

Partnerships in Care Limited

Grafton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grafton House is a small residential home providing personal care, rehabilitation, therapy and support for people with acquired brain injuries. At the time of inspection, they were providing personal care to three people.

The provider needed to strengthen the systems in place to ensure staff had the training they needed to administer medicines that may be needed in an emergency. Medicines systems were well organised.

People continued to be cared for safely and with compassion. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. Measures were in place to ensure the environment was safely managed.

Staff had access to the support, supervision and training they required to work effectively in their roles. Staff supported people to have a healthy balanced diet. People's support was overseen by a wide variety of specialist health and social care professionals. People had prompt access to healthcare support when needed.

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.

Staff were caring, person centred and inclusive. People were treated with kindness, dignity and respect and staff spent time getting to know them and their specific needs and wishes.

People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. Staff encouraged people to follow their interests and people were supported to access many varied activities and interests.

Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff. People that used the service and their relatives had the opportunity to feedback on the quality of the support and care that was provided. Any required improvements were undertaken in response to people's suggestions. There were effective systems in place to monitor the quality of the service and drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 November 2016).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good 

Grafton House

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 two inspectors.

Service and service type

Grafton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was registered as manager for this location and the location next door which was also a small community home.

Notice of inspection

This inspection was unannounced. We visited the home on the 30 May and spoke to relatives of people living in the home on the 4 June.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted health and social care commissioners who commission care from the provider and monitor the care and support that people receive. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three people's relatives. We also spoke with eight members of staff, including community support staff, therapy staff, training staff, the registered manager, Hospital Director and Support Services Manager. Following the inspection, we contacted a specialist nurse who is involved in providing support to one of the people living in the home.

We looked at various records, including care records for two people. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

After the inspection

The registered manager provided us with evidence of the action they had taken in respect of medicines administration.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider had not ensured that medicines were consistently safely managed. One person was prescribed a medicine to be administered within a strict timescale if they experienced certain symptoms of a health condition. Staff required training to be able to administer this, we reviewed the arrangements for administration and saw that there were not always suitably trained staff on duty. The provider explained there had been a turnover of staff and this training was booked for the new staff but had not yet taken place. They had implemented an emergency protocol, but this did not sufficiently address the risks of not having staff immediately available to administer the medicine. We discussed our concerns with the registered manager, who recognised the risks involved and ensured that all shifts were covered with suitably trained staff until the training was delivered to all staff.
- Prior to the inspection the registered manager had recognised that medicines procedures could be improved and had been working with staff to develop their practice.
- We saw the medicine systems were organised, staff competency in general medicines administration was regularly checked and audits had been increased to ensure compliance. Any discrepancies identified in audits were followed up with staff to improve practice.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People and their relatives told us they were happy with the staff that provided their support. A relative said, "They very much support [Person's name] in a safe way."
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. We saw that information about how to raise a safeguarding was readily available, staff were knowledgeable about this and referred to it in our discussions.

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage identified risks. For example, people at risk of falls or where people's behaviour may pose a risk to themselves or others.
- Some people supported by the service were at risk of fluctuations in their health that could result in a medical emergency. People had been provided with equipment to alert staff if this happened when they were in bed and staff were not present.
- Risk assessments for many aspects of people's home environment were in place, for example fire and ligature risks.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- There were sufficient numbers of staff at the service to support people safely. We received positive feedback about staffing levels and saw there were enough staff on duty to meet people's needs during the inspection.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- The service had a five-star Food Hygiene Standard (FHS) rating, this meant the hygiene standards were very good.

Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- The senior management team reviewed all incidents and accidents. The findings of these reviews were published in a monthly health and safety bulletin that was distributed to staff. This provided information about actions to be taken and changes to practice in response to incidents.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service provided a pathway of rehabilitation for people who had previously required more intensive support.
- No new admissions had been received into the home since the last inspection and the people living in the home had been there for many years.
- We reviewed the systems in place for assessing people's needs and choices and saw that these covered all aspects of people's support needs including, personal relationships and cultural and spiritual needs.
- The registered manager and staff used recognised good practice and guidance to ensure that people's care was provided appropriately. For example; people's needs were regularly reviewed using recognised assessment tools and the findings of these assessments used to support people in the most appropriate way.

