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# Grasmere Rest Home

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Grasmere Rest Home is a residential care home that was providing personal care to 19 people at the time of the inspection.

People's experience of using this service:

People received care from staff who were exceptionally friendly, compassionate and caring. There was a strong person-centred culture that showed people were valued and respected. Because staffing was consistent, people and staff had opportunities to get to know one another well. Staff promoted inclusivity and encouraged people to form friendships. People felt comfortable and well supported as a result.

People received the support they needed to make choices about the care they received. This included accessible information about upcoming events. Staff promoted people's privacy, dignity and independence.

The provider had made improvements to the safety of the service since our last inspection in October 2016. There were regular checks to make sure the environment and equipment people used were safe. The premises were suitably adapted to meet people's needs. People had individual, personalised risk assessments and risk management plans so staff knew how to care for them safely. This gave people the freedom to take positive risks such as going out by themselves. Staff knew how to safeguard people from the risk of abuse. The provider took appropriate action in response to accidents and incidents, to reduce the risk of them happening again.

There were enough suitable staff to care for people safely. Staff received support and training to carry out their roles effectively. They followed best practice guidance to protect people from the risk of infection and knew how to manage medicines appropriately and in line with best practice.

People received enough nutritious food and drinks. People were able to access healthcare services when they needed to. The provider worked well with other services to make sure people's healthcare needs were met.

The provider assessed people's needs and planned care in line with best practice, consulting other agencies for information and advice when appropriate. The provider used information from assessments to plan person-centred care, involving people and their relatives in the process. People received compassionate care and support at the end of their lives.

Staff obtained people's consent before providing care, or, where people did not have the capacity to consent, followed processes to ensure decisions made about people's care were in their best interests and in line with legal requirements.

Staff supported people to choose and participate in various activities that kept them physically and mentally active and took their abilities and interests into account.

People knew how to complain if they needed to. The provider responded promptly to people's complaints and used them to improve the service. They also used feedback from people, their relatives and stakeholders on a regular basis to help them make improvements. There were opportunities for people, relatives and staff to be involved in the running of the service. Leadership at the service was visible and well organised and staff worked well as a team. The registered manager was open and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection, this service was rated Good (published 17 November 2016)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Grasmere Rest Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

Grasmere Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. 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.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection we reviewed information we held about the service. This included a provider information return. This contains information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we observed interactions between staff and people who used the service. We spoke with six people who used the service, three relatives of people who used the service, four members of staff and the registered manager. We also spoke with a director and senior manager from the provider organisation. We looked at documentation including four people's care plans and two staff files.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- At our last inspection in October 2016 we found the service was not consistently safe because dangerous chemicals were not always stored securely, there was no system to ensure people's personal emergency evacuation plans (PEEP) were up to date and the service did not have robust policies to ensure people's cigarette lighters were stored and used safely. At this inspection we found the provider had addressed these issues. PEEPs had been reviewed and people who smoked had risk management plans to ensure their lighters and matches were stored and used safely. Chemicals such as cleaning products were stored securely to protect people from the risk of coming into contact with them.
- People had individual risk assessments, which took into account their abilities, views and any issues that might make things riskier for them. They included risks associated with malnutrition, falls, use of mobility equipment and manual handling, smoking and health conditions that might affect people's safety. Staff were aware of people's risk management plans, which were used to inform their care plans.
- There were robust assessment and management procedures for managing the risk of people developing pressure ulcers. The provider carried out a monthly audit of pressure area care to check the effectiveness of their risk management and the most recent audit showed nobody at the service had any pressure ulcers.
- The service allowed people to take positive risks and did not unnecessarily restrict their freedom. During our inspection two people left the service to go out without staff support, because the provider had assessed that this was safe for them. Staff gave examples of how they kept people safe while allowing them to take risks.
- Staff knew how to respond to medical emergencies such as falls.
- Staff carried out regular checks to make sure the premises and equipment were safe. Equipment was serviced regularly in line with manufacturers' instructions, including lifting and fire safety equipment. Appropriately qualified professionals visited regularly to check utility supplies such as gas were safe to use.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person said, "Yes, it's very nice indeed." Another person said, "I feel very safe. This is a very nice place. Staff are very good and look after you well."
- The provider had processes to ensure safeguarding concerns were appropriately investigated, reported and recorded. Staff were able to demonstrate a good knowledge of how to recognise and report alleged or suspected abuse.

### Staffing and recruitment

- The provider carried out appropriate checks to make sure the staff they recruited were suitable. This included criminal record checks and references as evidence that staff were of good character.
- There were enough staff to care for people safely. People and staff told us they were happy with staffing

levels. The registered manager used a dependency tool to assess how many staff were required to meet the needs of people currently using the service.

