

Grazebrook Homes Limited

# Grazebrook Homecare

## Inspection report

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Date of inspection visit:  
28 August 2019

Date of publication:  
18 October 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Grazebrook Homecare is a supported living service providing personal care to eight people with learning disabilities, and physical disabilities and adults aged 65 years and over. The service supported people living either alone or in small groups in four separate houses.

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

Since the last inspection in January 2019 we found improvements had been made to address the areas we identified as requiring improvement. However, there remained some areas for further development whilst embedding and sustaining the improvements made so far.

People were supported by a group of staff who knew them well. Staff were aware of the types of abuse people may be at risk of and their responsibility to raise concerns to the appropriate authorities. Risks to people were identified and care records reflected people's current needs. A dependency tool was in place to assist the registered manager in ensuring people were supported by sufficient numbers of skilled staff. Improvements had been made in the administration of people's medication. Accidents and incidents were reported and acted on appropriately and analysed for any trends.

Staff felt supported and well trained. Additional training was sourced to provide staff with the skills to meet people's individual needs. People were supported to access a variety of healthcare services in order to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were treated with dignity and respect by a group of staff who knew them well. Staff respected people's decisions on how they wished to spend their time and encouraged people to maintain their independence, where possible.

People were involved in the development of their care plans. Care plans held details regarding people's likes and dislikes, their preferences as to how they wished to be supported and what was important to them.

People were supported to maintain relationships with friends and family and take part in activities they enjoyed.

Staff and relatives were complimentary of the service and the registered manager and deputy. They recognised the improvements that had been made to the service since the last inspection and the positive impact these had on service delivery, particularly the increase in staffing levels. The variety of audits introduced provided the registered manager with oversight of the service.

People's opinions were sought through meetings and surveys. Relatives had no complaints but were confident if they raised concerns they would be responded to appropriately.

The registered manager had a plan for action to continually improve the service and staff were on board with the improvements made to date.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Rating at last inspection (and update) The last rating for this service was inadequate (published 28 February 2019) and there were multiple breaches of regulation. We returned to the service in February 2019 to follow up on the concerns (published 20 March 2019) and the provider remained inadequate. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 28 February 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grazebrook Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

# Grazebrook Homecare

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and people are often out and we wanted to be sure there would be people available to speak with us.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the deputy and care workers

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, actions plans, minutes of meetings, policies and procedures were reviewed.

After the inspection –

Following the inspection we spoke with four relatives over the phone to gather their thoughts of the service. We also continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the, provider had failed to do all that is reasonably practicable to mitigate risks to people using the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. Improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 in relation to the concerns raised at the previous inspection.

- Systems and process were now in place to keep people safe from avoidable harm. Risks to people had been identified and staff were aware of how to manage those risks on a daily basis. For example, where one person had had been identified as putting themselves a risk of injury in particular situations, staff were mindful to monitor the person closely. When in those situations a member of staff told us, "We will walk with [person] and 'tail' them before they enter the room, just to make sure they are ok, and then we will give them some privacy and come away." A relative told us, "Staff are aware of the risks to [person] and we've never had any issues." Where people had a specific medical diagnosis, care plans and risk assessments were in place providing staff with information to follow.
- Environment risk assessments had been carried out in people's homes. Where areas for action had been identified, work had been carried out to rectify the concerns. The registered manager conducted regular audits and spot checks of the environment to ensure it was safe for people. Staff told us that if they did raise any issues regarding the environment, the registered manager was quick to ensure the work was completed in a timely manner. The registered manager told us, "One of the issues was doors being propped open. We have had electronic door closures added and linked them to the fire alarm system and we are making sure staff are checking doors close when the weekly fire alarm test take place."

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

At our last inspection, the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 in relation to the concerns raised at the previous inspection.

- Relatives spoken with told us they considered their loved ones to be safe when supported by staff at the service. A relative told us, "I do feel [person] is safe." Staff were aware of their responsibilities to raise and act on any concerns they may have. A member of staff told us, "If concerns were raised I would talk to whoever was on shift and let management know what I had been told. Incident forms are also written out and given to management."
- Where safeguarding concerns had arose, they were acted on and reported to the local authority and CQC as required. The registered manager had put systems in place to ensure they were kept informed of any concerns, accidents or incidents that had taken place.
- Audits had been introduced which included analysing safeguarding concerns and accidents and incidents for any trends or lessons to be learnt. For example, analysis had taken place of a number of incidents regarding an individual which resulted in additional support being obtained from the behaviour support team and a positive behaviour support plan being implemented.

#### Using medicines safely

At our last inspection, the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 in relation to the concerns raised at the previous inspection.

- Protocols for the administration of 'as and when required' medicines had been improved. Each protocol provided staff with details of the circumstances in which to administer the medication. Prior to administering a particular medication, staff had to seek the approval of the registered manager who checked that staff had followed the person's plan of care. This meant the registered manager could be assured that the administration of medication in these circumstances was used as a last resort.
- Regular audits of medication were taking place including daily stock counts to ensure medication was administered as prescribed.
- Staff competencies regarding the administration of medication continued to be assessed on a regular basis.

