

# The Sandwell Community Caring Trust

# Grafton Lodge Residential Unit

## Inspection report

Grafton Road  
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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 ●

# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 8 June 2016. At our last inspection on 27 March 2014 the provider was meeting the regulations that we assessed.

The provider is registered to accommodate and deliver personal care to a maximum of 35 people. At the time of our inspection 30 people lived at the home. People who lived there were elderly and had needs associated with old age and dementia.

A manager was registered with us as is required by law and was present on the day. 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.

Staff knew how to keep people safe which prevented them being placed at risk of harm or abuse.

The provider had sound systems in place that ensured safe medicine management to prevent people being placed at risk of possible ill health. People were given their medicines as they had been prescribed.

Staff received induction training and consistent support to ensure they did their job safely in the way that people preferred.

Everyone we spoke with confirmed that staffing levels were adequate to meet people's needs and to keep people safe.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

People were provided with drinks and meals that they enjoyed in sufficient quantities to prevent them from a risk of dehydration and malnutrition.

People's health care needs were met by a wide range of external healthcare professionals.

People were cared for and supported by friendly, helpful and kind staff.

People were encouraged and supported to retain their independence, skills and undertake the tasks that they could do themselves.

People had contact with their family and visitors were welcomed by the staff.

People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered.

Recreational activities were offered for people to participate in and enjoy.

Processes were in place for people and their relatives to raise their concerns or complaints if they needed to.

All people and their relatives told us that the quality of service was good. The management of the service was visible and consistent. There were processes in place to monitor the quality of the service to ensure that people received a service that met their needs and kept them safe.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

All people and their relatives told us that the service was safe.

Systems ensured safe medicine management to prevent people being placed at risk of possible ill health.

Staffing levels and skill mix met people's needs and kept them safe.

### Is the service effective?

Good ●

The service was effective.

Staff received training and the support they needed to meet people's needs in a safe way and in the way they preferred.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from malnutrition and dehydration.

Staff worked closely with external health and social care professionals to provide effective support.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us that the staff were kind, caring and helpful and we saw that they were.

People's dignity and privacy was promoted and maintained and their independence regarding their daily life skills was encouraged.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with them and their family.

Staff were responsive to people's preferences regarding their daily routines and needs.

A complaints process was available for people and their relatives to access if they felt unhappy about anything.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service was monitored to ensure it was managed well and that people's needs were met.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The management of the service was stable, open and inclusive.

# Grafton Lodge Residential Unit

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and took place on 8 June 2016. The inspection team included one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with 13 of the people who lived there and five relatives. We spoke with six care staff and the registered manager. Not all of the people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions with staff and body language to determine their experience of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. We looked at three people's care records, four medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at two staff recruitment records, the training matrix, provider feedback forms that had been recently completed by relatives and the people who lived at the home.

# Is the service safe?

## Our findings

People we spoke with told us, "No-one is horrible to me", "They [the staff] would not hurt us they are all kind" and, "All of the staff are kind. I have not found one [staff] that's nasty". A relative said, "Oh no I've seen stuff on the television about abuse. Nothing of that kind goes on here". We saw that people were happy in the presence of staff. We saw that people were comfortable if they needed to approach staff to speak with them or make a request. Training records confirmed that staff had received training in safeguarding people and abuse prevention. We saw policies and procedures for safeguarding adults and contact numbers for the local safeguarding authority for staff to make referrals to or obtain advice from. Staff spoken with knew how to recognise signs of abuse and how to report their concerns. A staff member said, "I would report any concerns straight away. The manager would deal with it". This confirmed that the provider had systems in place in order to protect people who lived there from abuse.

A person said, "I feel very, very, safe here". Another person commented, "I feel safe here. They [the staff] tuck me in bed at night and make sure I'm comfortable then always come back and check on me". A third person commented, "They [the staff] check on us all the time". A relative said, "I have got no concerns at all about their [person's name] safety. When I am not here I never worry. I know they are safe". Staff we spoke with knew of people's individual risks and what they needed to do to reduce these. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included risk assessments and care plans for people who were at risk of falls or sore skin. A person told us, "I haven't had any falls while I have been here". We identified that no person had a pressure sore which showed that the plans were appropriate and had been followed by staff. Staff we asked told us in detail what they would do in a certain emergency such as a fall or sudden illness. This demonstrated that staff had the knowledge to deal with untoward situations that may arise so that people could receive safe and appropriate care in such circumstances.

