Grazebrook Homes Limited

Grazebrook Homes - 39 Adshead Road

Inspection report

39 Adshead Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25 October 2018 and was unannounced. At our last unannounced comprehensive inspection of the service on 18 July 2017 breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 12, Safe Care and Treatment, Regulation 18 Staffing and Regulation 17 governance of the service. We undertook an unannounced focused inspection of Grazebrook Homes - 39 Adshead Road on 20 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made and we found that they were.

Grazebrook Homes – 39 Adshead Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Grazebrook Homes – 39 Adshead Road accommodates nine people in one adapted building. People that live at this service have support needs that include learning disability and autism.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager. 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.

The provider did not have in place a dependency tool to assess staffing levels during the day. People felt safe and were supported by staff who were aware of the risks to them. Accidents and incidents were not consistently analysed for any lessons to be learnt. People were supported by staff who had been through a number of checks to ensure their suitability for their role. Systems were in place to ensure people received their medicines as prescribed by their doctor.

Systems in place to record people's fluid intake were inconsistently completed and ineffective. Staff had not been provided with the guidance required to monitor a person's diabetes. Staff felt well trained and supported by management. People were supported to access a number of healthcare services in order to support them to maintain good health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who treated them with dignity and respect and were kind and caring. Staff

supported people to maintain their independence where possible, respected people's choices as to how they wished to spend their day. People were supported to see their family and visitors were welcomed by staff.

People and their families were involved in the development and the review of their care. People's feedback of the service was obtained through reviews and surveys. There were systems in place for people and their relatives to raise any concerns they may have.

Audits in place had not identified a number of areas of concern that were highlighted during the inspection and the provider had failed to follow up on some areas of action that had been agreed at the previous inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safeguarding incidents were not consistently reported to ensure they were investigated and lessons learnt. Accidents and incidents were not routinely analysed for any lessons to be learnt. A dependency tool to assess staffing levels during the day was not in place. Monitoring of blood sugar levels was ineffective as no guidance was available for staff to follow. People were supported by staff who were aware of the risks to them. Safe recruitment systems were in place. People were supported to take their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Systems in place to record people received adequate fluids were ineffective. Staff felt well trained and supported. People were happy with the care they received. Staff obtained people's consent prior to offering support.

Is the service caring?

Good

The service was caring.

People were supported by staff who presented as kind and caring and treated them with dignity and respect. People were supported to make choices regarding their daily living and had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

People were involved in the development and review of their care plans and were supported by staff who knew them well. People were supported to access a variety of activities outside the home. People had no complaints regarding the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had failed to follow up on actions that had been discussed at the previous inspection. Audits in place had not identified a number of issues that came to light during the inspection. People were happy with the service they received and staff felt supported.

Grazebrook Homes - 39 Adshead Road

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 25 October 2018 and was unannounced. The inspection was carried out by two inspectors.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the Registered manager, deputy manager, and three members of care staff. We also spoke with two people living at the service, and met and interacted with a further four people. Following the inspection, we spoke with a relative over the phone. We reviewed a range of documents and records including the care records of three people using the service, three medication administration records, two staff files, training records, accidents and incidents, complaints systems, safeguarding records, minutes of meetings, activity records, communication records, surveys and audits.

Requires Improvement

Is the service safe?

Our findings

At the last fully comprehensive inspection in July 2017, we rated this key question as 'Requires Improvement.' At this inspection the rating remains unchanged.

When looking at accident and incident recordings, we noted an incident that had taken place between two people living at the home that had not been raised as a safeguarding. Further, no notification was sent to CQC regarding this, as is required by law. We spoke with the registered manager who was unable to offer an explanation for this. We saw that following the particular incident, support was offered to both parties but a further 'near miss' took place several weeks later involving both people who lived at the service. The registered manager advised they would report this to the local authority safeguarding team retrospectively and send through notifications to CQC.

Accidents and incidents were recorded but there was no written analysis to ensure lessons were learnt when things went wrong. We did note for one person, there had been nine separate incidents of behaviour that may challenge which had occurred in a two-week period. Action had been taken in response to this, including a referral to the person's GP and a review of their medication. However, there was no written information on the person's file regarding this and for other accidents and incidents recorded, there was no overall analysis taking place, therefore opportunities were lost to learn and act on information collected.

