Gravers Care Home Ltd

Graver's Care Home Limited

Inspection report

17 Wigginton Road
York
North Yorkshire
YO31 8HG

Date of inspection visit:
15 November 2017
16 November 2017

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10 January 2018

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected this service on 15 and 16 November 2017.

The Gravers Care Home Limited provides residential care for up to 21 people with mental health needs and/or learning disabilities. The service is situated close to York Hospital and York city centre. The main property is made up of two adjoining terraced properties and there is additional accommodation in a property to the rear of the main building. At the time of our inspection 20 people were using the service.

At the last inspection in November 2015, the service was rated Good. At this inspection we found the service remained Good.

The home had two registered managers, who had joint accountability for the service. 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. One of the registered managers was the owner of the organisation, and the other registered manager had responsibility for the day to day management of the home and staff. Throughout this report, when using the term 'registered manager' we are referring to the registered manager who had responsibility for the day to day management of the home.

There were sufficient staff to meet people's needs safely and effectively. Staff received an induction, training and supervision. Recruitment checks were conducted to ensure the suitability of workers.

People told us they felt safe and they appeared at ease in the presence of staff and other people at the home. Staff received safeguarding training and told us they would report any concerns. People's medicines were managed safely. Risks to people were appropriately assessed and managed.

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

People were complimentary about the meals at the home and we found that people's nutritional needs were met. Staff supported people to access a range of healthcare professionals when required, in order to promote and maintain their physical and mental health. People took part in recovery focussed group and individual activity at the service, to aid their mental health and well-being.

People and visitors told us that staff were kind and caring and that they treated people with dignity and respect. We observed staff were very attentive to people's needs and wishes. People's independence was promoted.

Staff were knowledgeable about people's individual care needs and care plans were person centred and

very comprehensive. People had access to an extensive range of activities and entertainment.

People and visitors told us that the service was well managed. The provider had a quality assurance system in place which enabled them to monitor the quality of care provided to people and drive improvement. There was a very person-centred culture within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Graver's Care Home Limited

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 registered 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 comprehensive inspection took place on 15 and 16 November 2017 and was unannounced on the first day of the inspection. We made arrangements to return on the second day.

The inspection was carried out by one adult social care inspector and an expert by experience on the first day of the inspection, and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider was asked to complete 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 we held about the service including notifications about any incidents in the service. We requested feedback from the local authority contracts and commissioning team and they did not raise any concerns about the service. We also received feedback from a health and social care professional. We used all of this information to plan the inspection.

During the inspection we spoke with six people who used the service, a relative and a visiting health and social care professional. We spoke with the registered manager who had day to day responsibility for the service, the deputy manager, the operations director, the service development manager, five care staff and two ancillary staff. We looked around the home and observed daily activities, including the support people received with their medicines, the mealtime experience and interactions between staff and people who used the service. We looked at records relating to the care of three people. We also reviewed three staff recruitment records, induction and training records, and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Gravers Care Home Limited and one person commented, "They look after me here very well, I feel safe here." We observed that people looked comfortable and at ease when talking with each other and with staff. Health and social care professionals told us that they had no concerns about people's safety and one relative said, "[Name] is happy and safe living here."

There were robust arrangements in place for managing people's medicines. People who used the service confirmed they always received their medicines and one told us, "The staff give my medicines to me every day." All medicines were administered by staff who were trained and competent to do this. Medicines were administered to people in a safe way and staff completed medication administration records (MARs) to show that people had received their medicines as prescribed. Weekly audits of MARs and stock balances were completed to verify this. Medicines were stored securely in a locked medication room.

The provider followed safe recruitment practices to make sure new staff were suitable to work in a care setting. These included application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. We discussed with the registered manager some improvements which could be made to the recording of references checks, to provide clearer evidence of the source of references.

People and staff we spoke with confirmed there were enough staff to safely meet people's needs. We reviewed staff rotas for the four weeks prior to our inspection and found that staffing levels were consistently maintained, allowing for flexibility according to events and activities planned. We found there were always staff available in the communal areas of the home throughout our inspection, and staff did not appear unduly rushed. They responded promptly to any requests for assistance.

Staff received training on safeguarding vulnerable adults and told us they would report any concerns to the registered manager. A copy of the local authority's multi-agency policy and procedure was available in the office for staff to refer to. The deputy manager advised us there was a safeguarding vulnerable adults training course booked the week after our inspection, which would enable staff to refresh their knowledge in this area. We looked at records of safeguarding referrals made to the local authority in the year prior to our inspection and found that appropriate action had been taken in response to concerns.

