

Partnerships in Care Limited

Grafton Manor

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service:

Grafton Manor is a residential care home that is registered to provide personal care for up to 26 adults. The service offers open and community rehabilitation services for adults with either a traumatic or acquired brain injury, including that resulting from a stroke. A progressive pathway supports individuals through each stage of their rehabilitation. The Service is comprised of several buildings, each reflecting the varying needs of individuals in their rehabilitation pathway. The service also forms part of a larger pathway with specialist brain injury hospitals.

People's experience of using this service:

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to further reduce the risks.

The recruitment practices ensured suitable staff were employed to work at the service and staff were employed in enough numbers to meet people's needs. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

Peoples medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs were assessed to ensure the service could meet their needs. People were supported to maintain good nutrition and hydration. Staff supported people to live healthier lives and access healthcare services.

People were involved in planning their care and in on-going reviews of their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff treated people with kindness, compassion and respect. People were supported to express their views and be involved in making decisions about their care.

Systems were in place to continuously monitor the quality of the service. The service worked in partnership with outside agencies.

The service met the characteristics for a rating of 'good' in all of the five key questions we inspected. Therefore, our overall rating for the service after this inspection was 'good'.

Rating at last inspection:

Good (report published 24 October 2016)

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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?

Good ●

The service was 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.

Grafton Manor

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:

The inspection was carried out by one inspector and an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had experience of working in residential and rehabilitation services caring for people with learning disabilities.

Service and service type:

Grafton Manor 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. At the time of our inspection, 40 people were receiving this type of service.

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 was an unannounced inspection.

What we did:

Prior to the inspection we reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information received from the provider, such as statutory notifications about incidents and events the provider notified us about. We sought feedback from other health and social care professionals who worked with the service. We took this information into account when we inspected the

service and in making the judgements in this report.

We spoke with four people using the service, and five relatives, and observed general interactions between people using the service and the staff. We spoke with three staff members, a psychologist working at the service, the registered manager and the clinical director.

We looked at the care records for three people using the service and three staff recruitment records. We examined other records relating to staff support and training and the management of the service. These included, records relating to staff training, supervision, medicines, incident and accidents, complaints, safeguarding and the providers quality monitoring audit systems.

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.

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

- People were protected from harm and abuse. One person said, "Compared with the previous place I stayed, this is far better in all aspects. I feel very safe, because there are staff constantly around me." Relatives all expressed they felt their family members were safe at Grafton Manor. One relative said, "I know [person] is safe because he is well supported with the high level of carers and other professionals that care for him." Another said, "[Person] is safe because she is cared there 24 hours, [person] lacks capacity to understand the world outside, this makes [person] extremely vulnerable."
- Staff were knowledgeable about the safeguarding reporting procedures if they had any concerns about people's safety or welfare.
- Safeguarding competency assessments were reviewed during monthly supervision meetings. One staff member said, "If they [people] confided in me and it was a concern I would tell them [people] that I would not be able to keep it private, then I would tell the safeguarding lead."
- All staff had completed safeguarding training. Safeguarding posters and 'portable pocket' booklets were on display across the service.
- A confidential whistleblowing hotline was available for people to raise any concerns they had about their safety. Safeguarding posters were on display in communal areas for people using the service and staff to access that gave the contact details of who to report abuse to.
- Records showed safeguarding concerns were reported to the local safeguarding authority and appropriately investigated by the provider.

Assessing risk, safety monitoring and management:

- All visitors were required to sign the visitors' book on entering the building and were issued with an identity card. This was to manage the potential risk of any strangers entering the building and knowing who was in the building in the event of fire or other emergency.
- Contingency plans were in place for responding to any emergencies or untoward events. In the event of an emergency requiring evacuation of the service, each person had a Personal Emergency Evacuation Plan (PEEP). The information within the plans ensured emergency services had the relevant information they would need to safely evacuate people.
- Risk assessments had been developed with the person and the involvement of relatives, the clinical team, nursing and care staff. They identified specific risks to the person and how staff needed to support people to keep safe, whilst taking positive risks. For example, fire safety, road safety, and individual health related risks. This ensured that staff had up to date information and knew what to do to keep people safe. Records showed risk assessments were regularly reviewed and updated as and when people's circumstances changed.
- The service stocked immediate life support equipment and emergency medication to quickly respond to

any life-threatening situations and to treat minor injuries.

- A transdisciplinary team (TDT), included members of different health professions to improve care, reviewed incidents daily. The discussion, actions and outcomes from the meetings were recorded, communicated and distributed to all staff.
- Thematic breakdowns of incidents, events and near misses were undertaken. The findings were published in a monthly health and safety bulletin which was distributed to all staff. The bulletins gave a detailed overview of incidents, trends, actions taken, and lessons learnt. In addition, policy and form updates were also included in the bulletins.
- Staff received training on Positive Behaviour Support (PBS) and the neuro behavioural approach at induction. Refresher PBS training was provided on a rolling program, to keep the staffs' skills and knowledge up to date.
- Throughout the inspection we saw staff sensitively supporting people and reacting to situations to alleviate anxieties. They worked with people using a calm approach, using their observation and listening skills to respond quickly to provide people with reassurance.