We noted some risk assessments in place used a scoring system, but there was no information available to advise what the actual score meant and what actions staff should take if the score increased. We raised this with the registered manager who could provide no explanation for the scoring system in place. They confirmed they would review the paperwork and the system used.

We saw for one person who was a diabetic, systems were in place to record their blood glucose levels on a daily basis. However, there was no guidance available for staff to follow should their blood sugar levels be recorded above or below the recommended level. The registered manager confirmed they would obtain guidance immediately following the inspection to ensure this information was available to staff.

During the inspection we saw that people were responded to in a timely manner and staff and people spoken with told us there were enough staff to meet their needs. At relative said, "Enough staff? I think so. They are always busy and there's always a lot going on there".

Staff spoken with were aware of the risks to the people they supported and were able to describe how they managed those risks. We observed one person required the use of a 'stand aid' to assist them when standing and mobilising. We observed staff supporting the person safely using this equipment, and gave the person the time they needed to mobilise safely.

We saw that people felt safe in the company of the staff who supported them and one person told us, "Definitely feel safe here". A relative spoken with told us they were confident that their loved one was safe in the home adding, "I can tell [person] is happy by the way they talk about the staff. I would know if something

was wrong". Staff were able to tell us how they would report safeguarding concerns and the procedures they should follow.

Staff told us that prior to commencing in post the appropriate recruitment checks were carried out including the collecting of references and ensuring DBS [Disclosure and Barring checks] had been completed. We looked at the files of two members of staff and found this to be the case.

We saw that medicines were stored safely and audits took place to ensure people received their medication as prescribed. We observed medication being administered and saw that this was done patiently, providing the person with a glass of water to help them swallow. We looked at three Medication Administration records [MAR] and saw that what was reported as being administered, tallied with stock levels seen. We noted that for those people who required particular medicines to be administered on an 'as required' basis, information was available to staff to ensure the medication was only administered in particular circumstances. We saw that staff followed particular strategies to reduce the need to administer these medications as the distraction techniques used were successful. Regular medication audits were in place and the registered manager told us, "The system is working as we are not seeing the errors we had previously".

At our last inspection we raised concerns re COSHH [the Control of Substances Hazardous to Health] and infection control. Although there were no dedicated domestic staff on site, we saw that there was a cleaning rota in place which ensured the home remained clean and the areas of concern had been addressed

Requires Improvement

Is the service effective?

Our findings

At the last fully comprehensive inspection in July 2017, we rated this key question as 'Good'. At this inspection the rating has changed to 'Requires Improvement'.

We noted charts were in place to monitor the amount of fluid people drank. Gaps seen in a number of charts indicated that people had not been given fluids between the hours of 7.30 pm and 8.00 am. We discussed this with the registered manager. They told us they were confident that people were given access to food and drink throughout the day [and night] and we did observe this during the inspection. However, there was no documented evidence available to confirm this and audits in place had failed to identify the inconsistencies in recording. Further, we were told that everyone living at the home had been placed on a fluid chart but there was no medical evidence available to demonstrate why this was or guidance available regarding the recommended levels of fluid people should aim for to maintain good health.

People were supported to access healthcare services including their GP, the dentist, language therapists and other healthcare professionals. Each person was supported to access an annual health check. We saw one person was being successfully supported to lose weight. They were encouraged to follow a healthier diet and an exercise plan was in place for them to follow with the assistance of staff.

People appeared happy with the care and support they received and were comfortable in the company of the staff who supported them. A relative told us they were confident that staff knew their loved one well enough to meet their needs. We saw that people's care plans included information regarding their health and social needs, their histories and preferences and supporting people to express their sexuality.

We saw people were supported by staff who were provided with an induction that prepared them for their role. The induction included shadowing experienced colleagues and a mixture of classroom and online training. Staff told us they received regular supervision which provided them with the opportunity to discuss their learning or any concerns they may have. One member of staff told us, "I've had all my training, [management] are very supportive, and you get help if you need it". They went on to explain how particular training in how to support people who presented behaviour that may challenge, had provided them with the skills and understanding to support a particular person living at the home. Another member of staff told us they felt listened to and had raised a concern regarding rotas which had been taken on board and adjustments were being made.

