United Care limited

Grassmere Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 took place on 28 and 29 June 2017 and was an unannounced comprehensive rating inspection. At the last inspection on 11 December 2015, the service was rated 'Requires Improvement', with particular focus in the key questions of 'was the Service, Caring, Responsive and Well-Led'. At this inspection we found the provider had made improvements in the key questions of Caring and Responsive, but was rated as requires improvement in Safe and Well Led.

Grassmere Residential Care Home is a 26 bed care home. At the time of our inspection there were 24 people living at the home.

There was a registered manager in post. 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 were not always kept safe and secure, and risks assessments were not always adhered to by members of staff.

People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People's rights to privacy and dignity was respected and upheld by the staff that supported them.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

Relatives and staff were confident about approaching the registered manager if they needed to. People and relatives views on the quality of the service were gathered and used to support service development.

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.

People were not always protected from the risk of harm and staff did not always follow risk assessment guidelines.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People's rights to privacy and confidentiality were respected.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence was promoted and maintained as much as possible.

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.

Complaints procedures were in place for people and relatives to voice their
concerns.

People were supported to take part in social interaction and activities that were important to them

Is the service well-led?

Good

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives and staff felt that the management team was approachable.

People and relatives feedback on service quality was used to make improvements in the service.

Grassmere Residential 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 checked 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 was a comprehensive inspection which took place on 28 and 29 June 2017 and was unannounced. The membership of the inspection team comprised of an inspector and an expert by experience with either professional or personal experience of supporting people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. The provider had submitted a Provider Information Return (PIR) form prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also looked at the Health Watch website, which provides information on care homes.

During our visit to the home we spoke with six people who use the service, three relatives, three care staff members, a visiting health care professional and the registered manager. Many of the people living at Grassmere had limited or fluctuating capacity and were unable to give in-depth answers to all of our questions. Therefore, we used an observational tool called Short Observational Framework for Inspection (SOFI), which we used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

We looked at the care records of four people and three staff files as well as the medicine management

processes and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in December 2015 we saw that some staff were not following the instructions identified in people's risk assessments to ensure that people were safely supported by staff when being hoisted. Although there had been general improvemnts since our last inspection we did observe one occasion when a person was not being supported safely to move from a lounge seat into a wheel chair. We observed two members of staff who were not using the identified hoist sling to move a person safely. During the process the staff realised that the hoist sling they were using was not the correct one for this particular person, prompting one of them to say, "Let's try a different one". A second sling was then used to support the person into the wheelchair. This demonstrated to us that the person was not being supported to move safely and that staff were not adhering to instructions for the person as written down in the moving and handling risk assessment in their care plan, where it stated that a medium sized sling should be used. We raised the concern with registered manager who said they would re-emphasise the importance of using the correct size slings with all members of staff. Throughout our visit we did see other instances where people were being supported by staff to move safely.

People we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. A person we spoke with told us, "They [staff] look after me, keep me well. Never had any upsets". A relative we spoke with said, "This is such a wonderful care home, dad's so happy here, we can't say enough about them". Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse. A staff member we spoke with told us about some of the signs that might indicate that a person was being abused financially, for example; they may be asking other people in the home for money, they may not have bought any new clothes or toiletries for a while. Staff we spoke with were aware of what action to take if they suspected that someone was at risk of harm or abuse, one staff member told us, "I'd tell the manager, or let seniors [staff] know and make them aware of what was happening". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.

The provider had procedures in place to support people in the event of an emergency such as a fire. Staff were able to explain how they followed these procedures in practice to ensure that people were kept safe from potential harm. A staff member we spoke with told us, "We [staff] assemble in the lounge and check the zones [fire location monitor] to see where the fire is. Call 999 and make sure that the service users are safe. We move those we can, but all rooms have fire doors so they're protected". This showed us that staff knew how to respond to keep people safe in an emergency.

People, relatives and staff we spoke with had mixed views on whether there were sufficient numbers of staff working at the home to meet people's needs and keep them safe from harm or abuse. A person we spoke with said, "Enough staff. Yes I'm sure there is". However another person we spoke with told us, "No I don't think there are enough staff, they always seem very busy". A relative we spoke with told us, "There seems to be [enough staff]". Most staff we spoke with felt that there were enough staff during the morning shift, however in the afternoon they felt that an additional member of staff would be beneficial. We discussed this

with the registered manager who told us that they were available when extra support was needed. We observed that there were enough staff available to respond to people's needs and they were attentive when support was requested. We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We saw that this was reflected in the evidence provided in the homes PIR.

The provider had a recruitment policy in place and staff told us they had completed a range of checks before they started work. These included references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Records we looked at showed that all pre-employment checks were completed by the provider to ensure that staff were eligible to work within the service.

