

Grazebrook Homes Limited

# Grazebrook Homes - 39 Adshead Road

## Inspection report

39 Adshead Road  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 July 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 12 Safe Care and treatment, Regulation 18 staffing, and Regulation 17 Governance of the service.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Grazebrook Homes – 39 Adshead Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Prior to our inspection we received some information of concern. The concerns raised were also reviewed as part of this focused inspection.

Grazebrook Homes - 39 Adshead Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Grazebrook Homes - 39 Adshead Road accommodates nine people in one adapted building. People that live at this service have support needs that include learning disability, and autism.

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.

We found the provider had taken action and the legal requirements had been met. We found improvements were still on-going in some areas. We saw where needed improvements had been made in relation to the concerns we had shared with the provider.

The provider had taken action and had improved the fire and health and safety procedures in the home to ensure people were safe. Work was on-going to fit radiator covers to areas of the home the provider had assessed as needing them. Staffing levels at night had been reviewed and increased to ensure people received the support they needed. A tool was not currently in place to indicate the staffing levels required to support people during the day. The provider gave us assurances a tool would be implemented and staff roles reviewed.

Staff understood how to support people and manage any risks that had been assessed. Staff understood their responsibilities to keep people safe from harm and to report any concerns about people's welfare. Recruitment procedures ensured people were supported by suitable staff. People received their medicines when they needed them and staff were being assessed by the registered manager to ensure they administered medicines safely.

Staff felt supported and had the training they needed to fulfil their role. People and staff had opportunities to share their opinions and ideas on how the service could be improved. Although systems to monitor the service had been reviewed and updated the provider intended to make further improvements and purchase a comprehensive home and infection control audit to drive improvements in the home. Records were being reviewed and new systems implemented to ensure they reflected the support provided to people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found action had been taken to improve the safety of people in the home.

The provider had improved the fire safety systems and aspects of Health and Safety within the home.

Staffing levels had been increased at night to meet people's needs. A review of the dependency assessment was required to determine the staffing levels during the day.

People were supported by staff to manage risks and to keep safe from harm. People received their medicines as required.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for Safe from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve how well-led the service was.

The provider had taken action and addressed all of the shortfalls in the service, including a review of the internal audits to make these more robust.

People were satisfied with the service they received and staff felt supported.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for Well led from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Grazebrook Homes - 39 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 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.

We undertook an unannounced focused inspection of Grazebrook on 20 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 18 July 2017 had been made. We inspected the service against two of the five questions we ask about services: is the service safe, is the service well led?. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection team consisted of one inspector.

We looked at the information we had about this provider. Providers are required to notify the Care Quality Commission [CQC] about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who used this home) to obtain their views. The registered provider produced an action plan after our last inspection. All this information was used to plan what areas we were going to focus on during the inspection.

We spoke with all of the people that lived at the home and asked four people about their experiences of living here. We spoke with two care staff a senior the deputy manager and the registered manager. We looked at a sample of records that included two peoples care and medicine records, two staff recruitment files, and staff training records. We also looked at records that related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

At our comprehensive inspection on 18 July 2017 we found the provider had not ensured that people lived in a safe environment and had sufficient staff available at night to support their needs and keep them safe.

At this focussed inspection we found the provider had taken action and made sufficient improvements to ensure they were meeting Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had removed all substances such as oven cleaner and nail varnish remover from all areas that could be accessed by people. A brief tour of the building demonstrated that people were no longer placed at risk by the lack of secure storage of these items. The provider had reviewed all products and substances that were used in the home. We saw data sheets had been completed in full and were available for each product used in the home such as nail varnish remover and cleaning products. These provided staff with information of the precautions required for the appropriate storage and emergency treatment in case of incidents when using substances.

We received information from the local Fire Officer who told us the provider had taken action to safeguard people in the event of a fire. The provider had replaced the bedroom doors, and had reviewed and updated the fire risk assessment. New procedures had been implemented and displayed to guide staff on how staff should evacuate people at night in the event of a fire. Staff we spoke with told us they had been made aware of the new procedures in place. The registered manager advised that a night fire drill simulation had been undertaken with staff but not with people as this would have caused them distress. This was to ensure staff knew the procedures to follow in the event of a fire at night.

The registered manager had completed a risk assessment in relation to the exposed radiators in the home and the risks these presented to people. The registered manager had taken action and work had been planned to guard the radiators located in people's bedrooms. The registered manager advised that this work would be completed by 01 December 2017. In the interim people were supervised when using their bedrooms.