Staff were aware of people's preferences when it came to food and drink and their dietary requirements. We observed people chose what they wanted to eat and when they wanted to eat. For those who were able, they were supported to contribute to the making of their own meals. Others advised staff what they would like to eat and staff prepared their meal to their liking. One person told us they wanted an egg sandwich for lunch and staff had prepared this for them, 'just how they liked it'.
Staff told us communication was good between shifts and the handover meeting that took place at the beginning of each shift provided them with the information they needed regarding people's care 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were. People told us staff obtained their consent prior to offering support and we observed this. For example, at lunchtime we saw staff ask people if they would like to go out for lunch, and people smiled and got themselves ready [with the support of staff], to take part in this activity. Staff were aware of the principles of MCA and DoLS and knew that people should not be unlawfully restricted in anyway. Where decisions were made in people's best interests, these meetings were recorded to demonstrate the appropriate guidance was followed.

Good

Is the service caring?

Our findings

At the last fully comprehensive inspection in July 2017, we rated this key question as 'Requires Improvement.' At this inspection the rating has changed to 'Good'.

We observed a number of acts of kindness by staff towards people living at the service. Staff spoke to people kindly and calmly and treated them with dignity and respect. We saw staff take the time to listen to people, communicate with them in ways they understood and present as caring towards them. For example, we noted as one person got up from their chair and was being supported to go out, a member of staff adjusted their clothing at the back, to maintain their dignity and ensure they were warm and comfortable. This was a kind gesture, done automatically which demonstrated the caring nature of the member of staff.

We observed staff interact with people and encourage those [who needed encouragement] to take part in an activity they enjoyed. Some people required more encouragement than others, and this was provided, at an appropriate pace for each individual. For one person, the time and effort put in by several members of staff meant they decided to take part in the activity [going out for a pub lunch with other people] and we saw they were looking forward to this and happily put their coat and hat on as staff supported them.

People were supported by staff who respected their choices when it came to how they wished to spend their day. One person told us, "I don't want to go out [as other people were going out for a group lunch] I like to watch telly in my room". Staff respected this decision without question.

For those people who were unable to communicate verbally with staff, communication care plans were in place. For example, staff explained how one person would indicate to them that they felt unwell. They told us, "[Person] will show you when they aren't well, they will stay on the sofa, won't get up and will hold your hand". This meant systems were in place to ensure people were actively involved in making decisions about their care.

We saw people where supported to maintain their independence where possible. One person told us staff supported them to do their own washing and cooking. They told us they had their own timetable which they put together themselves with the help of staff. They told us, "I put it on the paper what I want to do".

The registered manager was aware of advocacy services they could access and we saw one person currently had access to an advocate. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

At the last fully comprehensive inspection in July 2017, we rated this key question as 'Good'. At this inspection the rating remains unchanged.

People were supported by a group of staff who knew them well. We saw people's care records demonstrated that they had been involved in the development of their care plans and invited to participate in regular reviews of their care. A relative spoken with told us they were regularly involved in their loved one's care and kept informed of any changes in their care needs. Staff were aware of people's likes and dislikes and their preferences when it came to their support. For example, a member of staff told us, "[Person] has a new routine. Shower first, then after breakfast hoover the lounge and then go to the park. Whereas [person] likes to take their time, something that takes other people 10 minutes takes them 20".

We saw that people were supported to take part in activities both in and outside the home. One person told us, "I like shopping and I'm going out on my own on Sunday". Some people had particular routines they liked to follow and pictorial timetables were on display showing both people and staff what activities the person had chosen to be involved in each day. One person showed us their pictorial timetable and told us, "Staff are supporting me now" [to take part in an activity]. This meant people were clear what was happening on each day and had been supported to make their own choices. On the day of the inspection people were asked if they would like to go out together in a collective group for a pub lunch. A number of people took up this offer and it was clear they were looking forward to the activity. We saw people were supported to maintain relationships with family and with friends they had made at the home. There were weekly cinema outings for those who enjoyed that activity, plus the opportunity to do some arts and crafts. Some people attended a club on a weekly basis and they told us this was something they enjoyed doing. A relative told us they wished their loved one took part in more activities but added, "That's not down to the care staff, they do try with [person], but they are at that age where they don't always want to be bothered".

