

Mrs R Haq

Graywood Care 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Graywood Care Home provides accommodation and personal care for up to 13 people who need support with their mental health. The service is located in a residential area of Margate, near to shops, local amenities and the sea front. There is good access to public transport. The service is set out over two floors. The first floor could be accessed by a stair lift if needed. On the ground floor are communal areas and bedrooms. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them.

There were 12 people living at the service at the time of the inspection. The care and support needs of the people were varied. There was a wide age range of people living at the service with diverse needs and abilities. The youngest person was in their 40's and the oldest was over 90 years old. As well as needing support with their mental health, some people required care and support related to their physical health. People were able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted and were able to go out independently.

There was no registered manager in post. This was because the service was registered to one person who is the provider and therefore the service does not require a registered manager. The provider was the registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered provider had overall responsibility for this service. The provider spent time at the service and there was an assistant manager in post who gave support with the day to day running of the service. On the day of the inspection the provider was not available. The service was a family run business and family members were employed by the provider. The assistant manager and staff supported us throughout the inspection.

At the last inspection in February 2016 we found breaches of regulations. We issued requirement notices relating to safeguarding people from abuse, safe care and treatment, fit and proper persons employed, staff training and staff deployment, person centred care and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. There were seven breaches identified at the previous inspection and at the time of this inspection the provider had complied with six breaches and parts of the other breach. The provider had not fully met their legal requirements but improvements had been made.

A system to recruit new staff was in place. This made sure that the staff employed to support people were fit to do so. At the last inspection recruitment processes were not fully adhered to. At this inspection improvements had been made but there was an area that needed further improvement.

At the last inspection not all risks to people had been kept to a minimum. At this inspection improvements had been made but there were still some shortfalls. Fire safety checks which were supposed to be done

weekly had not been completed since May 2016. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills at the service so that people knew how to leave the building safely. People's personal evacuation emergency plans (PEEPS) had not been reviewed and updated to explain what individual support people needed to leave the building safely. After the inspection the assistant manager sent information to evidence this was being addressed. We have made a recommendation about the fire safety within the service.

Individual risks to people's safety were assessed and managed appropriately. Risk assessments identified people's specific needs, and showed how risks could be minimised. When new risks had been identified the assistant manager had taken action to prevent them from re-occurring. Keyworkers updated risk assessments and passed the information to the rest of the staff so that people would be safe.

At the previous inspection the management had not identified and taken action to make sure the all the systems used at the service were checked and audited regularly and that shortfalls were identified and improvements made. They had not asked stakeholders for their opinion of the service to identify shortfalls and make improvements. At this inspection improvements had been made and regular audits were undertaken on most systems used at the service, however the management had failed to identify the fire safety checks had not been completed for four months and had not asked stakeholders for their opinion of the service so that their suggestions could be acted on to improve the service.

At the last inspection procedures to protect people from abuse were not adhered to. At this inspection improvements had been made. No incidents had occurred that required reporting to the local safeguarding team but the management team and staff were aware of the type of events that did need reporting. Staff had received up to date safeguarding training and were able to explain what action they would take if abuse was suspected or had occurred. People told us they felt safe at the service; and if they had any concerns, they were confident these would be addressed quickly by the provider or the assistant manager. Staff were confident to whistle-blow to the provider or assistant manager if they had any concerns and were confident appropriate action would be taken. The assistant manager responded appropriately when concerns or complaints were raised. The assistant manager was aware of when they had had to notify the Care Quality Commission (CQC) of events or incidents that occurred at the service.

At the last inspection staff were not deployed effectively to meet people's individual needs. At this inspection improvements had been made and staff had more time to spend with people to encourage, support, motivate and involve people to do daily activities. People benefitted from individual support and input.

At the last inspection staff had not received all the continuous training and updates they needed to carry out their roles effectively and safely. At this inspection improvements had been made and staff had the skills and training they needed to support people. Staff had completed induction training when they first started to work at the service. Staff had received regular supervisions (one to one meetings with a senior member of staff) and there were regular staff meetings. Annual appraisals had been booked for staff in the next few months. Staff said they were supported by the management.