#### Using medicines safely

- People told us they received their medicines as prescribed and records confirmed this. One person said, "I've had my medicines. They help me get a good night's sleep." They showed us a note staff had given them to help them remember what their medicines were for. Another person's relative told us, "[My family member] always gets her medicines on time." We observed staff administering medicines in line with best practice guidance.
- The provider carried out regular audits to make sure medicines were managed safely. The service had recently changed the pharmacy they used because audits identified a problem with medicines being delivered on time.

#### Preventing and controlling infection

- The home was visibly clean and people told us, "The cleaners do a good job" and, "The home is spotlessly clean."
- Staff were aware of their duties in relation to infection control, including use of personal protective equipment and good food hygiene to prevent the spread of infection.

#### Learning lessons when things go wrong

- The provider kept clear records of accidents and incidents. These showed the provider took action after accidents and incidents to prevent them from happening again. There was a system for monitoring any trends or patterns to help the provider assess whether further preventative action was needed.
- We saw examples of people's risk management plans that had been reviewed and updated in response to incidents to keep them safe in future.

# 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

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

- People had a thorough assessment of their needs. If they had any care needs the service was unable to meet by itself, staff made prompt referrals to the appropriate services.
- The provider took into account the views of people and their relatives, social workers, healthcare professionals and others involved in people's care, to make sure they had the information they needed to plan the right care and support for people.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported. They received one-to-one support every two months in the form of supervision meetings or sessions where the registered manager observed them providing care and support to people and gave constructive feedback. This helped to ensure staff received the support they needed to provide effective care in line with best practice.
- People felt the staff were knowledgeable and staff felt the training they received was comprehensive. One person said, "Some people have dementia. I've learned a lot about it because the staff know all there is to know." The registered manager used checklists to ensure each member of staff had the training they needed to do their jobs well and we saw posters advising staff of upcoming training sessions.

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

- People made positive comments about the food they received. One person told us, "Lunch was very good today. You got a selection of sauces with it and some people chose to have different things." We saw staff offering choices of drinks to people at regular intervals through the day and staff offered support when people needed it to eat their meals, checking they were happy with the food they received.
- Staff made the effort to get to know people's individual food and drink preferences, such as how they liked their tea. If people requested specific meals, staff made an effort to accommodate their wishes. One person's relative told us their family member had been putting on weight despite being a "fussy eater" because staff understood their preferences well.
- Staff monitored the food and drink intake of people who were at risk of malnutrition or dehydration to make sure they had enough. One person explained, "They have a special folder where they write down what I eat. They look after my health."

Staff working with other agencies to provide consistent, effective, timely care

- The service received positive feedback from healthcare professionals involved with people's care.
- We saw examples of how the service worked in partnership with the Care Home Support Team, which was part of the local healthcare commissioning service and provided support and training to care homes in the area. The aim of this was to improve the standard of care and ensure staff were aware of best practice in



meeting people's healthcare, dietary and other needs.

- There were systems in place to ensure the appropriate information was shared and items were transferred when people needed to move to other services such as hospitals.

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

- Since our last inspection, the provider had carried out extensive refurbishments. The home was decorated in a colourful and homely style with comfortable furniture. Communal areas were spacious and free of clutter so people could move around safely using mobility equipment.
- The design and décor took into account best practice in environmental design for people living with dementia. For example, contrasting colours were used to help people distinguish between objects.
- On the day of our inspection, the weather was fine and staff kept the doors to the garden open, encouraging people to sit outside and get some fresh air if they wanted to.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff helped them access healthcare services when they needed to use them and records confirmed this. One person said, "They try hard when people have medical conditions."
- Staff knew when to contact healthcare services to support them to meet people's needs. For example, they referred a person to speech and language therapy when they noticed the person was having difficulty swallowing.
- Staff used advice from health professionals to support people to stay healthy and manage any health conditions they had. However, we noted that one person's assessment recorded they had a diagnosis of mental illness but they had no care plan to inform staff of how to recognise signs of relapse and how to support the person with this. We fed this back to the registered manager, who produced an initial care plan by the end of our inspection and told us they would consult the person and their doctor for additional advice on this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff always obtained their consent before providing care to them. Staff showed a thorough understanding of the principles of the Mental Capacity Act. They gave us examples of how this related to their work. People who were able to signed their care plans to indicate they consented to the care being provided.
- The provider assessed people's capacity to make decisions about their care and ensured decisions made on their behalf were agreed by those involved in their care, including healthcare professionals and relatives, to be in their best interests.
- The registered manager used a checklist to keep track of when DoLS authorisations expired. At the time of

our inspection all people who were being deprived of their liberty had up-to-date authorisations in place.