Risk assessments were in place for each person based on their individual needs. Risks had been identified and action was taken to minimise potential risks without undue restrictions being placed on people. This included risks in relation to falls and mobility, isolation, malnutrition and dehydration, choking and medication. There were also management plans in place with regard to behaviours people may present which could be challenging for staff or others. We found that risk assessments were appropriately cross referenced to care plans and other relevant information. Risk assessments were regularly reviewed and staff had a good knowledge in relation to people's individual safety needs.

We looked at the arrangements in place for ensuring that the provider learned from any incidents and accidents that had occurred, in order to prevent reoccurrence. We saw that documentation was completed following any falls or accidents, and this included information about the action staff had taken in response. We noted some examples where the accident records would benefit from more detail in order to enable a fuller analysis by the provider. We discussed this with the registered manager who agreed to address this with staff. In the year prior to our inspection there had been no accidents resulting in serious injuries that required notification to CQC. Management audits completed each month included checking any accident or incident records for every person at the home

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. There were personal evacuation plans (PEEPs) explaining how to support each person in the event of an emergency. Health and safety checks were regularly completed. There were also up to date servicing and maintenance certificates in relation to gas safety, electrical installations and fire extinguishers and the fire alarm systems. We also saw bath hoisting equipment being serviced during our inspection visit.

We looked around the home and found that the environment was clean and well maintained. Hand washing facilities and personal protective equipment, such as disposable gloves, were available at appropriate points throughout the home for staff to use to prevent the spread of infection. There were records of the cleaning activity in the home and the home employed domestic staff.

Good

Is the service effective?

Our findings

People told us staff were helpful. Their comments included, "They (staff) are all very good" and "The staff here are very good, they are good to us all. They look after us very well." A relative told us staff "Definitely" had the skills and knowledge to support people, and added, "They (staff) have always been wonderful with [Name]."

New care staff completed the Care Certificate as part of their induction. The Care Certificate is a national set of standards that social care and health workers agree to work to. Staff received training on a comprehensive range of topics such as safeguarding, medication, communication and health and safety. Moving and transferring refresher training was due for a number of staff and this training had been booked to take place. There was a training matrix in place to identify when training was due for completion by staff.

Staff received supervision sessions in order to discuss their training and development needs and progress towards their goals. Staff told us they felt supported and could ask for advice or additional training if they needed it.

People's needs were assessed and their support was delivered in line with current legislation and evidence-based practice. The provider's service development manager told us they used elements of a number of different models of mental health support and best practice, according to the needs of each person. The home's approach was informed by recovery practice, with recognition of the impact of social and environmental trauma on mental health. The 'working to recovery' approach, developed by the trainer Ron Coleman, was a particular influence in the provider's practice, along with cognitive analytic therapy and voice dialogue work. The provider employed a recovery worker, and people who used the service could choose to join the 'recovery group', which was facilitated by the recovery worker three days a week. This group included group morning meetings, one to one work focussing on recovery goals, a walking group, individual supported cooking for the group, journaling and reflecting. A sound therapist also visited the home once a fortnight, to work with one person in particular. We were told this recovery work had been very empowering for the person and had had a very positive impact on their wellbeing.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS but we found their understanding of the Act could be developed further. However, staff were clear about the importance of obtaining people's consent to their care and further MCA training was already planned for the month after our inspection. This training would enable them to increase their knowledge in this area. DoLS authorisation applications had been appropriately submitted for those people who required them. We observed staff offering people choices and seeking their agreement before providing support. People confirmed that staff asked for their views and consent. One person told us, "I come and go as I please."

People were complimentary about the meals at the home. One person told us about the range of food they had. They said, "We have salads, roast chicken and chicken pie. Shepherd's pie, fish, roast beef, tomato cheese and pasta bake, chips and roast potatoes. We have a good cook." One person was regularly involved in baking at the home, and had prepared a Christmas cake for everyone, ready for Christmas time. We observed people could help themselves to drinks and snacks from the kitchen throughout the day and there was always a staff member in the vicinity of the kitchen to ensure people's safety. Information about people's nutritional needs was recorded in their care files and we observed staff ensuring people received their nutritional supplements where required. A kitchen assistant told us that good nutrition was one of the home's values.

We saw evidence that people were supported to attend health appointments and access a range of healthcare professionals where required. This included GPs, opticians and community mental health professionals. A visiting healthcare professional told us they were impressed with how staff had managed a recent episode of mental ill health for one person. They commented, "The communication with us and other services was good. They managed the situation well and involved us. Staff knew the person and how to speak to them. [Name] was extremely poorly, but they knew what would calm them." This showed staff supported people to promote and maintain their physical and emotional well-being.