The assistant manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have to be agreed by the local authority as being required to protect the person from harm. At the time of the inspection no-one living at the service was subject to a DoLS restriction and everyone had

been assessed as having full mental capacity to make the decisions they wanted to about how they lived their lives.

Before people decided to move into the service their support needs were assessed by the provider and assistant manager to make sure they would be able to offer them the care that they needed. The care and support needs of each person were different and each person's care plan was personal to them. People had been involved in writing the information in their care plans. There was the information needed to make sure staff had guidance to care and support people in the safest way. People said they were satisfied with the care and support they received.

People's medicines were handled and managed safely. At the last inspection some medicine records were not completed accurately and there was a lack of detailed guidance for medicine needed on a 'when needed' basis. At this inspection improvements had been made. People's physical and mental health was monitored and they had regular contact with specialist health care services. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People said that they enjoyed their meals. People were offered and received a balanced and healthy diet. People were encouraged to have a diet that specifically met their needs. They had a choice about what food and drinks they wanted. If people were not eating enough they were seen by dieticians or their doctor and a specialist diet was provided.

People were settled, happy and contented. Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people were comfortable and at ease with the staff. Everyone told us their privacy was respected and they were able to make choices about their day to day lives.

People told us they received care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent. People were involved in activities which they enjoyed. People talked about social events they had taken part in or were planning.

Staff and people told us that the service was well led and that the management team were supportive and approachable. They said there was a culture of openness within Graywood Care Home which allowed them to suggest new ideas which were often acted on. The assistant manager had sought feedback from people, their relatives and visitors. Their opinions had been captured, and analysed to promote and drive improvements within the service. Stakeholders had not been formally asked for their opinions of the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible.

We found one of breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

Fire safety checks had not been completed to make sure people were as safe as possible if a fire occurred. Individual risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible.

Recruitment procedures were in place and on the whole, they were adhered to.

People were protected from abuse and harm.

There was enough staff on duty to make sure people received the care and support they needed.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective

Staff had received all the training they needed to meet people's needs. Staff felt well supported by the assistant manager and the staff team.

The management and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and their representatives were involved in making decisions about their care and support.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good ●

The service was caring.

People spoke highly of the staff and the management team. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded quickly to their requests for support.

Staff promoted people's independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People said they would be able to raise any concerns or complaints with the management and staff, who would listen and take any action if required.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

Systems for monitoring the quality of care provided were not fully effective. Some shortfalls had not been identified and some checks had not been carried out.

Staff were aware of the provider's vision for the service and this was followed through into their practice. The staff were aware of the service's ethos for caring for people as individuals.

People and staff said that they felt listened to and that they had a say on how to improve things. However, stakeholders had not been included in the survey to give them the opportunity to voice their opinions about the quality of the service.

Graywood 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 2 September 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We met all of the people living at the service and had conversations with nine of them. We spoke with three members of staff and the assistant manager. Following the inspection we spoke with a visiting professional who had regular contact with the service.

During our inspection we observed how the staff spoke with and engaged with people. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed five care plans and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 5 & 9 February 2016. Concerns and breaches in the regulations were identified at this inspection.

Is the service safe?

Our findings

People said that they felt safe living at Graywood Care Home. They said, "We are very comfortable and safe living here. There is always someone around if you need anything or if you feel unsure" and "The manager makes sure everyone is safe".

At our last inspection in February 2016 risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made. However, risks concerning the environment had not been kept to a minimum. Fire safety checks which were supposed to be done weekly, like the fire alarms, emergency lighting and fire doors had not been completed since May 2016. There was a risk that the fire safety systems may have not been working effectively. The assistant manager did check these during the inspection and they were working. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills at the service so that people knew how to leave the building safely. People and staff were able to say what they would do in the event of a fire. They said they had practised lots of times and were able to say exactly what they had to do if the fire alarm went off.

Peoples individual personal evacuation emergency plans (PEEPS) had not been reviewed and updated to explain what individual support people needed to leave the building safely. After the inspection the assistant manager sent information to evidence this was being addressed.

We recommend that the provider reviews how they make sure fire safety checks are undertaken and that the personal emergency evacuation plans for people are reviewed and updated.