People received their medicines safely and as prescribed. A person we spoke with told us, "They [staff] give me my medication. No, they've never missed it". A relative we spoke with told us, "I know she's [person using the service] safe here, she's eating and taking her tablets". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. We saw that the provider had guidelines in place for staff outlining how to identify when people needed their 'as required' medicines.

Good

Is the service effective?

Our findings

We found that staff had received appropriate training and people we spoke with felt they had the skills required in order to meet people's needs. A person we spoke with told us, "They [staff] know what they're doing". A relative we spoke with told us, "They [staff] all seem to be well trained. They know how to look after [person's name] anyway". Staff we spoke with told us they were pleased with how the provider supported their learning and development needs and we saw that the provider had systems in place to support the on-going learning and development of staff. A member of staff told us, "I like doing any type of training and we have regular training". Another member of staff we spoke with explained that they would like the training sessions to be more interactive. We discussed this with the registered manager who told us that they had recently employed a new training provider who was able to engage more with staff and create a more inclusive learning experience. This showed us that the registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service. Evidence gathered from the PIR demonstrated that the provider was developing training for staff around the needs of people using the service.

Staff told us they had supervision meetings with the registered manager to support their development. A staff member we spoke with told us, "We [staff] have supervision, but not often. But there's a general open door policy with [registered manager's name]. Another member of staff we spoke with told us, "[I've had supervision] once since December, but I feel supported. More regularly would be nice, perhaps monthly". We spoke with the registered manager who told us, "We have about two or three supervisions throughout the year, staff will approach me for guidance when needed". We saw staff development plans which showed how staff were supported with training and supervision. We saw that the registered manager's office was situated at the heart of the home, the door was open to people, staff and visitors and they were always available if staff needed support or 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. Some of the people living at Grassmere did not have the mental capacity to make informed choices and decisions about all aspects of their lives. Staff we spoke with told us that they understood about acting in a person's best interests and how they would support people to make informed decisions. A member of staff told us, "Mental capacity assessments are done by the [registered] manager". Staff understood the importance of gaining a person's consent before supporting their care needs. A member of staff we spoke with told us, "Knock on their [person using the service] door, tell them who you are. I ask them if they want a bath or a shower and let them know step by step what is happening, giving them chances to agree or disagree with what we're doing. We are working in their home, not the other way around". We saw staff asking people's permission and gaining consent before supporting them with their care and support needs.

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 saw the provider had made appropriate applications to the local authority to deprive people of their liberty where this was required to keep them safe. Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with told us, "Oh there's plenty of food, you can eat all day. I have a big breakfast, the works, then toast and marmalade. I don't eat lunch or tea, the breakfast sets me up. [Registered manager's name] brings me home made curry twice a week as well". Another person we spoke with said, "The food's marvellous, I eat everything and there's always tea and orange [juice]". A third person we spoke with said, "The food, yes it's nice and they [staff] ask me what I want". We saw that there was a selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. A staff member we spoke with said, "We [staff] encourage them [people using the service] to eat and drink regularly. We check and monitor their consumption. They can eat where and when they want". They went on to explain about some of the people who had specialist diets, for example; puree'd or liquid diets. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. Staff told us that they are aware of people who have specific nutritional needs and that these were recorded in people's care plans. We spoke with the chef who told us how they gave people a choice of meal every day, and that they were aware of any specific needs that people had regarding their health needs or cultural preferences. This showed us that staff knew how to support people to maintain a healthy diet.

Everyone we spoke with told us that their health needs were being met. A person we spoke with told us, "If I want to see the doctor they [staff] arrange it". A relative we spoke with said, "The GP's available if he needs them". They continued, "He's more mentally aware since being here. He has more clarity of thought". A visiting healthcare professional we spoke with said, "Everything's okay here, the staff are really helpful and supportive when it comes to looking after people". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

At our previous inspection we saw that people's dignity was not always respected by staff. During this inspection we saw that there had been a definite improvement and people's privacy and dignity was being upheld and maintained by staff. A person we spoke with told us that staff made sure his personal care was provided in a private and dignified way, "They [staff] close the door and curtains". Another person we spoke with told us, "They [staff] knock my door". A member of staff we spoke with told us, "[Person's name] is a very private person, he doesn't like me taking him to the toilet. He's like my father, so I respect him and speak to him respectfully".

People and relatives we spoke with told us that staff treated them with kindness and compassion. A person said to us, "Yes they [staff] are kind, they look after me, that's nice isn't it". A relative we spoke with said, "They've [provider] been so kind and considerate to both dad's and our needs, they're fantastic". We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

The provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A person we spoke with said, "I tell them [staff] what I want doing". Another person we spoke with said, "Decisions, I make those, I'm very independent". A relative we spoke with told us, "We haven't had to request a lot, but they [staff] do seem to want to listen". A member of staff said, "[Person's name] will tell you how they want things doing, for example, he'll ask if he wants a bath". Staff were able to meet people's care and support needs consistently because they knew people's needs well.