# 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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- There was a strong, visible person-centred culture and we observed the home had a lively and inclusive atmosphere. Everyone was invited to take part in conversations and activities, and people were encouraged to form friendships. One person told us, "You can have a bit of banter around here." Another person said, "There's a very friendly atmosphere. It's a bit like a big family. I miss people when they're in hospital. I find myself worrying about them." A relative said, "It all feels very homely which is something I feel is very important." We saw people and staff sharing jokes and laughing together throughout the inspection. One person said, "You're smiling, everyone's smiling. That's what it's like here."
- A member of staff said they encouraged people to be themselves and have fun. One person in particular was good at promoting this and acted as an advocate for less able people, which staff actively encouraged and promoted. For example, they told a member of staff when another person wanted a drink and the member of staff thanked them and got the person a drink. People were encouraged to develop relationships with each other, and we observed people spending time together and offering each other help and support throughout our inspection.
- Staff provided care that was compassionate and respectful. One person told us, "Some of the staff are so supportive." Another person said, "Staff are very caring. They care a lot." A third person told us, "You can talk to staff about anything." Relatives said they would be happy to use this service themselves and one said, "I have yet to meet a miserable member of staff. My [relative] is shown affection by all of the staff." We observed staff engaging people in conversation about things that were important to them, such as asking after their loved ones.
- Staff showed compassion and understanding when people moved into the service, for example by inviting relatives to come for lunch to help reassure family members and help people feel comfortable as they settled in.
- People commented about the consistency of staffing, telling us that several members of staff had been at the service for many years and this helped them build good relationships.
- Staff made an effort to get to know people and develop good relationships with them. They described people in terms of what was important to them, focusing on their life histories, personalities and interests rather than their care needs. Staff spoke about people's life achievements with pride and encouraged them to continue using their individual skills and talents. This helped people feel valued.
- As staff got to know people, they used this information to help people plan events that were meaningful to them and triggered pleasant memories. The events also served as a reminder to people of the things they had shown a talent or skill for, helping to promote self-esteem.
- The registered manager told us relatives were still welcome to visit the home and remain involved after they had lost their loved ones, and they held an annual memorial event for relatives to attend. When a

person died whose relatives lived abroad, staff took time to arrange the person's funeral on their behalf and held a wake at the home. The person's relative told us, "I was deeply moved by the affection shown, and assistance provided. Truly remarkable and I will be forever grateful for their support."

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

- One person told us, "I get to make my own choices. I decide when to go to bed." Another person said, "People can make their own decisions, like what to have for lunch." A third person's relative told us they were heavily involved in planning care for their family member, as their relative was no longer able to make these decisions.
- Staff told us some people found it difficult to make choices, so they made it as clear as possible what people's options were and encouraged them to make choices for themselves. We observed staff offering people a choice of meals and when one person was not keen on either option, staff suggested ways of tailoring one of the choices to their taste, which they were happy with. Accessible information about upcoming activities, events and meal choices was on display in communal areas to help people make decisions about their day to day lives. Another example was when staff offered people a cup of tea they showed them a chart with pictures of tea made with varying amounts of milk and people chose according to their preference of how milky they wanted their tea.
- We observed staff using different communication methods with different people to suit their individual abilities. Care plans included detailed information about how people communicated so staff knew how to support them to express their views. This included information about how people expressed different emotions when they were no longer able to do so verbally, and the support they needed to manage those feelings. A relative told us this had helped their family member become much more settled and they felt the quality of interactions between staff and people was always high.
- The service empowered people to make choices about their individual care and about the day to day operation of their home. There were several examples of things the service did because people had chosen to do things that way. The structure of residents' meetings, for instance, was based on how people had chosen to conduct the meetings, and the meetings were led by people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Staff gave examples of how they made sure people had the privacy they needed, including keeping their personal information confidential.
- Staff told us about some of the work the provider was doing to promote dignity in care. They gave an example of how they always tried to imagine themselves in the situation of people they were caring for and considered how they would like to be treated.
- People and relatives told us staff helped people remain independent. One person said, "I go to bed by myself." We observed staff encouraging people to do as much for themselves as possible when supporting them and two people went out by themselves during the day when we visited. Where people were able to manage their own personal care, staff checked they had managed to complete their personal care routine rather than providing a higher level of support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People consistently fed back that the service was responsive to their needs. People had person-centred care plans that contained information about what support they needed. This included mobility, eating and drinking, personal hygiene and continence care. Because people were involved in planning their care, these were personalised and included people's preferences such as what type of toothpaste they preferred and what time they liked to take a bath.
- There was an activities coordinator who helped people plan activities and social groups. At the beginning of the day, they asked people what they would like to do. We observed a number of activities taking place including a quiz, a beanbag throwing game and music sessions, with people joining in enthusiastically. The activities coordinator made an effort to include people who were less able to take part by offering additional support or adapting activities to meet their needs. This meant activities became inclusive social events that provided engagement and stimulation, and promoted social wellbeing.
- People had opportunities to retain and develop links with the local community. During our inspection one person went to a church group and another visited the town centre.
- One person told us, "We get outings and trips. We recently went down to the coast. Getting out is important." Another person's relative told us about an outing to a botanic garden and café. We heard staff telling people, "We're going for a picnic on Thursday. We could have an ice cream and a game of football." Staff actively sought opportunities for people to do the activities they requested or that would be meaningful to them. At the time of our inspection they were looking at how they could support one person to access an archery club.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and that staff acted on any concerns they raised. One person said, "I made a complaint about the terrible soup. They've sorted it now." Complaints records showed the provider responded promptly to complaints, took appropriate action and followed up to make sure people were happy with the outcomes.
- Staff regularly reminded people of the complaints procedure and made sure they knew how to complain and would feel comfortable doing so. There was accessible information on display about how to complain.