The staff carried out other regular health and safety checks of the environment and equipment. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure they did not exceed the recommended temperature.

Improvements had been made to manage people's personal risks. When people had medical conditions like diabetes there was information available so staff knew what signs to look for and what action to take if their condition became unstable. Staff had received training for diabetes care and were able to explain how they supported people with the condition.

When people's mobility had reduced and there was an increased risk of them falling over an assessment had been completed and action taken to prevent this from happening. People had been assessed for walking aids to use within the service and, if needed, wheelchairs to go outside.

One person had behaviours which at times may have posed a risk to others. The risk assessment gave staff guidance and explained the best way to prevent the behaviour from escalating. The interventions were consistent and people were supported in a way that suited them best to keep them and others as safe as possible. When there was a risk of people's mental health deteriorating there was guidance in place for the

signs and symptoms staff needed to look for so that prompt action could be taken to support people.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people had conditions like epilepsy or if people were at risk of losing weight. These were detailed and explained how to support and care for people safely. Accidents and incidents had been recorded and action had been taken to reduce the risks of further events.

At our last inspection the provider and assistant manager had a lack of awareness and insight about their responsibility to report safeguarding incidents to the local safeguarding team and to the CQC. Staff were not fully aware of the various types of abuse that needed to be reported. At this inspection improvements had been made. Management and staff had received training in safe guarding people and they were aware of what events or incidents would constitute abuse. They also knew about reporting to the local council safeguarding team. Since the last inspection no incidents had occurred that were safeguarding issues.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible and several people managed their own money. The provider did not have information at the service to show how much money people were allocated on a weekly basis. This is an area for improvement. People knew how much money they had to spend every week and had made the choice for the provider to keep their money safe. The provider kept clear accounts of all money received and spent. Money was kept safely and was accessed by senior staff only. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

At the inspection in February 2016 the provider had policies and procedures in place for when new staff were recruited, but these were not been consistently followed. At this inspection improvements had been made. All the relevant safety checks had been completed before staff started work. Application forms showed a full employment history and gaps in employment had been explored when staff were interviewed. Satisfactory evidence of conduct in previous employment had been requested. Two references were obtained from previous employers for the majority of staff. However in one staff file there was no references. The explanation for this was that the staff was a family member. The assistant manager said that this would be addressed and references would be obtained as this was an area for improvement. Other safety checks had been completed including Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period.

At our last inspection during the morning and early afternoon staff were undertaking a lot of domestic duties like cooking and cleaning and did not have a lot of time to spend with people. At this inspection improvements had been made. The deployment of staff had been reviewed and they were now able to spend more time engaging with people and supporting them to arrange and partake in activities. Staff had more time to sit and talk with people. Staff and people said this arrangement was better. People said the staff had more time to spend with them and did not feel the mornings were so rushed.

During the last inspection there was risk that people were not receiving their medicines as safely as they should be, at this inspection improvements had been made. Medicines were audited at least daily to make sure people had received the medicines they were prescribed by their doctor. Prescribed tablets were written by hand onto the medicines records by staff and checked. Medicines were counted and a record kept of the amount. The entries were signed and countersigned to make sure there was the correct amount of tablets and that staff were writing in the correct person's record. People were receiving their medicines safely and if errors were made the staff members would be identifiable and accountable.

The temperature of the room where the medicines were stored was checked to make sure medicines remained effective. Staff said that they had received training in medicines and that their competencies in giving medicines to people were checked to make sure they were safe to do so.

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff. People said they were happy with this arrangement and this was the way they preferred to have their medicines. All medicines were stored securely for the protection of people. People told us that they received their medicines when they should and felt staff handled their medicines safely. Some people were given medicines on a 'when required basis'. There was guidance for each person who needed 'when required medicines'. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Is the service effective?

Our findings

People told us the staff looked after them well and staff knew what to do to make sure they got everything they needed. People told us that they received 'good' care. They said that staff 'knew what they were doing'. People said they were happy and liked living at Graywood Care Home.

Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on their advice and made any necessary changes to people's care and support. They said there was clear and effective communication with the staff. Regular reviews were held when people's care was discussed in full. They told us that the staff asked for advice and support if they were unsure how to manage certain situations in regard to more complex mental health issues.