We had received some concerns prior to our visit that the staffing levels were not sufficient to meet people's needs. We looked at these concerns in addition to reviewing the action the provider had taken in response to the breach of the regulation we had issued in our last report.

People we spoke with told us there were enough staff available to meet their needs. One person said, "Yes staff are here and support me I think there is enough". Another person told us, "Yes enough staff". Staff we spoke with gave us mixed opinions, and some staff felt there was enough whereas others felt there could be more staff on duty due to the various tasks they had to complete. The provider had increased the staffing levels on duty at night from one to two staff to ensure people's needs could be met and to ensure people were safe and could be supported appropriately in the event of a fire. We saw that people were supported by two staff during the day and one person had designated one to one support throughout the day and early

evening. During each shift staff had to complete a variety of tasks which included cooking, cleaning, medication and completing records, which meant they were not always able to fully engage with people. During the morning we observed short periods of times when staff were not present in the communal lounge. We saw one person go up to another person and move their leg. Although the person did not resist this intervention we saw staff were not available to distract the person from this behaviour. The registered manager advised that a dependency tool was not currently in place. This tool would demonstrate the staffing levels required to meet the dependency needs of the people currently living in the service. The tool should also take into account the dual roles staff were expected to fulfil such as completing cleaning duties in the home. The registered manager agreed to complete a dependency tool and review the staffing levels in the day taking into account the various tasks staff were expected to complete.

People we spoke with told us they felt safe living at this home. One person said, "Yes I feel safe here the staff are lovely and have never shouted at me or treated me badly". Staff we spoke with understood their responsibilities and the action to take if they had any concerns that someone was at risk of harm. One staff member told us, "I would always raise any concerns I had and if action was not taken I would then go higher or report it to external agencies like yourselves". Staff confirmed and records we reviewed showed that staff had completed training in relation to safeguarding people from abuse. Staff we spoke with now understood that all incidents including those between people that lived in the home must be reported. A review of our records demonstrated that the registered manager had reported concerns appropriately.

We had received some concerns that people who required pressure relief and support to use the toilet did not receive the support they required. Staff we spoke with were able to tell us about the risks associated with supporting people. Staff knew which people were at risk of sore skin and were able to tell us the pressure relief they provided and the frequency. They were also able to tell us which people required support to use the toilet and the frequency people were supported. We saw risk assessments were in place identifying risks to people and the action staff should follow to mitigate these risks. The deputy had designed a new monitoring tool, which was to be implemented the day after our visit for staff to use to record the times pressure relief was provided to people. Staff currently recorded this information in people's wellbeing notes.

We saw accidents and incidents were recorded and action taken where required. For example a person's behaviour was being monitored and referrals had been made to support the person and staff with strategies on how best to support the person.

We received some concerns that staff did not have the specialist skills to support people that lived at this service. Staff we spoke with were able to tell us which people could become anxious and displayed behaviours that could be difficult for staff to manage. Staff told us about the techniques they used to manage people's anxieties, which included using distraction. We reviewed the training matrix in place and this demonstrated that staff had completed training in relation to behaviours that challenge and dementia awareness. There were some new staff that had not yet completed this training and the registered manager advised that training had been arranged for these staff that worked alongside experienced staff.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with newly recruited staff members who confirmed that reference checks and Disclosure and Barring Service (DBS) had been undertaken before they had started work. The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. A staff member told us, "I have completed all of the required checks and an application form and provided all of my employment details before I started working here". We saw from the staff files that we reviewed that all of the required checks had been undertaken before staff started work.



One person told us "I get my tablets when I need them, the staff are good like that". We saw that the medicines were stored securely in a cabinet which was located in the kitchen area. The staff were monitoring the temperature of the cabinet to ensure the medicines were being stored at the required temperature. We checked two people's medicines and records showed that medicines had been administered as prescribed. Where people had medicines on 'as required' basis, staff had the knowledge to recognise when people may need this medicine and procedures were in place to guide staff. We found one person received their medicines covertly in a drink. There was evidence that a best interests meeting had been undertaken to discuss this and the rationale for this action. Staff confirmed they had received medicines training and the deputy manager was in the process of completing assessment of competencies on all staff that administered medicines to ensure they did this safely.

We reviewed the infection control practices in the home. During a brief tour of the building, we noted some infection control risks such as a small tear on a chair and some rust on a hand rail. The provider sent us confirmation following our inspection confirming that all of the issues we noted were in progress or had been addressed. We saw that cleaning schedules were in place, which demonstrated when certain areas of the home were cleaned, and by whom. The infection control audit was currently being reviewed and improved upon to make it more detailed. Staff assisted with both the cleaning and cooking and we saw from the training programme that staff had completed both infection control training and food hygiene. We saw that staff had access to and used personal protective equipment such as gloves and aprons when needed to support people with their hygiene needs.

