

Newlife Care Services Limited

Grizedale

Inspection report

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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 

Overall summary

We inspected this service on 29 January and 4 February 2015 and our visit was unannounced. This meant the registered manager and staff did not know we would be visiting.

Grizedale provides care and accommodation for up to seven people. The home specialises in the care of people who have a learning disability. On the day of our inspection there were a total of seven people using the service.

The home had a registered manager in place. 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.

Summary of findings

During our inspection we saw staff interacted with people in a very friendly and respectful manner whilst at the same time supporting them with appropriate social behaviour.

We spoke with care staff who told us they felt supported and that the registered manager was very approachable. Throughout the day we saw that people who used the service and staff appeared very comfortable and relaxed with the registered manager.

Care records contained risk assessments, which identified risks and described the measures in place to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health professionals as appropriate. We saw people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans were very person centred (this means written in a way to describe each person as an individual, including their choices and wishes) and described each person's care, treatment and support needs. There were lots of pictures to help people to understand the information. These were regularly evaluated, reviewed and updated. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended training and development activities to maintain their skills. They told us they had regular supervisions with the registered manager or a

senior member of staff, where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were appropriate recruitment processes in place.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Everyone commented positively about the service provided. People who used the service said about the registered manager, "She's lovely. I can talk to Jacquie (registered manager) and "We have weekly meetings where we talk about things. We all take turns baking and setting the tables." Family friends told us, "This is a family home. It's like one big family full of love and warmth. If we didn't feel it was right we would do something about it but I can't praise the staff at Grizedale enough. They are all incredibly warm, friendly and professional."

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw one person had been supported to grow plants in their greenhouse and look after their pet rabbits. One service user described how they attended training courses alongside the staff.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a choice and there was always a healthy option available on the menu.

We found the building met the needs of the people who used the service. For example, a ground floor bedroom had been adapted to provide one person with an en-suite toilet facility in response to their changing mobility needs.

We saw an easy read complaints procedure was displayed in the home. This provided information on the action to take if someone wished to make a complaint.

We discussed the quality assurance systems in place with the registered manager. We found the way the service was run had been regularly reviewed. Prompt action had been taken to improve the service or put right any shortfalls they had found. We found people who used the service were regularly asked for their views.

Summary of findings

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 was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was also arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way.

Good



Is the service effective?

The service was effective.

Staff received training and development and formal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

People's needs were met by the adaptation and design of the building.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

Good



Is the service responsive?

The service was responsive.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure, which was available in an easy read format, making it easy for everyone who lived at the home to understand.

Good



Summary of findings

Is the service well-led?

The service was well led.

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People who used the service were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Good



Grizedale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection took place on 29 January and 4 February 2015 and was unannounced. This meant the registered manager and staff did not know we would be visiting. Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We also met with the local authority safeguarding team and commissioners on 20 January 2015 and used the information we gained about the service to plan our inspection.

One Adult Social Care inspector carried out this inspection. We spoke with all seven people who lived at Grizedale and two visitors. We did this to gain their views of the service provided. We also spoke with the registered manager and two care staff.

We carried out observations of care practices in communal areas of the home.

We looked at two care records, one personnel file of a recently recruited member of staff and staff training records for all staff. We looked at all areas of the home including the lounge, people's rooms and communal bathrooms.

For this inspection, the provider was not 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. During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

Is the service safe?

Our findings

Family friends told us, “I have no fear whatsoever of [name of person] living here”.

The registered manager told us there was a safeguarding policy in place and that staff received training in this area. In addition to the training the registered manager told us she discussed safeguarding adults in every monthly team meeting as well as each member of staff’s two monthly one to one meetings with her (called supervisions). This was to make sure staff were knowledgeable about the different types of abuse and the action to take if they had any concerns. We saw a copy of the safeguarding policy which was also available in an easy read version for people using the service to help them to understand who to contact if they had any concerns. The staff we spoke with were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. One member of staff told us, “I feel confident about reporting anything. It’s the clients that come first. We have numbers available if we need to report a safeguarding issue” and “We are always talking about safeguarding in our meetings.” We saw there was a whistleblowing policy available, which all staff had signed to confirm they had read it. The procedures in place helped ensure people were kept safe from harm and people knew which agencies to report concerns to, to enable investigations to be carried out as required.

When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people’s dignity and rights. The registered manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. There were positive behaviour plans in place which the registered manager could demonstrate were working for people. For example, the use of ‘as and when required’ medication prescribed for people when agitated had been significantly reduced as a result of a positive behaviour plan. We saw there were policies and procedures for managing risk and staff understood and consistently followed them to protect people.