All people we spoke with told us that there were enough staff to look after them safely and to meet their needs. A person said, "There are always enough staff". Another person told us, "The staff respond quickly especially when I need to go to the toilet". A relative said, "The family visit every day and we always see that there are staff around and available". We saw that staff were available at all times and when call bells sounded staff responded quickly. However, we saw that staff deployment could be better. During the morning and afternoon we saw that two staff at the same time sitting in the lounges writing notes. During this time, although staff were available to supervise, engagement between them and the people who lived at the home was limited. The registered manager told us that they would look into this.

We found that safe recruitment systems were in place. We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed and people being placed at risk of harm.

All people we asked told us that they preferred not to look after their own medicines. A person said, "I like it

that the staff give me my tablets. I don't have to worry then". Another person told us, "The staff give me my tablets every day". We observed a care staff member administering people their medicines. We heard the care staff member explaining what they were doing and what the tablets were for. We saw that the people took their tablets willingly. We looked at four people's Medicine Administration Records [MAR] and found that people's conditions were being treated appropriately by the use of their medicines. We undertook an audit of four people's medicines and found that the correct number of tablets were available for each person. Records showed that people had been given their medicines as they had been prescribed. We saw that medicines were locked away safely to prevent them being accessed by unauthorised people to prevent a risk of ill health. We saw that where medicine records were handwritten there were two staff signatures to ensure that what had been written was correct to prevent errors. We noticed that there were medicines that had been prescribed on an 'as needed' basis and protocols were in place to advise staff when the medicine should be given. This would ensure that people were given their medicines when they were needed and not given when they were not. This showed that safe systems were in place to manage people's medicines.



# Is the service effective?

## Our findings

All of the people we spoke with told us that they were happy with the service they received and they felt that it was effective. A person said, "I don't want to go anywhere else. I am very well looked after". Another person told us, "I'd rather be here than on holiday". A relative said, "The service is excellent". All staff we spoke with confirmed that the people who lived at the home received a good effective service and were happy.

A staff member told us, "I had an induction when I started it was good". Staff told us that their induction training consisted of looking at policies and procedures, being introduced to the people and working alongside experienced staff. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The provider had information about the new 'Care Certificate' and staff who needed to undertake this training had the opportunity to work towards this. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

A staff member told us, "I always feel very supported". Another staff member said, "I have worked in other homes before and can honestly say here the support staff get is very good. Much better than other places". Staff told us that they felt supported by managers and their peers all of the time. Another staff member told us, "We have supervision sessions". Other staff we spoke with also told us that they had one to one supervisions. Records that we looked at confirmed this. We saw where problems had been identified; these were discussed with staff to assist them in their professional development. The registered manager told us that staff handovers were held to ensure that staff were communicated with about people's current needs and had the opportunity to raise issues and views. Staff who we spoke with confirmed this.

People we spoke with all told us that the staff looked after them well. A person told us, "They [the staff] are well trained at their jobs". Another person said, "They [the staff] do a good job". A relative said, "They [the staff] know how to look after them [their family member]. They [person's name] are looked after really well". A staff member told us, "I feel confident and able to do my job". Staff we spoke with confirmed that they had received the training they needed. Staff training records confirmed that staff had received the mandatory training for their role which would ensure they could safely meet people's individual needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A person told us, "I don't feel restricted at all I go out with my family often". Another person said, "They [the staff] always explain what they are doing and always ask me for consent first". A third person commented, "The staff always ask me first. If I did not want them to do something they would not make

me". We heard staff explaining to people what they were going to do before moving them in wheelchairs or using the hoist and asked people if they were happy for them to do this. This meant that people were given the opportunity to refuse the care if they wanted to. All staff and relatives we spoke with confirmed that where a person lacked mental capacity they involved appropriate family members, advocates, or health/social care professionals to ensure that decisions that needed to be made were in the person's best interest. The registered manager had applied to the local authority regarding DoLS issues where they deemed it was needed. This confirmed that the provider was aware of what they should do to prevent people having their right to freedom and movement unlawfully restricted.