The registered manager told us they had learned lessons from our previous inspection in particular in relation to the fire procedures and use of COSH items. In response to the concerns, we had received and had shared with the provider improvements had been made to the systems and records in response to these. For example, an alternative menu is being devised to reflect that people have choices other than what is planned on the main menu. Information and lessons learned was shared with staff in staff meetings to ensure any improvements were shared and understood by staff.

## Is the service well-led?

### Our findings

At our comprehensive inspection on 18 July 2017 we found the systems and audits in place to monitor the safety and quality of the service provided had not been effective.

At this focussed inspection we found the provider had taken action and made sufficient improvements to ensure they were meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection, the provider either has addressed or was in the progress of addressing the shortfalls we had identified. Systems for the storage and management of substances that could be harmful had been reviewed and improved upon. A new fire panel has been installed and the fire procedures had been updated. The audits completed by the registered manager and deputy had been reviewed and updated to include areas that had not been included previously to make them more effective. We saw water temperatures had been monitored in accordance with the provider's timescales. Records were reviewed to ensure information was factual, respectful and any issues were acted upon. Assessments had been completed and a new system for recording the support provided to people with pressure relief had been implemented. The deputy manager was in the process of reviewing the systems in place for monitoring people's fluid intake to make them more detailed. The registered manager advised that they intended to purchase a comprehensive home and infection control audit tool, which would be in place by the 01 December 2017. The registered manager advised this would further improve the monitoring of the service provided to people. It would also include the changes made to the key lines of enquiry that we inspected the service against. We saw that audits had been completed since our last inspection and where shortfalls had been identified, action had been taken to address these. For example where records had not been fully completed by staff.

As part of this inspection we reviewed the concerns that were shared with us, these included a variety of areas such as staff training and records not being up to date. The training matrix we reviewed demonstrated staff had received training relevant to their role. We saw that records were up to date and people's weights were monitored in accordance with their individual needs. In response to the concerns we had shared, the provider had reviewed their systems and records and where required these had been improved. For example, monitoring records had been reviewed and improved upon to ensure information clearly reflected the support people received.

People we spoke with told us they liked living at this home. One person said, "I like living here, everyone is nice and I do what is important to me such as go out and see my family. The manager is good and I see him and he listens to what I have to say". Another person told us, "We have meetings to discuss the home and what we want". Records showed that regular meetings were held with people to discuss the service they received and to ask for ideas for improvements. One person was keen for the home to be decorated for Christmas and we saw that decorations had been put up, which the person was happy about.

We saw people were familiar with the registered manager who knew them well and was able to demonstrate

he understood their needs. We saw one person smiled when the registered manager entered the room and then they went up to him and shook his hand and gave him a hug showing affection. The registered manager spent time with people and listened to them when they wanted to speak with him. Both the registered manager and deputy told us they monitored staff practices and observed interactions between people and staff. Some people were not able to verbalise their feelings and the management team told us how they observed facial expressions and body language as a method of monitoring the care provided to people.

The management team and staff were committed to promoting equality and supporting people to lead full lives. We saw that staff and people were encouraged to wear clothes that reflected their culture and individual styles. A person told us, "I can wear what I want to wear and the staff or my family take me to my place of worship. I feel respected by staff". A staff member told us, "I feel valued and the management team respect my identity. I think the culture here is inclusive and open, and we all want what is best for the people that live here to ensure they live good lives".

Staff we spoke with told us they felt supported and had someone they could talk to if needed. A staff member told us, "I feel supported and I know I can go to the deputy or manager if I need to discuss anything or to share information. I have regular supervision and there are regular staff meetings to discuss the way the service is provided and I feel able to share any ideas. I think we all work well together and any issues raised are addressed by the management team". Records confirmed that staff meetings were held regularly to discuss lessons learned, service improvements, people needs and ideas for development.

Staff we spoke with understood their responsibilities in relation to raising concerns in accordance with the whistle blowing procedures. One staff member said, "If I had any concerns about the way people were supported I would raise these and ensure action was taken to protect people".

A review of our records demonstrated that the registered manager had notified us about any incidents of concern and safeguarding alerts as required by law. The registered manager advised he had signed up to receive alerts from various health and safety organisations and the Care Quality Commission to keep up to date with current practice, changes and legislation. The registered manager confirmed this information was cascaded to staff where applicable in team meetings.

At our last inspection in July 2016 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who live there. We saw that the rating was displayed on the provider's website, and within the home.