End of life care and support

- The service had strong links with local organisations who supported care homes to provide good end of life care in line with best practice. The registered manager told us this helped them to avoid hospital admissions and keep people as comfortable as possible at the home. Staff gave examples of how they did this, such as by assessing and controlling pain levels and playing people's favourite music.
- The service had received a number of compliments about their end of life care from relatives of people who had died at the home.
- People had end of life care plans, which took into account their views such as

things they were worried about and how staff should support them with those things.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff told us the registered manager was open and approachable and that the home was well-led. One person said, "You can talk to [the manager] when you want to." A relative said, "The management are good. They're approachable, you can always have a chat and they're proactive." A member of staff told us, "I would feel comfortable approaching the manager if I had concerns about any of my colleagues, and I hope they would do the same for me."
- A member of staff told us, "I'm very, very happy here. There is a supportive team and we work well together." There was a large window between the manager's office and the main lounge, which the registered manager told us helped them monitor the culture of the service and observe staff providing care. This also helped ensure leadership was visible. Another member of staff said the registered manager was always keen to get involved in the day to day running of the service and sometimes joined in activities with people. They told us, "People love it."
- The provider carried out regular surveys of people to check they felt the service was providing good quality, person-centred care. In a survey carried out the month before our visit people fed back that they were involved in planning their care and informed about what was happening within the service. They also gave positive feedback about other aspects of the service.

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

- There were clear lines of accountability with team leaders on each shift, the registered manager and the provider. Staff told us handovers were used effectively to assign responsibilities and promote good continuity of care. Some staff had additional responsibilities in specific areas such as medicines management and skin care. This gave their colleagues a point of contact for any queries related to those areas of their work. Staff who had these lead roles carried out audits of their area of expertise to monitor the quality of care, and the registered manager used an audit checklist to make sure they were completed.
- The service had clear policies and procedures. Staff were familiar with these, and said this helped them provide care and support to a consistently high standard.
- The provider took appropriate action in response to concerns raised by stakeholders and in CQC reports and used these to drive continuous improvement.

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

- People had opportunities to express their views and get involved in the running of the service in various

ways. The minutes from residents' meetings were on display where people could read them in an accessible format and showed how people were involved in making decisions about the service. Staff had produced an accessible health and safety checklist so one person who used to be a health and safety inspector could do the checks with staff support.

- The registered manager told us how they maintained links with the local community, including visits to a local nursery and choirs visiting the home to give recitals.
- Relatives told us the service kept open communication with them and informed them promptly when there were any significant changes within the service or around their relatives' care. One relative told us they had attended meetings at the service and felt involved with what was happening there. Another said, "The owners of the home also take an interest in all that goes on and do ask us to speak to them if we have any suggestions or problems."
- There were numerous examples of how the provider made improvements to the service in response to people's feedback. For example, they were in the process of recruiting a qualified chef after people fed back that the quality of food was inconsistent. There was a poster up to inform people about what the provider had done in response to their feedback.

Continuous learning and improving care; Working in partnership with others

- The provider carried out annual surveys of other professionals involved in the care of people using the service as part of assessing the quality of the service and gathering suggestions for improvement.
- There was a range of audits to check the quality of the service. This included monitoring of hospital admissions as part of a piece of work to reduce these. Other audits included health and safety monitoring and checks of people's care plans to ensure they were of good quality, complete, up to date and included consideration of equality and diversity. The provider visited the service to carry out regular audits. All the audits had action points to address anything found lacking and these were either complete or in progress when we checked.
- The registered manager and staff told us about ongoing plans to improve the service. This included introducing more sensory activities for people who were less able to communicate verbally or engage in other activities. The registered manager told us they were always looking for things to improve. They told us about their plans to make people's care documentation clearer and more person-centred by introducing accessible formats.