At the last inspection in February 2016 the provider had not taken all the necessary steps to make sure all staff were suitably qualified, competent skilled and experienced to work with people. At this inspection improvements had been made and action had been taken to make sure staff had the training they needed to perform their role.

The provider kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of some courses related to people's health needs like diabetes and mental health. Staff had now completed this training and were able to explain how the conditions might affect people. Staff knew the signs and symptoms to look for if people's diabetes became unstable or if their mental health started to deteriorate. Staff had received updated training in first aid and Mental Capacity Act. Regular training updates were provided in subjects, such as, fire safety, medicines and moving and handling.

The majority of the staff team had worked at the service for many years. The staff knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they supported people on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated.

There had been no recent new staff employed at the service. When new staff did start they worked through an induction. The induction consisted of time spent going over policies and procedures, getting to know the service and the people living there. As part of the induction period, new staff shadowed existing staff to get to know how things were done. Staff member's personnel records showed that they were going through the induction which was being signed off by the assistant manager at each stage.

Staff had regular supervisions (one to one meetings) with the assistant manager. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people and was helpful in improving their practice. At the time of the inspection the staff had not received an annual appraisal. Annual appraisals had been booked to take place over the next three months. The appraisals gave staff the

opportunity to discuss their training and development needs. The performance of the staff was being monitored according to the company's policies and procedures. The staff were supported out of hours by the provider and the assistant manager. Staff said they could contact the management team day or night and they were confident they would receive any support and help that they needed.

There were regular staff meetings that highlighted people's changing needs and other issues like health and safety, staff conduct and training. There were reminders about household task allocations and about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns and ideas were taken seriously by the provider and deputy manager and acted on.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People had regular health checks with their doctor. The staff actively sought support when people needed it and did not work in isolation. People were supported to go to the GP, dentist and optician. Appointments had been made for blood tests when people were on special medicine where they needed to have their blood levels monitored. Staff made appointments with the consent of the person and when asked were happy to accompany people to these appointments.

When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

The lunchtime meal was a social occasion when people sat together and chatted. There was a relaxed and friendly atmosphere. People helped lay the tables. The tables were nicely laid with serviettes and condiments. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could have drinks and snacks when they wanted to. Some people had coffee/tea making facilities in their rooms so they could be more autonomous and independent. Staff included and involved people in choosing and preparing their meals. People often went out to eat in restaurants and local cafés. When people were not eating their meals because their mental health was deteriorating or they were unwell the staff tried to make sure they had enough calories to maintain their weight to remain as healthy as possible. The amount of food and drinks they had was monitored to make sure they were having adequate amounts to keep healthy and hydrated. Staff contacted dieticians and supplement drinks were given to people when they needed it. Some people had specific health needs like diabetes and staff supported and encouraged them to manage their diets to make sure they were as healthy as possible.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. At the time of the inspection all the people had the capacity to make their own decisions and no-one was deprived of their liberty. Staff were following the principles of the MCA.

Is the service caring?

Our findings

We received feedback from a health care professional who was involved with the service. They told us that their experience of working with the people and staff at Graywood Care Home was a positive one. They had witnessed people being treated with respect and dignity. They said "The staff have a good understanding of people's needs and know how to support them. There is a real family atmosphere".

People commented, "It's very pleasant here. I have a key worker and they take a special interest in me and listen to what I say". "Staff do their best to give me the best of everything". "I am happy with the care provided."

The staff had good knowledge of people and their needs. All staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. The management and staff were committed to providing personalised care to each person. Staff made sure that people were involved in their daily routines, what they wanted to do and achieve during the day. Staff took time to listen and supported people to make arrangements for the day. Some people were going out shopping; others watched the television or went to social activity clubs.

People were treated with dignity and respect. Interactions between people and staff were positive, caring and inclusive. Staff told us that they enjoyed working with the people living at Graywood Care Home and this was demonstrated by their commitment to providing people with the support they needed. They knew about people's life experiences and supported people in line with their different personalities. Staff gave people the time to say what they wanted and responded to their requests. People felt they were able to express their needs and that they would be listened to. People told us they were able to make choices about their day to day lives and staff respected those choices. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible.