Not all of the people living at the home were able to express how they preferred to receive their care and support. A member of staff we spoke with told us that some people had difficulty communicating verbally, so staff used objects and pictures to aid communication. They told us, "We [staff] write things down for them [people using the service] to read". We saw that the provider worked closely with local Mental Health teams, Speech and Language Therapists (SALT) to support people in communicating effectively. Throughout our time at the home we saw good interactions between people and staff.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with told us how they encouraged people to eat and wash for themselves whenever possible. Another member of staff explained how they had supported a person to become more active, lose weight and mobilise independently, they said, "Now she's up and walking around unaided, a totally different person". Throughout the day we saw staff supporting people to make decisions for themselves, where practicable, regarding what they wanted to do, thus promoting their independence.

Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with said, "There's no restrictions, we've been coming when it suits us". Another relative we spoke with told us, "It takes me a while to get here [Grassmere] some days, but it's not a problem because I can see him no matter

what time I arrive". This showed us that people were supported to maintain contact with people who were important to them whenever they needed to.

Good

Is the service responsive?

Our findings

At our previous inspection we saw that staff did not always interact well with people especially those living with dementia. At this inspection we saw that this had improved, we saw people and staff communicating well. We found that staff knew people well and were focussed on providing personalised care. A relative we spoke with told us, "They're [staff] so flexible, he [person using the service] gets everything he needs. Look at him, he's smiling and happy". A member of staff we spoke with gave an example of how they supported people with their choice of food, they told us, "They [people using the service] can eat anything they want off the menu, but if they want fish and chips, I'll go to the shop and get it for them". We saw detailed, personalised care plans that identified how people liked to receive their care. We saw that care plans were regularly reviewed and updated when people's needs changed.
Throughout our visit we saw that staff were responsive to people's individual care and support needs. We saw a person ask a member of staff if they could have a cardigan because they were cold. The member of staff brought the cardigan and asked the person if they would like to visit the hair dresser. The person said that they would. A staff member we spoke with told us, "If they [people using the service] want anything, we [staff] try to do it".
Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff gave us an example of someone whose behaviour could become challenging. They told us that they gave the person the option of going to their room or to be left alone to relax. They told us, "We defuse the situation and then give them [person using the service] some attention". The member of staff was also able to identify what the triggers were to start this person's behaviour. We saw that people's care plans included information of the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging.

We saw that people had things to do that they found interesting. A person we spoke with told us how they enjoyed knitting for their family. Another person we spoke with told us, "I like watching quiz shows". When we spoke to the person in their room, they were watching a quiz show on the television. The registered manager told us that staff supported people to take part in activities that they enjoyed and were interested in. They also told us about group activities that took place, including; coffee mornings at the local church, visits to the safari park, exercise classes and visits from entertainers. On the day of our visit we saw one group of people involved in a bean bag throwing game.

People and relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us, "I've no reason to complain". A relative we spoke with said, "I've no complaints at all, he's [person using the service] quite happy here". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. We saw that complaints received had been recorded and responded to appropriately.

Good

Is the service well-led?

Our findings

At the last inspection in December 2015 we found the provider did not effectively monitor the delivery of care to ensure that all care practices were delivered safely to minimise the potential risk of harm to people. During this inspection we saw that quality assurance and audit systems were in place for monitoring the safety of service provision at the home.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC reports and ratings were displayed in the main reception area of the home. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had systems in place to ensure that the home ran smoothly if the registered manager was off site.

We saw that staff were clear about their roles and responsibilities, so they knew what was expected of them to ensure that people received the appropriate care and support. We saw that the provider had regular staff meetings to inform them of any issues or changes that they needed to be aware of to carry out their duties effectively. Staff told us that they enjoyed working at the home. A member of staff we spoke with told us, "I love my job and the interaction with the people"

We saw that the provider sought feedback from people, their relatives and staff on how the service was run. The provider showed us letters and questionnaires that were used to gather feedback from people and relatives to develop the quality of the service. We also saw that regular family and relative meetings took place.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been one whistle-blowing notification raised at the home. We saw that the local authority had investigated the concern and found that the provider had taken appropriate action to address the issue. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. From the PIR we could see that since our last inspection in December 2015, there had been one whistle blowing incident.

People, relatives and staff we spoke with were confident about approaching the registered manager if they needed to. A person we spoke with said, [Registered manager's name] she's nice, I like her she's my friend". A relative we spoke with told us, "[Registered manager's name] is very approachable, I know I can bring any issues to her attention and she'll do her best to sort them out. She's a good manager and the place [home] seems to run very smoothly". A staff member we spoke with told us, "[Registered manager's name] is very understanding and approachable, she's very polite".

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.