Staff completed 'hospital passports' for everyone who used the service. These contained important information about people's communication and health needs, should the person need to go into hospital.

The environment of the home was suitable for people's needs. It was homely and well maintained, with personal items and some adaptive equipment where required, such as grab rails in bathrooms. There was a lively atmosphere and several visitors to the home each day, including people who used to live at the service. Whilst this showed the home was welcoming and friendly, we noted that there was minimal communal space in the home where people could enjoy quiet time, other than their bedrooms. The operations director acknowledged that the layout of the home made it difficult to create more quiet communal space for people. None of the people we spoke with during the inspection raised concerns about the environment.

Good

Is the service caring?

Our findings

People who used the service told us that staff were kind and one told us how they could talk to staff when they were feeling in low mood. Another person commented, "I like this place, everyone is like family." A relative told us, "They (staff) are caring. They are always pleasant in their interactions with [my family member]. I know they are happy." A health and social care professional confirmed, "Staff seem caring and know people well."

We observed throughout our inspection that staff were friendly, attentive and respectful towards people. For instance, staff noted when one person's drink had gone cold and offered to make another one for them. We saw a staff member guide someone to their room to adjust the person's clothes in order to protect their dignity. We also observed a staff member notice someone drying their hair and they offered to style it for them. Staff showed interest in people, enquiring about their day when they had returned to the home. Lots of examples like this throughout our visit showed that staff cared about the people they supported and willingly offered assistance. People appeared at ease with staff and each other.

People told us they were treated with dignity and their privacy was respected. Staff were trained to understand the principles that underpin privacy and dignity in care and how to maintain people's privacy and dignity. People's confidential information was stored securely. The registered manager also gave us an example to illustrate how they had verified the identity of a local authority social worker before providing some requested information, and established why the information was required, in order to ensure the security of the personal information they held about people.

Staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. For example, one person who used the service did not communicate verbally and staff explained how they supported new staff to understand the person's sign language and non-verbal communication. Technology was also used to aid communication where required; one person used an assistive communication application on their computer tablet to help express themselves. All staff completed equality and diversity training, and we saw from the course outline that this training included relevant legislation, the importance of equality and inclusion and how to work in an inclusive way.

We saw there was a range of information available to people around the service. This included a folder in each person's room to make them aware of information they could access from the office, such as details of local advocacy services. We found that one person had an advocate and others who were subject to a DoLS authorisation had a relevant person's representative (RPR). RPRs are required to independently represent people as part of their DoLS authorisation. Advocates provide independent support for people to express their views and ensure their rights are upheld.

People were encouraged to be involved in decision making about their care and about the running of the home, via monthly individual review meetings and resident meetings. Rotas were planned with regard to

people's needs, interests and activities, which assisted in giving staff enough time to provide care which was compassionate and person centred.

Staff promoted people's independence. We saw people were involved in various daily living tasks around the home, including washing laundry and cooking. Staff told us that people were encouraged to dust and hoover their own rooms, in order to develop their independent living skills. One person told us, "I help in the kitchen, drying up the cups and dishes and putting them away. This is my home and I like to help." Many people accessed the community independently.

People were able to have visitors at any time, and a relative we spoke with confirmed that they were made to feel welcome.

Good

Is the service responsive?

Our findings

Detailed care plans were in place for each person, containing comprehensive information about people's needs and preferences. Information included people's social needs, communication, mobility, personal hygiene and care, sleep routines and domestic tasks. People also had a mental health crisis plan and a comprehensive document outlining the person centred approach required for that person's care. There was information about the skills and knowledge required by the care team, linked to people's needs. This level of detail meant that staff had the information they needed to provide care that met the person's needs and preferences in a consistent way.

We found that staff were knowledgeable about people who used the service. They were able to tell us about people's needs, routines and preferences. There was clear and effective communication between staff, including the use of handover records and a white board in the office which detailed staffing and support arrangements for the day. Staff also recorded key information in a daily diary for each person.

Care plans were reviewed monthly, to ensure they remained up to date. People met with their keyworker each month to review their care plan, and we found that people signed their care plans and risk assessments unless they declined to do so. One health and social care professional told us, "There is always good communication. I asked for some information recently and they emailed it without me having to chase them…I think they would let me know if they had concerns about someone."

At the time of our inspection the service was not providing end of life care to anyone using the service. There was however, information recorded in people's care files about their advanced wishes in relation to funeral arrangements.

