

Grazebrook Homes Limited

Grazebrook Homes

Supported Living Services

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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Grazebrook Homecare Ltd provides personal care and support to 11 people in four supported living settings.

People's experience of using this service and what we found

Right Support

The service (or staff) supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. People had a choice about their living environment and were able to personalise their rooms. The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols and could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 October 2019).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This inspection was prompted by a review of the information we held about this service.

You can read the report from our last inspection by selecting the 'all reports' link for Grazebrook Homecare Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Grazebrook Homes Supported Living Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection. Additional support was provided by 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.

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The 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

We gave a short period notice of the inspection because some of the people using the service it could not

consent to a home visit from an inspector. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

Inspection activity started on 26 May 2022 when we visited the location's office and ended on 1 June 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We used information gathered as part of monitoring activity that took place on 30 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the of provider.

We reviewed a range of records. This included three people's care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person told us, "I always feel safe as there are always people around."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff described a recent incident which resulted in a safeguarding concern being raised and were able to explain the actions taken to reduce the risk of the incident happening again.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. A relative told us they had recently been made aware of a safeguarding concern that had been raised in respect of their loved one. They told us, "I was given the information [about what happened] verbally and in writing and was told they had reported it. I wasn't concerned at all."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. A relative told us, "I have no concerns about the people who supporting [person] they are absolutely fantastic." Staff we spoke with were aware of the risks to people and how to support them to mitigate those risks.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. Staff told us they were kept fully informed of people's needs and any changes in their care.
- The service helped keep people safe through formal and informal sharing of information about risks. A member of staff told us, "Management listen to any concerns and risk assessments are regularly reviewed; they monitor everything."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Safe recruitment practices were in place including applications to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment. A member of staff told us, "My induction included telling me about the clients, safeguarding, fire safety, everything I needed before I started working. I also did some shadow shift work."

- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- The registered manager and staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. A relative described the additional support their loved one received whilst taking a new medicine. They told us, "It is working at the moment and staff are keeping me informed of everything."
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff competency checks took place to ensure staff were supporting people with their medicines safely and effectively.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in their home in line with current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The registered manager had systems in place to analyse any accidents or incidents for any trends or lessons to be learnt on a monthly basis. This information was then shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together. Staff had an in-depth knowledge of the people they supported and what they told us was replicated in people's care plans.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. There were clear pathways to future goals and aspirations, including skills teaching in people's support plans. The registered manager told us, "When we review care plans, a staff member may write '[person] doesn't do this anymore' and we will rewrite the plan. We have lots of fresh eyes on what is happening."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, and positive behaviour support.
- Updated training and refresher courses helped staff continuously apply best practice. A member of staff told us, "I love it here, anything I need to know I just call them [management] and they will sort it."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The registered manager had introduced a reward scheme which recognised staffs good practice.

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

- People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People could have a drink or snack at any time and they were given guidance from staff about healthy eating. One person told us, "I can choose my food, I like pie and chicken."
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed.

- People were supported to attend annual health checks, screening and primary care services. Staff were aware of people's healthcare needs, including oral healthcare and supported them to maintain good health. One person told us how they had become unwell and staff had comforted them and sought medical help. They told us, "I was in a lot of pain, [staff member] dialled 999 and stayed with me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of the liberty had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support. People told us staff obtained their consent prior to offering support. One person told us, "They [care staff] always ask me what I want to do" and another said, "We make lots of decisions for ourselves."
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision-making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere. We observed the staff knew people well. Staff spoke warmly and with kindness of the people they supported. One person told us, "The staff are lovely, they help me in the shower."
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. A relative told us, "After [person] has visited us, they are so happy to go back to their home; they run up the path and their usual carer is there, and they hug them. It shows in their behaviour and attitude that they are really happy there."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. For example, one person described how happy they were when a member of staff visited them in hospital.

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

- Staff supported people to express their views using their preferred method of communication. The majority of staff had received training in Makaton and used this to help communicate with people effectively.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Information, including tenancy agreements, was provided in formats that people understood.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff supported people to maintain links with those that are important to them. Following the lifting of visiting restrictions due to COVID-19, people had begun visiting or receiving friends and family in their home.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person told us, "I like going out in the community, we went to the Sealife Centre and it was really good."
- Each person had a skills teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff routinely sought leisure activities and widening of social circles. Prior to the pandemic people had enjoyed attending a local club on a weekly basis. This had since closed down but the registered manager was looking at other opportunities to enable people to meet in the community.
- Staff knew when people needed their space and privacy and respected this. People told us if they wanted to spend time alone, staff respected this.
- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- People developed new interests by following individualised learning programmes with staff who knew them well. A relative told us, "If it was up to [person] they would never go out, but staff encourage them and they've been bowling, cinema, shopping or going for something to eat and they enjoy what they do. [Person] has a holiday once a year and really looks forward to it."
- People's preferences (ie gender of staff) were identified and appropriate staff were available to support people. One person told us, "We choose just female carers and that's what we have. We make lots of decisions for ourselves."
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff knew people well, and what was important to them. They were able to describe people's particular interests and the activities they enjoyed and how these experiences added to their quality of life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. A relative told us, "If [person] doesn't want to go the pictures, they always find alternative things for them to do."
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone/ skype/ social media

- Staff ensured adjustments were made so that people could participate in activities they wanted to. One person told us, "They [care staff] always ask what I want to do, we go out all the time, we are going the safari park tomorrow and I'm really looking forward to it. It's a nice place to live and very nice in the garden when it's not raining!"

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person told us, "If I wasn't happy I would say and just tell them and they fix it."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- No one at the service was currently receiving end of life care. However, systems and processes were in place to support end of life care delivery, including supporting other people living at the location who may experience bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. People, relatives and staff all told us they could approach members of the management team for support.
- The provider and registered manager were alert to the culture within the service and spent time with staff, people and family discussing behaviours and values. The registered manager had recently introduced a monthly newsletter which kept relatives in touch with the service and news regarding their loved ones [relatives spoken with confirmed this].
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A member of staff told us, "Management get things done without asking twice."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Management and staff put people's needs and wishes at the heart of everything they did.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and an oversight of the services they managed. A member of staff told us, "The manager or provider is always available; you can always get them on the phone."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. All staff spoken with told us they felt well trained and supported in their role.
- Staff were able to explain their role in respect of individual people without having to refer to

documentation.

- There were a number of quality audits in place to provide the registered manager with oversight of the service. The registered manager used this information to drive improvement in order to achieve the best outcomes for people. For example, monthly managers reports highlighted events taking place in the service and ensured the correct actions were taken following these incidents.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. We saw records of people requesting 'talk time' with the registered manager and evidence of these conversations.
- People and relatives were encouraged to share their views and discuss any issues with staff and their comments were actioned by the provider.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements. Monthly management meetings created a culture of reflection and learning from what was happening at the service and people's experience of it.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. The registered manager had an overview of all contacts with other healthcare professionals during the year to ensure people's social and healthcare needs were being met.