One person said, "Staff will sort things out if I'm not happy with anything" and a relative said, "I have known [provider's name] a long time and if I had a problem I know they would sort it out". We saw that a complaints procedure was available for people and their relatives to use and was provided in pictorial format. At their reviews, people were also given the opportunity to talk about anything that was worrying them. At the time of the inspection, no complaints had been received regarding the service.

The service is for younger people and therefore does not provide end of life care.

Requires Improvement

Is the service well-led?

Our findings

At the last fully comprehensive inspection in July 2017, we rated this key question as 'Requires Improvement.' At this inspection the rating remains unchanged.

At our last focused inspection in November 2017, the provider had assured us that they would make a number of improvements to the service, including introducing a dependency tool to ensure staffing levels were correct and up to date and ensuring audits were more robust. At this inspection we found this work had not been done. The provider had not completed their agreed action plan to improve the service they provided.

We found audits in place had failed to identify a number of areas for improvement that had been found during this inspection. For example, fluid charts inconsistently completed and unable to evidence that people had received sufficient drinks in a 24-hour period, an incident was not recognised as a safeguarding concern and the provider had failed to report this to both the local authority and the Care Quality Commission. There was no overall analysis of accidents and incidents that took place to enable lessons to be learnt, the scoring system used for risk assessments was ineffective. This meant collectively, that the provider could be not confident that they had full oversight of the service, of the potential risks to people and did not have to hand information that would assist them to mitigate those risks.

We saw meetings took place with people living at the service, but no follow up action to evidence that actions had been taken in response to issues raised. For example, at each meeting, people were asked if they were happy with the food choices that were made available. At the July and August meetings, one person had said they would like more curries and another had said they would like more takeaways. Both people raised the same points at each meeting but nothing was taken forward to the next meeting in terms of action. This lack of action in response to people's requests could been seen as tokenistic as there was no evidence available to demonstrate people's views were actually taken on board and acted upon.

At our last fully comprehensive inspection in July 2017, we raised concerns regarding staffing levels at night. At a focussed inspection in November 2017 we saw the staffing levels at night had been increased and were informed that a dependency tool would be put in place to assess staffing levels throughout the day and take into account the dual roles staff were expected to fulfil such as cooking and cleaning duties in the home. At this inspection we were told there was no dependency tool in place which would alert management to the need to increase staffing levels when people's care needs changed. The registered manager told us, "We haven't had chance to look at it". They added they had recently discussed this with a representative from the Local Authority who had also suggested implementing a dependency tool. We raised our concerns regarding this as this was an issue that had been raised at the previous inspection. The registered manager told us they would make it a priority to ensure a dependency tool was in place.

We saw regular staff meetings taking place, where information and instructions were shared with staff but there was no evidence of actions being brought forward from previous meetings or actions being taken in response to issues raised. Staff spoken with told us the opportunity was given at meetings for them to raise

any issues, but that no one had taken this up. One member of staff suggested not everyone felt comfortable raising and issues in an open forum. Another member of staff told us, "Staff meetings could be better, we could do with going through more things. I don't want to have to get the bus in on my day off just for a five-minute meeting".

Staff told us they enjoyed their work and felt supported by management. One member of staff said, "I got all the training I needed and I did first aid. They [management] are supportive. There is a lot of support and help if you need it".

Staff spoken with were aware of their responsibilities to raise concerns. They were aware of the whistleblowing policy in place and how to use it. Staff spoke positively about their work and told us they enjoyed working at the home. One member of staff told us, "I love the clients, I love speaking to the families".

We saw surveys had been sent out to relatives of people living at the service and all had responded positively regarding the care provided to their loved ones. Individual reports were produced from each survey highlighting the feedback received. A relative told us, "I can't say anything wrong about them. You can only speak as you find, and if [person] wasn't happy there then I would be able to tell". They added that the registered manager was approachable and they had no concerns regarding the care and support their loved one received.

The registered manager told us they kept up to date with emerging best practice through attending care forum meetings organised by the local authority and from information from other home managers.

It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw that the rating of the last inspection was on display.