A person said, "I have very good food here " I eat fish and plenty of curries. I am lucky as one of the assistant cooks is Indian". Another person told us, "The meals are always nice and we have choices". A relative told us, "They [person's name] always say that the meals are nice and how much they enjoy them". They also told us that their family member was supported and encouraged to eat and drink. During meal times we saw that staff were available to give assistance to people who needed this. We saw that mealtimes were flexible to meet people's preferred daily routines.

A person told us, "We have healthy meals". Menus that we looked at and the meals we saw showed that choices of fish and meat were offered and that meals were varied with fresh vegetables, salad and fruit. During the morning we saw that staff offered people sliced pineapple to encourage an extra intake of fruit. Staff were able to tell us about people's individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes. We found that where people had been assessed as being at risk from malnutrition referrals had been made to the dietician. A relative said, "Since they [person's name] have been in here they have put weight on as they are encouraged to eat regularly". We saw that staff offered people drinks very regularly throughout the day and encouraged them to drink. It was a hot day so staff offered people ice lollies to cool them and enable them to take extra fluids.

A person who lived at the home told us, "The doctor comes a few times a week. If we need the doctor in-between those times the staff get them in". A relative told us, "The staff ensure they have all the medical checks they [person's name] need". Other people and their relatives told us that that people were offered access to routine checks of their eyes, teeth and feet. The staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide assessment and treatment to people. This included specialist health care teams and speech and language therapists. This ensured that the people who lived there received the health care support that they required to promote good health.

## Is the service caring?

### Our findings

All people and their relatives spoke very highly of the staff. They told us that the staff were, "Lovely", "Kind" and "Caring". A person told us, "I like the staff they are very kind". Another person said, "I'm very happy here they are lovely staff". A relative said, "The staff are very caring". We observed that staff were careful when assisting people and that staff gave people plenty of reassurance. We saw that staff spoke with people and showed an interest in what they were saying. We observed that staff interactions with people were kind, friendly and caring.

We found that the provider promoted a positive, homely atmosphere. The home felt warm and welcoming. People and their relatives all told us that the home was warm, welcoming and friendly. A person said, "It is a jolly, happy place". A relative told us, "The place [the home] has a lovely atmosphere".

A person told us, "I have my own privacy and go to my own room when I want to". Another person said, "The staff always cover me when washing me down". A third person said, "The staff make sure I am left in private to use the toilet". Staff we spoke with described how they promoted dignity and privacy in every day practice. Other people and their relatives also told us how staff promoted people's privacy and dignity. Records confirmed people's preferred name and we heard staff using that name to show respect.

A relative told us, "Since they [person's name] have been here they have taken pride in their appearance again". A person said, "I like to have my hair done often". People also told us that they were happy that they had access to a hairdresser so that they could have their hair cut or styled. We noticed that all people looked well groomed. Their hair was tidy and male people were shaven. We saw that people wore make up and jewellery. A person said, "I feel good with my necklace on". People told us that they selected their own clothes. A person told us, "I get the clothes out I want to wear every day". Staff told us that they encouraged people to select what they wanted to wear. We saw that people wore clothing that was appropriate for their age, gender and the weather. This showed that staff knew people's individual choices concerning their appearance and had supported them to achieve this.

People told us that staff promoted their independence and they were grateful for that. A person said, "I like doing as much for myself as I can". Another person said, "The staff help me but encourage me to do things myself". During mealtimes we heard staff encouraging people to eat independently and we saw that they did. This highlighted that staff knew it was important that people's independence was maintained.

A relative said, "We visit when we want to and are always made to feel welcome". People we spoke with told us that they could have visitors at any time and they were glad of that because it was important to them. All staff we spoke with confirmed that visiting times were very flexible.

We saw that information was available giving contact details for independent advocate services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager and staff told us that people would be assisted to access an advocate if they required it to help them make decisions about their care and support.

