Griffin Social Care Limited

Griffin House

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

This inspection took place on 21 August 2015 and was unannounced. Griffin House is located in a quiet residential area of Southport. The home is registered to provide accommodation and personal care for up to three people. At the time of our inspection, there were two young people living at Griffin House with learning disabilities and mental health needs. The home offers long term care and support in a domestic property.

A registered manager was in post. 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.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. Relatives told us they were happy with the care their family member was receiving at the home.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

Summary of findings

Relatives and other professionals we spoke with confirmed that there were enough staff available to meet the needs of the people living at the home.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences and dislikes. People's privacy and dignity were upheld. Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People told us there were enough suitably trained staff to meet their individual care needs. Staff were only appointed after a thorough recruitment process. Staff were available to support people to go on trips or visits within the local and wider community.

Staff understood the need to respect people's choices and decisions if they had the capacity to do so. Assessments had been carried out and reviewed regarding people's individual capacity to make care decisions. Were people did not have capacity, this was documented appropriately and decisions were made in their best interest with the involvement of family members where appropriate and relevant health care professionals. This showed the provider understood and was adhering to the Mental Capacity Act 2005.This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. At the time of this inspection, no applications had been authorised under DoLS for people's freedoms and liberties to be restricted.

People's bedrooms were individually decorated to their own tastes. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures, body language, Makaton and British Sign Language.

People were supported to purchase and prepare the food and drink that they chose. People who lived at the home, their relatives and other professionals had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff, the deputy manager or the registered manager.

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 had been checked when they were recruited to help ensure they were suitable to work with vulnerable adults.

There were enough staff to meet people's needs.

People received their medicines as prescribed.

Staff were aware of the procedures to follow if they suspected that someone was at risk of harm.

Risk assessments were in place and were up to date and reviewed when needed.

Good

Is the service effective?
The Service was effective.

Staff were supported and trained to provide people with individual care.

People received the support they required with purchasing and preparing food.

People had access to a range of health services to support them with maintaining their health and wellbeing.

People were encouraged to be creative and join in with activities.

Good

Is the service caring?
The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to privacy and dignity were valued.

People had good relationships with the staff members.

Good

Is the service responsive?
The service was responsive.

People were involved in the planning and reviewing of their care.

Care plans contained up to date information about the support that

people needed and were person centred.

Complaints were acted upon in line with the provider's policy. No complaints had been received in the last year.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a registered manager who was very visible and who offered support to the staff.

Staff felt confident to discuss any concerns they had with the manager and were confident to question colleagues' practice if they needed to.

The service had an open culture were ideas and suggestions were welcomed.

Griffin House

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. This inspection took place on the 21 September 2015. This was an unannounced inspection.

The inspection was conducted by one adult social care inspector. Before we carried out the inspection we looked at our own records, to see if the service had submitted statutory notifications, or, where others had made observations on the service, including the provider information return (PIR). This is a form in which we ask 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 were unable to verbalise with the people living at Griffin House, but we did observe them frequently during the visit.

We talked with the support worker on shift in detail. We also talked to the registered manager. Later we telephoned relatives of the people living in the home and professionals who were involved in their care, to get their views about the service. We were able to speak to three family members, and visiting healthcare professionals. We observed care and support in communal areas, viewed the care files for the two people living at Griffin House, all of the staff training and recruitment files and other records relating to how the home was managed.

Good

Is the service safe?

Our findings

People living at the home were unable to communicate their experiences of living in the home to us, so we spoke to peoples family members. One family member told us, "They [provider] are like family. They go out of their way for [person living at the home]." Another family member told us the home was "100% safe, brilliant." Another family member said "They are first class. [Person living at the home] has come on leaps and bounds." The same person said they "Couldn't imagine anywhere better."

Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of abuse. The staff spoken with were aware of the agencies involved in safeguarding people and one member of staff said that, "I would make sure that the person was safe and would then go and speak with my manager." Staff also told us that they knew where to find the contact details of the local authority to report issues to if they suspected any one had suffered any harm. There were posters in the communal areas of the building with the contact details of whom to call if anyone suspected anyone living at the home had been harmed.