During this inspection we spent time in all areas of the home. We saw the environment was well maintained. For example, on the day of our visit one person’s bedroom was being re-decorated. Another person told us how it was

“their turn next.” During our inspection the maintenance person employed by the provider was visiting the home in order to install a new oven. The registered manager showed us records of the monthly health and safety checks which were carried out and included the environment, equipment in use and the maintenance of the home. We saw documentation which showed us that regular checks were carried out on, for example, the fire alarm system and water temperatures. The maintenance person described how it was their responsibility to carry out tasks such as testing of electrical portable appliances to make sure they were safe. They told us they had training to enable them to undertake this task. All of these measures ensured people were cared for in a safe and well maintained environment.

The service managed incidents, accidents and safeguarding concerns promptly. During our inspection the registered manager described how she was in the process of dealing with a safeguarding concern. We saw this was being dealt with in an open, transparent and objective way. We also found the registered manager reviewed any incidents and accidents. We saw that the registered manager completed an investigation of every accident and incident and the outcome of this was recorded and improvements made if required to ensure people’s safety. For example, as a result of one person catching their head on a shelving unit, the shelves had been raised in order to prevent a re-occurrence.

We saw there was a file which contained a ‘personal evacuation plan’ for each person which provided staff with guidance on the support people required in the event of a fire. A person who used the service told us, “If there is a fire we need to make sure the firemen are given the fire file. It’s important.”

We saw policies and procedures were in place guiding staff on what to do in an emergency. For example, we saw there was a mobile telephone belonging to the care home, which staff took with them when out in the community with people, in case of an emergency. In these ways the provider could demonstrate how they responded to emergencies keeping people safe from harm.

We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home. We asked the registered manager to describe the recruitment process. She told us that prior to being employed by the service potential employees were required to attend an interview

Is the service safe?

and satisfactory references and disclosure and barring checks were obtained. We saw documentation that showed us this took place. This helped to make sure only suitable people, with the right experience and knowledge, were employed to provide care and support to people who lived at the home.

During the inspection we saw staff responded promptly to people if they required support or assistance. On the day of the inspection we saw there were two care staff on duty as well as the registered manager. We looked at a sample of rotas and saw that staffing levels were regularly maintained at this level. These staffing levels enabled staff to support people with a range of community as well as 'in house' activities. None of the staff we spoke with expressed concerns regarding the number of staff available to support people and we saw documentation that showed us staffing was arranged in advance to ensure sufficient numbers of staff were available to meet people's needs. This included arranging staff cover in the case of planned leave.

The home had a medication policy in place, which staff understood and followed. We spoke with a member of staff who was able to describe the arrangements in place for ordering and disposal of medication. They described how they had detailed information about each type of medication people had been prescribed as well as any possible side effects. We checked people's Medication and Administration Records (MAR). We found they were fully completed, contained required entries and were signed. In order to minimise the risk of medication errors occurring we saw photos of each person had been placed on each prescribed medication container, including people's prescribed eye drops. We saw that where people required prescribed creams or ointments, and where they needed support with this, staff used a body map diagram to show where they should be applied. We saw there were regular management audits to monitor safe practices as well as daily audits carried out by staff of the medication held in stock. Staff had received medication training. This showed us there were systems in place to ensure medication was managed safely.

Is the service effective?

Our findings

People who used the service told us, “I like it here,” and “We get a cooked breakfast on a Saturday.” Family friends told us, “[Name of person] has lived in other places and we think this is the best place for him. He is more settled and quite happy. [Name of person has a keyworker], they monitor if he needs new clothes” and “They are always eating. Everyone is well fed here.”

From the sample of care records we looked at we saw documentation that showed us people’s needs were assessed before they moved into the home. We also saw people’s care was reviewed on a monthly basis and if people’s health needs changed, referrals were made to other health care professionals to ensure people’s needs were met. We saw people had regular access to dentists, chiropodists and other primary health care professionals, for example, occupational therapists. When people who used the service required an ‘as required’ medication, for example paracetamol for pain, we saw staff observed the person closely and recorded their observations every six hours in case they needed a referral to a doctor. The registered manager described how the home had an excellent working relationship with the local GP practice which meant people received medical attention quickly when this was needed.

The registered manager demonstrated an in-depth knowledge and understanding of the risks associated to people with a learning disability and the development of Alzheimer’s disease. We saw that relevant referrals had been made to specialists in the area of dementia, where this risk had been identified, to make sure appropriate screening was carried so that people could receive the support and care they needed.