Throughout the inspection exchanges between people and staff were caring, respectful and professional. People were included in conversations and staff explained things to people and took time to answer people's questions. People told us how everyone was involved at the service. They told us about they felt like part of a family and that the provider included them in family celebrations. A visiting professional told us about a barbeque that people had told them about. They said, "People were really 'buzzing' and excited. Everyone was involved. The provider treats people as part of their family. It's really wonderful to see". People were very respectful and supportive towards each other. Positive and caring relationships had developed between people.

People were independent and could come and go as they pleased. If they wanted to, people had a key to the front door to let themselves in and keys to their bedrooms. People's rooms were personalised with their own possessions, they had their own things around them which were important to them. People's religious beliefs were supported. The service had developed links with local church groups and people attended church when they wanted to. People said they found comfort in this.

People had opportunities to express their views about the service. There were regular meetings with the management team to discuss the care and support they were receiving. The last meeting included discussing the re-decoration of the house, personal files and menus, fire procedures and safeguarding. When people made suggestions they were acted on.

Staff involved and supported people in making decisions about their care. People said that they were involved in planning their care. They told us staff sat with them to discuss what care and support they wanted and what they did not want. They said they were involved in everything that happened at the service. One staff member told us, "We sit down with people and look at their care plans together and really try and support people to make decisions. We encourage people to make decisions for themselves". Staff understood about person-centred care. People decided when they went to bed, when they got up and how they wanted to spend their time. One person said, "I like watching films late at night and then I have a lie-in in the morning. I do what I want".

Staff took care to ask permission before intervening or assisting. Staff spoke with people in a friendly and pleasant manner. Staff respected people's privacy and knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did not do so in front of other people but asked the person if they could speak to them in private. Everyone said their privacy was always respected.

People's personal information was stored safely and securely and people had access to their care plans when they wanted to.

Is the service responsive?

Our findings

People said, "This is a lovely home and I have a lovely room. I keep it tidy. Everything is great" and "It's very pleasant here. Things are going very well and I have been for the past 17 years. I would not want to be anywhere else and so far I have no complaints".

Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on their advice and made changes to people's care and support. They told us that people who had been unable to settle in other services had settled and thrived in Graywood Care Home.

One visiting professional said, "My clients mental health has really stabilised and going to Graywood has done them the world of good. The staff have really got to know them and work with them all the time to make sure their condition does not deteriorate. They respond quickly if there are any signs".

At the previous inspection the provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been reviewed and updated. At this inspection improvements had been made.

People had assessments before they came to stay at the service. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These assessments helped staff to understand about people and the lives that they had before they came to live at Graywood Care Home. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the provider, assistant manager and staff additional information about the person and how to care for and support them.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. In some care plans it was identified that for people to be involved in their care planning the plans needed to be written in format that was easier to understand. Some care plans were in a pictorial format and others were written in large bold print. People told us about their care plans and said that they were involved in the planning and they understood what they were for.

The plans contained directions and guidance for staff on how to care and support people safely and effectively. The care plans gave the information on the support people needed with their personal care. The care plans clearly stated the signs staff should be observing for to detect if people's mental health was deteriorating and the action they should take. The care plans contained the guidance staff needed when people had behaviours that might be difficult. The care plans had been reviewed and updated to reflect that some people needed more support with their mobility. Special aids like walking frames and wheelchairs were now available. People's care treatment and support had recently been reviewed by local mental health team and care plans had been updated to reflect any changes. People were able to explain in detail about

the treatment and support that they needed. They explained about the regular special meetings they had with mental health professionals and staff and why these meetings had occurred.

People had monthly meetings with their key workers. At these meetings people talked about what they had been doing, how they were feeling. If they had any concerns and if there was anything specific that they wanted. These meetings identified people's goals and aspirations and what they wanted to do and achieve in the short and long term. People were receiving consistent person-centred support and encouragement to live more fulfilling and interesting lives.

People said, "At my age I am quite satisfied to sit here and watch the world go by. If I want to go anywhere the assistant manager takes me or I get a taxi. I do what I want" and "If I need to talk there is always someone around to listen".