#### Staffing and recruitment

- Systems had been put in place to ensure recruitment processes were safe. Staff confirmed prior to commencing in post, references were requested and checks with the Disclosure and Barring Service [DBS].
- The registered manager told us following the last inspection, a dependency tool had been put in place to assess staffing levels. As a result of this, additional staffing was in place to support people. A relative told us, "There have been a few changes recently since the last inspection and things appear a lot better. [Person] appears happier and more content and it's possibly because there are more people to support them and give them attention." A member of staff told us, "there are now two staff working together, and it's made a big difference. It's a bit of a relief knowing someone else is there [to support staff and people using the service]. It's a lot better."

#### Preventing and controlling infection

- Staff had received training in infection control. Staff told us personal protective equipment was available to them.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection, the provider had failed to ensure care and treatment was provided with the consent of the relevant people. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 11 in relation to the concerns raised at the previous inspection.

- Following the last inspection, decision specific capacity assessments had taken place for each person supported by the service and the provider was able to demonstrate they had acted in accordance with the requirements of the Mental Capacity Act 2005.
- We saw people were involved in meetings regarding their best interests and were supported to contribute to the meetings by family members, social workers or advocates.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- From care records seen, we could see people had been involved in conversations regarding how they wished to be supported. We found the protected characteristics under the Equality Act had been considered when planning people's care; including who was important in their lives and how they wished to be supported.

- Care plans and risk assessments showed how people were supported to make choices regarding their day to day living, such as what they would like to eat, how they wished to spend their day and what activities they wanted to take part in. A relative commented positively how their loved one had settled into the service and told us, "[Person] has coped very well [with the change] and it's a credit to staff; they welcomed them, and they came out of themselves in terms of talking. The atmosphere is friendly and supportive."

#### Staff support: induction, training, skills and experience

- Staff told us they felt well trained and were supported to access additional training in order to develop their skills. For example, we saw the registered manager had arranged additional training for staff to improve their understanding of a particular medical condition a person had recently been diagnosed with. A member of staff said, "I feel well trained and if I needed training the management would sort it out. At supervision they ask if you have any issues and you can tell them what you need. I do feel supported." Another member of staff said "The manager arranged for some training to help support people [with a medical condition] and it's helped a lot. We can give them a better service."
- New members of staff were provided with an induction which gave them the training and support they needed prior to working on shift. A member of staff said, "When we have new staff members we tell them to read the care plans because it's all there in front of them."

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

- People were supported by staff who were aware of their dietary needs and how to support them safely. Regular reviews of people's dietary needs had been introduced to ensure people's needs continued to be met.
- People told us they were supported to go food shopping and were able to choose what they wanted to eat and drink. Relatives spoken with raised no concerns regarding their loved one's dietary needs being met.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a variety of healthcare services to help them maintain good health, such as their GP, dentist, chiropodist, optician, epilepsy nurse and behaviour support services. A relative told us, "The provider is fantastic. [Person's] health went downhill last year and we didn't want them moved; they arranged to get extra care and took them to all their appointments and stayed overnight as well when they weren't well."
- We observed the service worked alongside other health care professionals in order to maintain good health and people were supported to access an annual health check.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoken with were complimentary of the staff who supported their loved ones and had no concerns. Staff were described as 'kind' and 'caring', and one relative told us, "We are very happy with the service; if [person] was not happy we would move them. I can't fault any of them at the moment, I have no problem with any staff."
- People were supported by a consistent group of staff who knew them well.
- From our observations we could see people were comfortable in the company of the staff who supported them and equally, staff spoke warmly of the people they supported.

Supporting people to express their views and be involved in making decisions about their care

- People were asked their views of the service on a regular basis and their answers were noted. We saw monthly meetings took place at each house, to obtain people's views of the service. People were supported to complete pictorial surveys to help them understand what questions they were being asked about the service. We saw the responses were positive, one person had written, 'I like it here, I like going to Merry Hill' and another wrote, 'No problems, all good'.
- Where appropriate, communication care plans were in place and staff had received additional training and support in order to communicate with an individual.
- The increase in staffing levels meant staff were able to spend more time with people, offer them more choices and support them to access the community.

Respecting and promoting people's privacy, dignity and independence

- From our conversations with staff it was clear that people were treated with dignity and respect. Staff described how they maintained people's dignity whilst supporting them with their personal care and at the same time encouraged their independence to carry out some of these tasks independently.
- Relatives told us they were confident their loved one was treated with dignity and respect.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Following the last inspection, work had taken place to re-write people's care plans and involve people in the process. Staff had worked alongside the external behaviour management support team to collect information and build a positive behaviour support plan for each individual.
- Care plans seen reflected people's current needs and were regularly reviewed. They included information regarding what people liked, what they didn't like and what was important to them. For example, one person had contributed under the heading, 'things that help me feel good', "Looking after my bag and the things that are in there because they are important to me." A relative told us, "We have been involved in the care plan and it's been signed."
- Staff were well-supported to understand and meet the needs of people they supported through learning and development.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Training had been provided to staff to enable them to communicate with one person using Makaton, which is a form of sign language. Staff spoke about the positive impact this had on the person they supported and how they enjoyed communicating with them using this new skill. A member of staff said, "[Person] signs and I know what they are saying."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were responsive to people's needs and knew them well. A relative commented their loved one appeared to be doing more during their day [since the additional staff had been appointed] and observed this had a positive impact on them. They told us, "They are doing more; getting the chance to go out more, bowling, cinema, shopping, things they like."
- People were supported to take part in activities they enjoyed both in their own homes and in the community. Staff were aware of people's interests which meant they could talk to them about what they liked to do and look for particular activities that may be of particular interest to them.
- People were supported to maintain relationships with friends and loved ones to protect them from the

risk of social isolation and loneliness.

