliness had been sustained in most areas of the service and the home smelt

fresh. We found some items of equipment had not been cleaned sufficiently, which was addressed during the visit.

- Safer arrangements for the appropriate segregation and disposal of offensive waste were in place, however the appropriate coloured waste bags had not been provided and these were ordered during the inspection.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff had been provided with a new staff changing facility.
- COVID-19 guidance was assessed and followed and this included the COVID-19 testing and vaccination programme, preventing visitors from catching and spreading infections, meeting shielding and social distancing rules and safe admission procedures.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure systems and processes protected people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager used local safeguarding procedures appropriately. CQC and the local authority safeguarding team had been notified appropriately of all incidents.
- People were protected from the risk of abuse; staff had been trained to identify and respond to any safeguarding concerns.

Staffing and recruitment

At our last inspection the provider failed to ensure the provision of sufficient staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The domestic hours had been increased and an additional housekeeper employed to maintain safe standards of hygiene.
- There were enough staff to support people safely. The number of people who lived in the service had decreased since the last inspection. Staff were engaged in activities with people and there was a calm and relaxed atmosphere where people enjoyed their time with others. People were well-presented and their requests for attention were dealt with quickly and efficiently.
- The turnover of staff had settled. Staff were not working excessive hours each week to cover sickness or leave. One member of staff said, "It's much more organised now, with few staff changes; I have been working less hours."
- The provider had a safe recruitment system. Full checks were carried out before new staff started to work in the service.

Using medicines safely

- Medicines were managed safely. Records showed people received their medicines as prescribed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider failed to ensure the premises and grounds were properly maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had made improvements to the environment with good results. Communal areas had been redecorated and people had been consulted on the choice of décor. New flooring and furniture had been provided in many areas. A full programme of window replacement was taking place during the visit, which was being well-managed to reduce the impact on people.
- People's comfort and dignity was better supported with the provision of new bedding, bed linen and towels. People told us they liked the improvements. One person said, "It looks much brighter around the place."
- A build-up of limescale on many taps had not been addressed and the registered manager confirmed 24 sets of new taps had been ordered and would be fitted following the inspection. The provider's audit process included a system to ensure checks of the environment were completed and renewal was planned.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff received training and support. The induction of new staff included shadowing experience.
- Training records showed staff completed a range of training suitable for their role.
- People told us staff knew how to look after them. A relative told us, "The staff are very good; they manage [Name of person's] behaviour really well."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider continued to work within the law when supporting people who were assessed as lacking capacity to make their own decisions. For example, decisions had been made whether to test people for COVID-19 and to receive a vaccine.
- The provider and registered manager made appropriate applications for DoLS. They kept the DoLS authorisations under review and made timely referrals when they were due to expire.

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

- People's nutritional needs and preferences were met. People's weight was monitored, and action taken when concerns were raised such as referral to dietitians.
- People were provided with a variety of meals and refreshments throughout the day and enjoyed the food. The mealtime experience was calm and unhurried; people told us they liked the meals prepared for them. One person said, "We get a lot of snacks and the puddings are very nice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and their preferences were considered when arranging their care.
- People had access to health care professionals, who had continued to visit during the outbreak of COVID-19 or who had completed virtual consultations. Feedback we received from a visiting professional was positive, they were satisfied with the care of their patients and felt staff communicated well with their team.
- Relatives told us they were happy with the care and confident the service contacted them if anything was wrong. One relative said, "Staff are always pretty good at letting me know about any changes or if they have had to get the nurse in."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service and ensure compliance with the regulations. This was a breach of Regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvement was needed to achieve a good rating.

- The registered manager had made widespread changes to improve the quality and safety of the service. For example, improvements had been made to staffing, risk management, records, the environment and cleanliness and hygiene standards.
- Whilst there were some areas that required further improvement, for example, in relation to the environment, records and risk assessments, systems had been put in place. There was an awareness of what was needed, and work was ongoing to deliver the planned improvements.
- The audit tools had been reviewed and further developed and new checks introduced. Some of these changes meant the system was cumbersome in parts and would benefit from streamlining. The registered manager had an action plan in place and more support from the provider to move the service forward.
- The registered manager had more understanding about their role and responsibilities. They worked closely and collaboratively with the local authority and other professionals to make improvements and develop the service. They had enrolled on a college course to develop their knowledge of clinical care.

We recommend the provider seeks advice on the provision of a suitable user-friendly audit programme.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection, the provider had failed to notify the CQC of all notifiable incidents that happened in the service. This was a breach of Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(2).

- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The provider and registered manager were aware of their responsibility to be open and honest with people and to apologise when care did not meet expectations.

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

- The welcoming atmosphere showed the registered manager was working hard to provide a well-managed service. People were treated with respect and kindness. A relative said, "I like Grafton House because it's small and very homely. The staff are incredibly kind and caring, and that's so important."
- Staff morale had improved since the last inspection and staff felt more supported and valued by the provider. One member of staff said, "It's been good to see all the recent investment and improvements here. The team have all pulled together and worked really hard, we have made a lot of changes."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings took place for staff to share information. Staff also participated in daily handovers at shift changes and supervision meetings.
- The 'resident of the day' initiative had been implemented, which meant each person's care support was fully reviewed bi-monthly and this included discussions on meals, their room, laundry, care staff approach, activities and whether improvements could be made. Families confirmed that they were able to contribute their views on their relative's care and support.
- During the coronavirus pandemic the service had used social media platforms, phone and video calls to ensure people and relatives remained in contact with each other.
- Staff engaged with a range of health and social care professionals involved in people's care and treatment. The registered manager spoke of the benefits of good communication with other agencies so any issues could be addressed quickly.