People decided what they wanted to do and when they wanted to do it. Information was included in people's care plans about their preferences about how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in and outside the service. Throughout the inspection people decided how they spent their time, the food they wanted and what social activities they wanted to do. Some people went out to visit family; others went to meet up with friends. Others liked to go shopping. People were able to do these activities on their own. Some people had specific interests and hobbies. One person had a special interest in aeroplanes and had recently visited an aeroplane museum. People were content and happy with how they spent their time.

People said that they felt listened to and their views were taken seriously. If any issues were raised they said these were dealt with quickly. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. Sometimes people decided to remain in their rooms for periods of time. Staff encouraged them to come to the communal areas to socialise and eat their meals but respected their wishes if they chose not to do this. If people wanted to be on their own staff respected this.

The staff encouraged and supported people to keep in contact with relatives and friends. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. Relatives came to visit and people went to visit their families. People were supported to write letters and contact relatives on the telephone. People often went out to meet up with their friends in local cafés and pubs.

People were confident that the provider, assistant manager and staff would listen to them if they had any concerns and would take action to resolve the issues. People said they would have 'no problems' complaining but did not have any complaints. People were asked regularly if they were 'happy' with everything. During residents meetings people were asked if they had any complaints, issues or concerns. There was a written complaints procedure. There had been two complaints made since the last inspection. These had been concerning the décor within the service and these complaints had been dealt with immediately. Any complaints were logged and investigated and responded to by the provider.

Is the service well-led?

Our findings

People, staff and visiting professionals told us they thought the service was well led. A visiting professional said, "This is a good effective well run service".

At the last inspection the registered person had failed to identify the shortfalls at the service through regular effective auditing. Feedback was not being gathered from all stakeholders to improve the quality of the service. At this inspection improvements had been made. Audits and checks were undertaken to make sure care plans were up to date and reflected people's changing needs. Medicines had been audited to make sure people were receiving their medicines as they were supposed to. The assistant manager carried out monthly health and safety checks of the environment including the water temperatures, the stair lift and equipment. All bed rooms were checked for any repairs or replacements needed for fixtures and fitting. Safety of electrical equipment was checked, cleanliness and décor. These checks were recorded. If any shortfalls or issues were identified then action was taken to rectify them. However, some shortfalls had not been identified by the provider. The fire safety checks had not been done for four months; one staff file contained no references. Stakeholders had not been asked their opinion of the service. This was continued breach of the regulation. The assistant manager said they would include stakeholders, including relatives, staff and health care professionals in their next survey.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. Feedback was not being gathered from all stakeholders to improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Satisfaction surveys had been sent to people and people were regularly asked how they thought improvements could be made. When people had made comments or suggestions these had been responded to and action was taken.

At the last inspection the provider had not notified the Care Quality Commission (CQC) of significant events that occurred at the service. At this inspection no significant events had happened that required a notification. The assistant manager was now aware of their legal obligation to inform of certain events and was able to give examples of when they would inform CQC and other professional bodies

People said that the provider and assistant manager were approachable and supportive. They said they could speak to them whenever they wanted to. People told us the provider and assistant manager listened to what they had to say and 'sorted things out' if there were any problems. One person said, "The door is always open in the manager's office we go in and out whenever we want to". On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the assistant manager. Despite constant demands, the assistant manager remained calm and engaged with people and the staff. A staff member said "You can contact the manager at any time. Even if they are not at work they are always there at the end of the phone to give advice and support".

People were encouraged to be involved in the service through regular meetings, and events within the service. The minutes of these showed these were an opportunity to share ideas and plan improvements. People and staff said that the provider and assistant manager were available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. Regular staff meetings were held where staff responsibilities and roles were reinforced by the management team.

Our observations of people and discussions with staff at the service showed that there was an open and positive culture between people, staff and the management. The service's visions and values were to give people the care and support that they needed while keeping them safe. The management and staff were clear about the aims and visions of the service. When staff spoke about people, they were very clear about putting people first. The provider and assistant manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and on the whole interacted with people in the same caring manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not identify and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>The systems in place to quality assure the care being provided were not fully effective. Feedback was not being gathered from all stakeholders to improve the quality of the service.</p> <p>Regulation 17 (1) (2) (a) (b) (e).</p>