People had access to an extensive range of activities and entertainment. The activity programme included the option of taking part in a range of therapeutic, creative and social activities at a local drop in centre run by the provider. A number of people who used the service went there on the first day of our inspection to play bingo. People also told us about the other activities they did; one told us they enjoyed baking and making Christmas cards and decorations and another said, "I go for walks and I water the plants (in the back courtyard)." Staff told us that people had regular opportunity to take part in activities of their choosing, including going to the cinema or the pub. One person was supported to spend time with a staff member's horse as a therapeutic activity; staff told us this had had a positive impact on the person's well-being. People were supported to maintain contact with family and friends where they wished to.

People told us they had been on day trips, such as trips to Scarborough, Whitby and Filey, plus a caravan trip to Farnborough. One person also said staff had supported them, along with three other people, to go to Fort William, which they had enjoyed. People were given the opportunity to go on an overseas holiday each year if they wished, which was organised by the provider. In the year prior to our inspection, some people had been on a Mediterranean cruise. One person told us they had also been supported to go to Spain and said that because they had never been on a plane before and were very nervous when the plane was landing, staff had held their hand all the way down. This had meant a lot to the person. They added, "They do spoil

us here you know."

Information about how to make a complaint was available in the home and there was a complaints procedure in place, to ensure that any issues were appropriately investigated and responded to. People told us they could speak to their keyworker or the manager if they had any concerns. One relative confirmed, "I would speak to [Registered manager] if I had any concerns, or go to [Name]'s keyworker. I would feel comfortable doing this." People could also raise any issues in residents meetings.

Good

Is the service well-led?

Our findings

Staff and health and social care professionals told us the service was well run and that all the members of the management team were approachable. A health and social care professional told us, "I've had contact with [Name of registered manager]. She seems to be okay. On the whole they (management) are very good." Staff told us they felt supported and one commented that the owners were also "Lovely" and visited regularly. Another said the service was, "Run really well. There's good management."

In addition to the registered manager with day to day responsibility for managing the home, there were also two deputy managers. There were clear lines of responsibility and the deputy managers each focussed on different areas; for instance, one led on care plan documentation and the other focussed on monitoring care delivery. They told us this made good use of their respective strengths.

The registered manager understood their responsibilities. Notifications about accidents and incidents that occurred at the home were submitted to CQC as required. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We found staff were well motivated and enthusiastic. They told us, "Staff work hard, we're a good team," "We're a little team here, all friendly. I look forward to coming to work" and, "The team works really well together. It's like a big family home." Both the care and ancillary staff were all consistent in their understanding of the person-centred values of the home. They described the values and ethos of the home, including, "Residents are the main priority; their needs and well-being," "The values are about choice and putting the resident at the forefront" and "It's about care of the residents and making their lives better. Getting them into the community." Some staff also commented on how proud they were of the work of the recovery group and the service's focus on recovery based approaches. A poster showing the values of the organisation was on display in the home, to reinforce the home's principles. The registered manager said they also promoted the values of the organisation by leading by example and by observing practice and guiding staff. Staff received supervision and attended team meetings.

The provider built links with other services and community organisations, such as a local social club and a drama group, in order to promote social inclusion.

People had opportunities to share their views about the service and were encouraged to make suggestions through 'resident meetings' and by chatting with staff. The registered manager gave examples of action taken as a result of feedback from people, including redecoration of the living room, menu changes and outings arranged. Relatives and 'significant others' were also invited to give feedback formally in annual satisfaction surveys. Five responses received in 2017 were all positive. Comments from family members in the surveys included, 'I am very happy that [Name] is being very well cared for by yourselves' and '[Name] has been happy there. Sometimes he gets anxious but 'Gravers' take the trouble to reassure him and he trusts his carers.'

We found that the registered manager and provider acted on feedback and sought to continually improve

the service. For example, at our last inspection in November 2015 we noted that audits were carried out on the premises and on medication but there was no formal system in place to monitor the quality of the care being provided. At this inspection we found that the provider had acted on our feedback and implemented formal systems to monitor all aspects of service delivery. A deputy manager checked the 'keyworker file' weekly to ensure all appropriate paperwork and support issues had been actioned. The registered manager recorded their 'walkaround' checks on the service, detailing any improvements that were required. There were also monthly maintenance and health and safety checks. We saw that actions identified had been completed in a timely manner, such as the immediate removal of a parcel when it was observed to be blocking a fire exit, plus the replacement of a worn duvet set and bath mat. These checks meant the provider could monitor for any trends in the safety and well-being of the people who used the service.