Risk assessments were reviewed when needed following an accident or incident. General risk assessments such as accessing the community, traveling, eating out, use of the kitchen and infection control were all in place. Risk assessments provided information to staff and guidance on how people should be looked after to keep them safe.

The registered manager told us they very rarely used agency staff due to the complexity of the people living in the home, and explained how it takes time to get to know them. The registered manager told us shifts are either worked by the rest of the staff team, the registered manager themselves, or the deputy manager. At the time of our inspection the registered manager was working on shift.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. A minimum of two care staff were on duty throughout the day, with one staff staying and sleeping over at night. In addition, the registered manager was also available to provide additional cover and support to the staff. The registered manager was in the process of recruiting to fill two staff vacancies that had recently occurred. Safe recruitment practices were followed and staff records confirmed that new staff were checked before they were allowed to start work, to ensure they were safe to work with vulnerable adults.

Medicines were managed so that people received them safely. Medicines were stored in lockable cabinets. These cabinets were only accessible to staff who kept the keys safely and were trained in the administration of medicines. Staff confirmed they had been trained and that their training was regularly updated. Medication documentation had been completed for each person which showed the prescribed medicines that needed to be administered and any topical creams to be applied. Topical creams were documented on a separate sheet with details of how to use them. These were also kept securely.

The provider had a medicines policy which had been read by all staff who administered medicines. Medication Administration Records (MAR) sheets showed that when people had received their medicines staff had signed the MAR to confirm this. Medicines were ordered in a timely fashion and any unwanted or out of date medicines were disposed of safely. We could see a document in the medication file which confirmed the safe disposal of medication and was signed by both the staff and the pharmacist. All the medication was in date and appropriately labelled. Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. These were appropriately stored and labelled.

The home was clean and tidy and the furnishings were new and modern. The people who lived in Griffin House participated in a variety of things which we saw, from the records, were risk assessed. Examples of these were, going out, using the kitchen and dealing with money. We noted that the risk assessments were reviewed regularly.

We found that the home provided a safe environment for people to live in.

Health and safety had been checked through various risk assessments and audits. The registered manager was responsible for checking the environment. We saw records of audits that had taken place regularly and fire equipment had been last been checked in May 2015 and fire procedures, such as fore drills, and weekly alarm tests had

Good

Is the service safe?

been completed and were recorded. The gas was due to be checked in 2016 and PAT (portable appliance testing) testing was due in 2016. Water temperatures were checked monthly and recorded.

Good

Is the service effective?

Our findings

Families we spoke with were satisfied that the staff monitored their relative's health care needs and took action when needed. A family member expressed to us that the home was the best place to meet their relative's needs. Another family member said their relative had improved since living at the home. They said "[person living at the home] has achieved so much since being here."

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received all essential training, which was managed by the provider, in a range of areas. For example, fire, manual handling, food hygiene, infection control, food and nutrition and medication. Staff were also encouraged to work towards external qualifications, for example, some staff had achieved a Diploma / National Vocational Qualification Level 3 in Health and Social Care. Before the staff started work, they completed an induction process. This involved shadowing existing members of staff until they felt comfortable to work on their own.

All training was arranged by the provider and the registered manager had documented training dates in a diary as well as in a training matrix so staff were aware they had to attend training. Records confirmed that staff training was up to date and well managed. In addition to the mandatory training, staff were trained by an external specialist company who specifically trained the staff in how to managed people with the complexity of the people living in Griffin House. We saw other evidence of person specific training, such as Makaton, British Sign Language and restraint.

Staff had supervision meetings with their manager and staff records confirmed that staff had received supervisions at least every six weeks. Issues such as people, holidays, handovers, key working, learning and development and medicines were discussed. The staff member we spoke with showed us an example of how the manager used supervisions to check the staff's knowledge on certain subjects. In this instance they would be discussing risk and we saw a document the staff member was expected to bring to supervision which showed their understanding of risk assessments. The staff member was expected to answer questions and give examples. The staff member told us they enjoyed doing this, as they enjoyed learning.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice. This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. If people in the home had been assessed as being unable to make a decision, then a 'best interest' meeting was held. This is where health and social care professionals, and people's relatives, get together to make a decision on the person's behalf.