Staff support: induction, training, skills and experience

- People continued to receive effective care from regular staff that had the knowledge and skills to carry out their roles and responsibilities.
- Staff received induction training that covered areas such as, safeguarding, risk assessment and communication. They also received training to meet the specific needs of the people they were supporting. For example, training in brain injury, epilepsy and dysphagia (dysphagia is the medical term used to describe difficulty swallowing.) Training was updated regularly.
- Staff were happy with the training and support they received. One member of senior support staff told us, "It's constant training; [e-learning system used by provider], face to face at [location]. I started as a community support assistant. All our mandatory training is on the list when you log in [to e-learning system] and dates when it has to be done by." Another said, "Yes, we are offered support and development. [Registered manager] is really good."

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

- People received support to eat and drink enough to maintain a balanced diet and stay healthy.
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements. For example, where people were at risk of losing weight.
- People received regular reviews from a dietitian and were supported to make healthy choices. One person said, "The staff help, we have good food and eat well."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- The service supported people with complex healthcare conditions. Each person had a team of staff allocated to their support which consisted of support staff and a transdisciplinary team, including; occupational therapy, physiotherapy, specialist nurses and neuro psychiatrists. [a transdisciplinary team is made up of professionals with different areas of knowledge and expertise.] The staff teams worked closely together and held regular reviews to ensure people's care was provided in the most appropriate way and any changes to needs were met.
- People told us they received support to meet their health needs. One person's relative told us, "We [self and staff] discuss any changes to [person's name's] health needs and work hand in hand. Last year [person's name] had [medical condition] and they got emergency help."
- Records showed that staff supported people to access other health and social care professionals such as the GPs, dentists and community nurses and supported people to follow their advice. For example, one person was using visual prompts to improve the way they cleaned their teeth.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good understanding of the MCA. Staff understood the importance of seeking consent from people and people were supported in the least restrictive way possible. One staff member described their understanding of mental capacity saying, "Firstly, understanding that capacity can fluctuate. Anything can have an impact on assessment, regularly assess, not just once. Just because they [a person] lacks capacity on finance, does not mean they do [lack capacity] on something else. Considering mental capacity should be done on an individual basis."
- Mental capacity assessments and best interest decisions had been completed for individual decisions that people were unable to make for themselves.

Adapting service, design, decoration to meet people's needs

- The home was suitable and accessible to the people living there. The layout of the building ensured that the environment offered plenty of personal space. There were various areas for people to use for different activities. People's rooms were decorated to their choice and needs.
- The provider had a schedule of refurbishment in place and people had been involved in planning how communal areas would be decorated. One person told us, "We were able to choose."
- The garden required some improvement and was on the provider's refurbishment schedule. The garden's maintenance formed an element of the service rehabilitation approach. Gardening activities were undertaken by people with staff support. A contractor had been engaged to undertake works to establish and make a lower maintenance garden that is consistent with people's capability and requirements.

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 good. At this inspection this key question has remained 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

- People continued to be well cared for. People provided positive feedback about the care they received. One person said, "The staff are very good... I feel I have a lot of choice, there are no frustrations and I could speak to staff if I was unhappy."
- People were supported by a regular team of staff which ensured consistent care. One person's relative said, "[Person's name] loves their key worker, they've been with [person's name] a long time."
- Staff had a genuine interest in the people they supported and worked creatively to ensure all aspects of people's lives were supported. For example, one person's keyworker had recently supported them to have a holiday in an area close to where family members lived so that they could meet up and spend time together.
- Staff supported people to express their identity, sexuality, culture and preferences. For example, people were supported in their wishes to pursue relationships.