## Is the service responsive?

### Our findings

A relative told us, "We [the family] came to the home unannounced and looked around before making the choice that it was a good home". A person said, "I was assessed before I came here". The registered manager told us and records that we looked at confirmed that prior to people moving into the home an assessment of need was carried out with the person and/or their relative. This was to identify people's individual needs, personal preferences, and risks, to make sure that their needs could be met and that they would be safe.

A person told us, "The staff involve me and I feel listened to". Another person said, "They [the staff] are very approachable. If there is anything to say I mention it and they listen to you". A relative said, "I am always involved in care planning. The staff always ask my view about their [person's name] care". Another relative said, "I am kept up-to-date with changes and am asked what I think". Records we looked at and staff we spoke with confirmed that people's needs were reviewed regularly or where required reviewed by the local authority and other health or social care professionals.

A person told us, "I can have the church people come in if I want". Another person said, "I go to my bedroom to pray". Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been asked about their personal religious needs.

A relative said, "They [the staff] take them [their family member] for walks, keep them entertained and encourage us as families to join in". A person said, "Activities are good I like the art craft classes and we have tea parties. There is always something going on". Another person told us, "We have monthly themed days Italian and Indian." A relative told us, "I come here every week to join in the music session with them [their family member]. All of the people love it". We observed the weekly music session [delivered by an external activity provider] for a short time. We saw that people joined in tapping their feet, dancing, clapping, smiling and laughing. Some people enjoyed their own recreational activities and staff ensured that they were supported to do this. One person liked to listen to music and dance. We observed that staff put their music on and they danced for some time. They smiled and looked happy. We found that some people enjoyed one to one activity sessions with staff. We saw a person playing dominoes who clearly enjoyed it. A person said, "Two of the staff take us out for coffee or shopping". The registered manager and staff told us that they provided entertainment to mark seasonal and other occasions. The home was decorated with flags for a party held to celebrate the Queen's birthday. This showed that the staff provided a range of activities for people to enjoy.

A person told us, "I have never complained no reason too; they [the staff] are all so good. I don't think they could do any better". A relative said, "I know how to complain. There is nothing to complain about here. I think it is a wonderful place and can only give praise. Staff told us what they would do if someone complained to them. This included trying to deal with the complaint and reporting it. We saw that a complaints procedure was available on display for people to read and access. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave the contact details for the local authority and other agencies they could approach for support to make

a complaint. We looked at the complaints log and saw that there was a record of the one complaint that had been received, how it had been dealt with and that the complainant had been happy with the outcome. This showed that the provider had a system in place for people and their relatives to access if they were not satisfied with any part of the service they received.

## Is the service well-led?

### Our findings

People and their relatives all told us that the service was of a good standard and, "Well organised". A person said, "The manager is good and everything runs as it should". A relative said all staff know what they have to do and work well". We looked at thank you cards that had recently been received. These all praised the staff and the service provided. They included the following comments, "Thank you for providing a safe, caring environment", "You made it their home", "Wonderful, caring staff". This demonstrated that the staff worked as they should and that the service provided was consistently well-led.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by senior care staff. Relatives we spoke with and some of the people who lived at the home knew who the registered manager was and felt they could approach them with any problems they had.

A person told us, "I know the manager she is lovely". Another person said, "The manager is approachable and listens to us". A relative said, "The manager is excellent. I have great confidence in her and the staff. I can speak with her anytime". We observed that the registered manager made themselves available and were visible within the home. Our conversations showed that the registered manager knew the people who lived there well and their relatives. We saw the registered manager interacted with people who lived there and people responded well to them. This showed that the registered manager was available for people and relatives to speak with if they had a need.

All conditions of registration were met and the provider informed us of all events and incidents that they were required to notify us of.

The provider had systems in place to monitor the service these included, medicine management, infection prevention, record keeping, accidents and falls. The audits highlighted where improvements or changes were needed to better meet people's needs or prevent falls and injury. We saw that changes and improvements had been made where they were needed and further monitoring took place to evaluate if they had worked.

We saw that processes were used by the provider to gain the views of people and their relatives. These included feedback forms, meetings and speaking with people and relatives as part of their quality monitoring visits. We saw that the feedback was very positive with a high number of people scoring aspects of the service they received as excellent.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with knew of the whistle blowing policy and gave us assurance that they would use it if they learnt of or witnessed bad practice.