We saw the service was applying for an assessment from the Local Authority under the deprivation of liberty authorisation [DoLS] for people who live at the home.

DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager was in the process of applying for authorisation of DoLS from the local authority for the two people living in the home. None had yet been authorised, due to the high volume of applications that had been submitted to the local authority. The registered manager displayed a good understanding of the principals involved in this process.

We checked and saw there was a restraint policy in place, and each person living at the home had their own restraint plan. The registered manager told us physical restraint was used in only specific instances to protect people's safety and had not needed to be used for a long time. We could see the care plans had changed to reflect this. Staff were trained in restraint and managing challenging behaviour, we could see evidence of this from looking the training matrix.

People were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. People were weighed weekly to ensure they were maintaining a healthy weight.

Menus were planned and took account of people's likes and dislikes. The two people living in the home took it in turns to go shopping. During our inspection we observed the staff supporting one of the people who lived at the home to cut up vegetables for the evening meal. We could see this was being done in accordance with the person's risks assessment.

Good

Is the service effective?

We could see from peoples care plans they had regular appointments with opticians, dentists and GP's. These were managed for them by the staff.

People's rooms were decorated in their favourite colours, for example, we could see from someone's care plan they liked pinks and purples, and there was a lot of this colour used to decorate their room. There were other forms of personalisation such as photos and posters on display in their room. The people living in the home and their families had helped to choose the colour scheme and furniture for the home.

There was an activities room in the home, were the two people spent time if they chose to. The activities room was very engaging and had photographs and different pieces of artwork the people had created. The staff member who was showing us round explained that that she had ordered sturdier desks which could be screwed to the floor as the people who lived at the home were getting frustrated as the desks they had kept on breaking when they were working on them.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that people were cared for by kind, caring and attentive staff who understood their individual needs. When asked about people's preferences and choices, the member of staff we spoke with said, "I love working here, I have got to know [people who live at the home] enjoy supporting them and getting out and about."

Family members we spoke with were extremely positive about how caring the home was. One family member told us, "The staff are amazing, I can't compliment them enough for what they have done for [person living at the home]." Another family member told us "The staff are so caring and skilled."

One medical professional we spoke with told us the general well-being of the people who lived in Griffin house had improved since admission, and the staff were "excellent and caring."

Staff were able to understand people's body language and various signs were used to enable people to understand and communicate effectively. We observed staff communicating with one person living at the home using Makaton and encouraging the person to sign back what they wanted for breakfast. There was a lot of warm engagement between the staff member and the person who lived at the home. We heard staff throughout our inspection speak to people with respect. For example, one of the people who lived at the home had been to a party at the weekend and chosen to have a lie in, we saw the staff member pass their room quietly and talk in whispers so they did not disturb them.

Care plans had been signed by family members to indicate they had been involved in decisions about their care. People were allocated their own keyworker who co-ordinated all aspects of their care, and arranged their appointments.

People's privacy and dignity were respected and promoted. When staff were asked about this, they explained they knock on doors before entering as it was their home.

There was information on the walls and in People's file in easy read with regards to advocacy and the contact details for the nearest office. There was no one in the home at the time of report who were accessing advocacy.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us their family member received good care which was tailored to their needs.

Both of the care plans we saw demonstrated that person centred care was at the forefront of the individuals care plan. The assessment undertaken for each person was thorough and reflected the individuality of the person, their condition and their needs.

The care plans contained personalised information about the individual such as their background and family history, health, emotional, cultural, and spiritual needs. The individual person and their family had been involved in the writing of the care plan as much as possible.

We saw evidence in both peoples files that they had been encouraged to vote in the general election by being giving pictures of the candidate's. The candidate's picture the person had chosen was marked on their voting card and sent off. This was important as it showed the home encouraged people to engage in activities outside and in the wider community.