We asked staff to describe the training and development activities they had completed at Grizedale. The staff we spoke with told us they had received an induction when they started to work at the home and they completed training in areas such as food hygiene, catheter care, epilepsy and dementia. We found care staff were supported to complete other specialist training, for example, cancer awareness, healthy eating and oral hygiene training. We saw that each month staff were provided with refresher training sessions in using the mobile hoist. The staff we spoke with also told us they received supervision and appraisals to enable them to

identify their training needs. The staff we spoke with were positive regarding the training and development activities they completed. This demonstrated care staff were being supported to complete training and development that would assist them in delivering effective care to people who lived at Grizedale.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. They told us, “We are always talking about this in team meetings and supervisions”. Staff were clear about what action they needed to take to ensure the requirements of the MCA were followed. Staff we spoke with were able to tell us whether anyone at the home was subject to a DoLS authorisation.

The registered manager told us that applications had been made for DoLS authorisations and they were working with the local authority to ensure that they were appropriate and had been considered in people’s best interests. We saw records which confirmed this was the case.

We saw staff considered people’s capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people’s best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. Staff described to us how they were “fighting a service user’s corner” to make sure they received the medical attention they needed and were working closely with The Patient Advice and Liaison Service (PALS) who offer confidential advice, support and information on health-related matters, in order to achieve this.

We sat with people and staff during a lunchtime meal. People we spoke with said they liked the food and staff confirmed there was always plenty of food held in stock so people could choose what they wanted to eat each day. We saw people were supported to eat sufficient amounts to meet their needs. The staff told us that they had monthly

Is the service effective?

meetings with people who used the service where they discussed the menus. We saw there was a choice of main meal each day, one being a healthy option. We saw that photographs had been taken of each meal provided to assist people to make meaningful choices. We observed people helping themselves to drinks and snacks throughout our visit.

We could see from the people's care records that other professionals had been involved with people who were at risk of gaining or losing weight and risk assessments and care plans were in place to support them.

Is the service caring?

Our findings

Family friends were extremely complimentary about the caring nature of the staff and registered manager. They said, “This is a family home. It’s like one big family full of love and warmth. Jacquie [the registered manager] and her staff team make you feel very welcome. They are very professional and excellent in supporting the service users. I can’t praise the staff at Grizedale enough. They are all incredibly warm and friendly. People living here all get called by the name they prefer” and “The staff say it feels like their family. On their days off they phone to see how people are. It’s not just a nine to five job. They genuinely care. They provide care of the whole person, body, soul and spirit.” Family friends told us how people were supported by the registered manager and staff to come to terms with the loss of loved ones. They described how people who used the service were all supported to attend a funeral of a friend and how at Christmas time everyone was given a Christmas sock and Christmas jumper to wear.

One person who used the service told us, “I can keep my room locked if I want. We all take turns baking and setting the tables.”

Over the two days of the inspection we saw staff interacting with people in a very caring and professional way. We spent time observing care practices in the communal areas of the care home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. For example, the registered manager and staff knew when people were communicating, by their gestures and body language, if they were upset or anxious, and understood the best way to support people at such times. We saw communication plans were in place and speech therapy involvement had been sought in order to support people with their communication. There were also communication boards in the home to support people with their understanding of the activities taking place each day as well as pictures on cupboard doors to help people find items of food, cups and plates. We saw how the registered manager had sought the advice of an Independent Mental Capacity Advocate in order to ensure the needs of one person were being met.

An Independent Mental Capacity Advocate (IMCA) was a role created by the Mental Capacity Act 2005. A local council or NHS body has a duty to involve an IMCA when a vulnerable person who lacks mental capacity needs to make a decision about serious medical treatment, or an accommodation move. This could be an older person with dementia or a learning disability. The IMCA will help support the older person to make the decision, will represent their views and should act in the person’s best interests.

Staff knew the people they were supporting very well. They were able to tell us about people’s life histories, their interests and their preferences. We saw all of these details were recorded in people’s care plans. We saw staff respected people’s diverse needs. The registered manager described the ways in which people’s spiritual needs were respected. For example, how people were supported to attend the local church and the individualised support people were given to help them understand and come to terms with losing a loved one.

We heard staff address people respectfully and explain to people the support they were providing. The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was an important part of their role. They said, “We have had training about privacy and dignity. We always offer people choices and make sure, for example, to promote people’s dignity, we use towels to keep people covered when we are supporting them in the bathroom. We respect individuals just as we would expect to be treated ourselves.”