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

- People and relatives if appropriate were involved in the planning of their care. People told us that they regularly spent time going through their care plans with their keyworkers, making changes when needed.
- The registered manager and staff understood the importance of involving people in decision making. Care plan records and reviews recorded that people, relatives, staff members and other professionals were all involved in the review process. One person's relative said, "I go to the reviews, I always get told when they are happening."
- An advocacy service regularly visited the service. They were available to support people to make decisions about their care and support if needed. Advocates act independently of the service to support people to raise and communicate their needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were happy that their privacy was respected, and their dignity maintained. One person's relative told us, "They [staff] support [person's name] to have a bath twice a day now, because of some problems they have had with [medical condition]."
- Staff had supported people to maintain and improve their independence in many ways. For example, people were supported to develop their work and life skills by attending work choice opportunities. During review meetings regular discussions took place about practical support that people needed to increase their skills and independence. We saw that progress was followed up at each meeting.
- Staff understood the importance of keeping people's personal information confidential.

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 good. At this inspection this key question has remained 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

- People received their support from a dedicated team of staff who knew them well and supported them to live their life as they chose.
- The staff team were committed to using positive behaviour support (PBS) to improve people's quality of life by minimising the use of restrictive practices and reducing the use of restrictive physical interventions.
- Commissioners provided positive feedback about the responsiveness of the service. One health professional told us, "There is good robust clinical support, for example from psychology... They always keep me informed."
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained information on people's emotional, social and physical support needs.

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 committed to enabling people to overcome any perceived limitations and live a rewarding and fulfilling life. We saw examples where staff had provided flexible support to enable people to live life to the full. For example, supporting people to go on holidays, to visit family and to visit sites that were relevant and interesting to them because of their past history, for example their previous career.
- Staff understood the importance of enabling people to pursue their interests and meet their spiritual needs. One person's relative told us, "There is plenty to do, they encourage [person's name] to go horse riding, they like that." Another person told us they received staff support to attend their chosen place of worship.

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.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs and any adaptations they required.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint they would be listened to and the issue

addressed. One person's relative said, "I get on great with [registered manager], we have good communication. I have no complaints but if I did I'd just pick up the phone."

- There was a complaints procedure in place. The provider had received no complaints since the last inspection.

End of life care and support

- There was no end of life care being delivered at the time of the inspection.
- The provider had an end of life policy in place and had supported people and their relatives to have discussions about their wishes for the end of their life.
- The registered manager was aware of what was required to support people with end of life care if needed.

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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- People and their relatives told us that the registered manager and staff knew people well and were available to them. One person's relative said, "I get on great with the manager, there is good communication... [Registered manager] listens to me, we have a good rapport."
- The registered manager worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the home. They had a good relationship with all who lived and worked in the home and were approachable.
- Staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "Anytime I or others have gone to [Registered manager], she will always find time or know who to go to if not her."
- The provider recognised and promoted staff achievements and excellent practice. This was facilitated through local and regional awards programmes.
- The atmosphere in the home was calm and happy and the people using the service were comfortable around the staff and registered manager and enjoyed their interactions with them.

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

- The registered manager was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required.
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. For example, they completed a monthly quality walk

round and audit to check all aspects of the service were running safely.

- With regards to the concerns identified with medicines administration. The provider needs to ensure that they have the systems in place to ensure appropriately trained staff are always available to administer all medicines that people may need.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and bulletins to keep staff up-to-date with any changes.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People's feedback about the service was captured through regular contact with people and their relatives. The provider was developing new more accessible surveys at the time of inspection.
- People were able to attend the provider's clinical governance meetings and one person living in the house regularly attended weekly meetings as the representative for the house.
- The provider's senior management team was visible in the service and regularly sought feedback from people, relatives and staff.
- The most recent staff survey, carried out in 2019 showed high staff engagement, with an 88% response rate. Staff satisfaction had increased in all areas.
- Team meetings took place regularly to communicate updates and enable an exchange of information and learning. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Continuous learning and improving care

- The provider had worked hard to develop their training provision to ensure it fully met people's and staff needs. Staff spoke positively about the training they received. One member of staff said, "The training programme is much better. The director of operations is also involved in teaching on it and [another member of the senior management team]. Now everyone has the same induction. Everyone is treated the same and we are given the tools to do the job."
- The provider had developed the trans disciplinary team of staff available to support people living in the home. Records showed the involvement of a wide variety of health and social care professionals were regularly involved in planning and reviewing people's care.

Working in partnership with others

- The registered manager and staff worked closely with commissioners to ensure people's complex needs were met.
- The provider was an active member of brain injury forums that advocate and support people with an acquired brain injury.