One professional who we spoke with on the day of our inspection was very complimentary about the strategies for supporting the people in the home the team had already developed and had in place. They told us "They [staff] have been very professional."

The care plans had been reviewed regularly and the thoughts and comments of the people being supported and their relatives had been incorporated into any reviews.

Each person had activity plans which took them through the week. These were in pictorial format so the people who lived at the home could be included in developing them with the staff. These included activities such as eating out, going to the local disco, and some activities which related to the running of the home such as shopping and cleaning. We could see evidence of person centred practice when we looked at the rotas, which were completed around the needs of the person and their activities. For example, the staff member we spoke with told us, "I can drive, and I love supporting [people who lived at the home] to the disco, so I agreed as part of my rota I would do that late shift every month to make sure they can get there and back." Each person engaged with activities which suited them and which they had indicated they enjoy and they wanted to do.

One person enjoyed going home to visit their family. We saw evidence of how the staff worked together to transport the person to their family home and pick them up again later on. We saw specific support structures had been put into place by the registered manager to ensure staff had a consistent way to approach conflict if the situation arose. We could see this procedure had been put in place as response to an incident which occurred a few months before.

The care files contained photographs of the people who lived at the home engaging in different activities, such as parties, college and having friends over for visits. We looked at a care file called 'This is me'. There was one of these files for each of the people living at the home, and within the file we could see each person had a goal chart, and positive behaviour toolbox. We looked for evidence to show how this information was being used effectively by staff and could see the goal chart was developed by the person, their family and the staff to capture when they had achieved personal aspirations, such as cooking their own meals and completing housework. We saw evidence these goals were being discussed during monthly feedback meetings with the manager.

There was a compliments and complaints file. There were many compliments written by relatives, such as, "Thank you for all your hard work." Another had written, "Thanks for all your help and support."

People told us staff listened to any concerns they raised. There had been no complaints raised at the home in the last twelve months. We were provided with the complaints policy and procedure.

The complaints procedure was displayed on the notice board by the front door.

Good

Is the service well-led?

Our findings

There was a registered in post who had been there since the service had opened.

The service promoted a positive culture and people were involved in developing the service as much as possible. Residents meetings were not held as these had been assessed as not being an appropriate method of obtaining people's views. Instead we saw evidence that daily communication sessions were taking place between the people who live at the home and the staff. The manager explained these sessions happen every evening, the staff and the people who live at the home sit around the table and talk about their day and how they are feeling. As the people who live at the home cannot verbalise, they use Makaton to communicate with the staff. We saw documented evidence that this takes place.

We saw quality assurance systems in place were the manager invited professionals and families to complete a survey. This was sent out to them in the post. The last survey was completed in 2015 and showed that 100% of respondents were either happy or very happy with the service.

The culture of the home was one of 'homeliness' and we observed this throughout the day. One of the family members we spoke with said "We're kind of like a big family really."

The registered manager told us, "We have a small staff team who see each other regularly." The registered manager said she was proud of the journey they had taken with the people who lived at the home. This was reflected in all of the documentation we looked at on the day of our inspection, the family and professionals we spoke with and interactions we saw between the staff member, the manager and the people who live at the home. Staff were supported to question practice and there was a whistleblowing policy in place. One member of staff explained, "If I've got a problem I would go to [named registered manager] or her manager or head office".

The service demonstrated good management and leadership. Staff were asked for their views about the service through team meetings and supervisions. We saw evidence of this in the team meeting minutes and the staff member we spoke with explained the supervision process. The staff member told us "I just enjoy it. I feel I've achieved something. I can make a difference to their lives." The registered manager felt well supported by her line manager and had supervisions every six weeks and an annual appraisal.

The registered manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual

handling, premises, food safety, medication, laundry and risk assessments. Health and wellbeing audits were undertaken which measured how people were supported, both physically and emotionally. Audits were undertaken on a monthly basis. Where action was required to be taken, we saw evidence this was recorded and plans put in place to achieve any improvements required.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.