The registered manager told us how important it was to have information available to people in a range of different formats so people could make decisions and take control of their lives. We saw how pictures, large print and easy read information were used to provide information on a range of topics such as Safeguarding Adults and Advocacy. We also saw how the staff had taken time to produce pictures of the contents of the meals they produced, which some people may be allergic to, such as nuts and wheat.

All of this demonstrated how a caring service was provided at Grizedale.

Is the service responsive?

Our findings

People told us there were lots of activities taking place for them to get involved with. One person said, “I have a befriender and we go out for lunch. When it was my birthday we went out for tea.” Family friends told us, “They are always doing something. On Tuesdays [name of service user] visits friends and attends a craft group. He still likes to do his own thing and this is respected by the staff. Individual needs are catered for. They visit the Church and an aromatherapist visits.”

People described to us how they felt able to complain. One person said, “I would tell Jacquie if I was unhappy.” Family friends told us, “If we didn’t feel it was right we would do something about it but I can’t praise the staff at Grizedale enough.”

We looked at the care records of people who used the service. The care plans we looked at included people’s personal preferences, likes and dislikes. We also found there was a section covering people’s life histories and personal statements about their hopes for the future called a ‘person centred plan’. We found every area of need had very clear descriptions of the actions staff were to take. We saw detailed information had been supplied by other agencies and professionals, such as the speech or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people’s needs. We saw personalised risk assessments were in place to support people with activities. These included shaving, tying laces and personal grooming. This meant staff had the information necessary to guide their practice and meet these needs safely. The care plan format was easy for people who used the service to understand by the use of plain English. This demonstrated how the provider ensured every effort was made to meet people’s individual needs and promote their independence.

People were encouraged to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these. For example, we saw how goal setting was used to support people to develop independent living skills like shaving and tending to plants in the greenhouse without the support of staff. One service user described to us how he attended training courses

alongside the care staff. They proudly showed us their certificates of attendance and the lap top they used with their own desk and internet access in the registered manager’s office.

We saw staff write down the support provided to people each day in the ‘daily records.’ The daily records we looked at were very detailed and were used to monitor any changes in people’s care and welfare needs. This meant the service was able to identify changes and respond to those changes. Family friends told us, “We feel fully involved in what’s happening at Grizedale.”

We looked at people’s bedrooms and saw that these areas were personalised with people’s belongings. We saw that even where people required the use of a profiling bed the room felt domestic and personalised rather than institutional.

Activities were personalised for each individual. We also saw there was a weekly activities plan and a range of daily activities were available for people to take part in. Examples of regular activities included a weekly day trip to a location of the person’s choice, such as the Hancock museum, as well as visiting charity shops (a particular interest of two people), going out for coffee/meals, shopping at the Metro Centre and Washington Galleries. In house activities included crafts, painting and armchair exercises. We saw that if people participated in activities this was recorded within the care documentation. This demonstrated how the service provided personalised care.

We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made.

The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw the complaints procedure was available with pictures and symbols to help them understand the information. The staff we spoke with told us they knew how important it was to act upon people’s concerns and complaints. They said, “We would listen if people had any problems” and they described how they would report any issues raised to the registered manager.

Is the service well-led?

Our findings

Staff told us, “I would approach Jacquie if I had any problems”. They said, “She (the registered manager) is definitely on the ball. We have regular staff meetings and we are always kept up -to date with any changes in legislation and good practice.” Family friends told us they were made to feel very welcome by the registered manager and that there was an open culture where the needs of the people who used the service were central to their care. They said, “Jacquie is approachable as a manager.” People who used the service said about the registered manager, “She’s lovely. I can talk to Jacquie.”

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission. We saw the registered manager was supported by a senior manager who carried out regular visits to Grizedale.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Grizedale. From our conversations with the registered manager it was clear she knew the needs of the people who lived at Grizedale. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people’s needs.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

The registered manager told us she encouraged open, honest communication with people who used the service, staff and other stakeholders. We saw this was achieved through regular meetings where staff and people who used the service were provided with feedback and kept up-to date about any changes within the service. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including tissue viability and speech therapists in order to ensure people received a good service at Grizedale.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people were asked for their views in regular meetings and also by completing service user surveys.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The quality assurance systems in place for self-monitoring included regular internal audits such as infection control, medication, care plans and health and safety issues.

There were also audits carried out by the senior manager. We viewed the report of their last visit carried out in January 2015 which included talking with people who used the service and staff. Actions made following this visit were clearly recorded with a target date for completion.

All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.