- Relatives told us they were always made welcome when they visited and had positive relationships with the staff.

Improving care quality in response to complaints or concerns

- A relative said, "We've never had to raise a complaint, I would talk to staff first and then go the manager" and another said, "If I have a problem I go to [deputy manager's name]; they are lovely, all the staff are really lovely, especially the ladies."
- No formal complaints had been received since the last inspection.

End of life care and support

- People had been asked about their end of life wishes, but information collected was limited and more detail was required. The registered manager advised they would look into this.
- A relative told us when their loved one's health had deteriorated, the appropriate health care was sought to meet their needs and that the registered manager had told them [with regard to supporting their loved one], "We will always be here." They told us, "That is reassuring as a family."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

At this inspection we found there had been improvements in the service and systems and processes were in place which provided effective oversight of the service. However, there remained some areas for further development whilst embedding and sustaining the improvements made so far. This key question therefore is rated as 'requires improvement.'

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

At our last inspection the lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of the Regulation 17 of the health and Social Care Act 2008 (Regulations 2014).

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 17 and the concerns raised at that inspection. The improvements that had been made were still in the process of being developed and embedded into the day to day delivery of the service. A period of sustainability was required to ensure the effectiveness of the changes introduced, for example, audits, monitoring of accidents and incidents, medicines management and safeguarding concerns.

- The registered manager told us, "Following the last inspection, we drew up a service improvement plan and listed the actions we needed to take." We saw a number of audits had been put in place to provide the registered manager with an oversight of the service. They told us, "I do feel I am more connected with everything, we have these forms coming in, if something happens I know about it straight away." Staff confirmed these new arrangements were in place and told us they worked well.
- Quality assurance systems were in place to provide the registered manager with oversight of the service. They covered a number of areas including staff recruitment, care plan audits, risk management and medicines. Accidents and incidents were reported, recorded and acted on and analysed for any patterns or trends. Daily medication audits were taking place to ensure people were receiving their medication as prescribed. Care plans had been re-written and were audited on a monthly basis to ensure their content was up to date and accurate.
- Staff were kept up to date with improvements and changes that had been introduced in the service and spoke positively about them. A member of staff said, "I do feel management have a better handle on the

service."

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

- Staff and relatives considered the service to be well led. Relatives were complimentary of the registered manager and the staff group and welcomed the improvements that had been made following the last inspection.
- Staff felt supported and listened to. One member of staff commented, "Communication is a lot better due to handovers." Team meetings provided them with the opportunity to raise any concerns or request additional support. A member of staff said, "If you go to management with any complaints, it will get sorted, no problem" and another said, "It's like a little family, all different homes but all close." A relative said, "I would certainly recommend them. They are doing a fantastic job and [person] is very happy. The staff are very good, even when new staff come in they are well trained."
- We observed the registered manager interact with people in a relaxed and caring manner.

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

- Lessons were learnt when things went wrong. Accidents and incidents were reported and acted on and care plans and risk assessments updated accordingly. Staff understood their responsibilities to report any concerns and families confirmed they were kept informed of all events that affected their loved ones.
- Staff told us they felt listened to and the registered manager and deputy were approachable and supportive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of the service were actively sought. People were supported to provide feedback on the care they received on a regular basis. Relatives told us they spoke regularly to staff and they felt listened to.
- Staff felt listened to and were able to contribute to the running of the service through team meetings and supervision. A member of staff said, "We have staff meetings every four weeks and we are given the opportunity to raise any issues, and we are allowed to voice them. I'm confident I could raise concerns and I would be listened to."
- People's views of the service were sought through meetings and surveys.

Continuous learning and improving care

- Information gathered from audits were fed into action plans which were monitored closely to ensure actions identified were taken.
- Systems were in place to ensure lessons were learnt when things went wrong. The introduction of a dependency tool to assess staffing levels had resulted in an increase in staffing levels which had a positive effect on service delivery. A member of staff said, "Since the additional staff have been introduced it's run smoothly and they [people who use the service] know who's coming on to support them."
- The registered manager had arranged to carry out regular visits to each of the locations where they supported people, in order to assess the environment, speak to people and staff. They told us, "It gives staff the opportunity to raise something else if I'm there."

Working in partnership with others

- Following the last inspection, the service worked closely with the behaviour support team to develop people's care plans. We also noted the service was in regular contact with other healthcare professionals, including GPs and an epilepsy nurse.