Staffing and recruitment:

- Staff told us that there was enough staff on each shift to meet the needs of the people in the service. The service regularly reviewed the staffing levels and adapted them to meet people's assessed needs. Staff were assigned to ensure each person received support according to their needs. One person said, "I have two types of alarms, I can use to call staff when I need them. I do call the staff often and they come quickly, I have never waited long."
- The provider carried out recruitment checks to make sure only suitable staff were recruited to care for people at the service. Staff confirmed they had provided evidence of their identity and suitability to work at the service as part of the recruitment process. We saw that staff references were obtained from previous employers and criminal conviction checks had been carried out through the government body, Disclosure and Barring Service (DBS).

Using medicines safely:

- Staff received training on the safe administration of medicines, this included observations on the staffs' competency to safely administer medicines. Records showed that staff followed the procedure for the receipt, storage, administration and disposal of medicines.
- The medicines policy gave reference to best practice guidance from the National Institute for Health and Care Excellence (NICE) the Nursing and Midwifery Council (NMC) and the Mental Capacity Act (MCA) code of practice.
- Mental capacity assessments were completed in relation to decisions as to when staff took on the responsibility of administering medicines.
- Medicines audits were completed to check for any discrepancies and as such, they were quickly identified. The service had implemented a quality improvement initiative to further reduce the risk of medication errors, which resulted in a reduction in medication error rates.

Preventing and controlling infection:

- Staff received infection control and food hygiene training
- The service had a five-star Food Hygiene Standard (FHS) top rating, this meant the hygiene standards were very good.
- Staff used personal protective equipment such as disposable gloves and aprons when providing personal care and food handling to prevent any cross contamination.
- Records showed that routine health and safety checks were carried out on the environment.

Learning lessons when things go wrong:

- There was a culture of learning from incidents, accidents and safeguarding matters, investigations carried out by the service were thorough.
- Systems were in place to record and analyse incidents and accidents, to identify and learn from themes and put in place control measures to mitigate repeat incidents. For example, to identify whether incidents repeatedly occurred at a specific time of day or in one place.

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:

- Pre admission assessments were completed and a care and treatment plan was put in place on admission into the service. People told us they were aware of the information that was contained within them.

Staff support: induction, training, skills and experience:

- People received support from staff that received comprehensive training to carry out their roles. The director was present at staff induction training to welcome staff to the service. Staff confirmed the induction and ongoing training they received equipped them with the knowledge and skills to meet the range of needs of people using the service. One member of staff said, "The induction training was quite intense, but it was brilliant, I read all the care plans in the first week, I felt as though I knew mostly everything about the people living here, before I started working with them." Another member of staff said, "I am fully up to date with my training, I have learnt a lot from it."
- Staff told us, and records showed they had supervision meetings with their named supervisors to discuss their work and any further training and support needs. In addition, team meetings took place for staff to discuss their work, plans for the service and to receive operational updates from the provider.
- The service's mandatory training compliance was 97%. The service implemented a monthly staff award to recognise (and promote) 100% compliance with mandatory training and reviewed training compliance weekly.

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

- People were supported to eat and drink and maintain a healthy balanced diet. One person said, "The food is okay, I don't have anything to complain about, loads of fresh stuff, and plenty of it. I also keep some snacks in my room, and jug of water."
- People's nutritional needs, including those relating to their culture and religion, were identified, monitored and accommodated. The chef was very knowledgeable of the dietary needs of people and ensured they were all accommodated for.
- Risks regarding food and drink were identified and guidance was sought from dietary and nutritional professionals. The care plans had clear guidelines for staff to follow to ensure people's nutritional needs were continually monitored and met.
- In a recent survey, people had said they would prefer their main meal in the evening and a snack at lunchtime. This had been accommodated and people said it was working well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People attended healthcare appointments and they had good access to a range of healthcare professionals.
- A team of healthcare professionals worked at the service. They included two occupational therapists, a therapy assistant, a registered mental health nurse, a learning disability nurse, general nurses and a sessional dietician. People had regular appointments to see their GP, dentist, optician and chiropodist. Relatives commented on how beneficial it was to have so many professionals available to respond to their family members changing needs.
- People were encouraged to take regular exercise and there was a gym facility with specialist physiotherapy and rehabilitation equipment to optimise rehabilitation.
- The service was a full Independent Neuro Rehabilitation Provider Alliance (INPA) member and met all the stringent criteria standards of this organisation.

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

An accessible practice kitchen had recently been installed, with height adjustable worktops, cooker, sink and shelving to facilitate improved access for people use wheelchairs or fatigued quickly. This facility optimised the rehabilitation opportunities for people using the service.

- People were involved in decisions about the decoration of the environment and people had personalised their bedrooms.
- Regular health and safety and maintenance checks were carried out to ensure all areas were safe. An internal decorations plan was used to identify rooms in need of redecoration.

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.
- Records within people's care plans evidenced that mental capacity assessments had been carried out, along with best interest meetings, when required.
- DoLS authorisations were routinely reviewed to check the conditions of the authorisations followed the least restrictive options. The provider had submitted applications to renew DoLS authorisations within the set timeframe, to ensure the agreed restrictions remained lawful.
- Consent to care and support was always gained. Staff knew people well and they were aware of the communication methods used by each person. This ensured staff only provided care and treatment once it was established the person had given their consent.

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People had caring, kind and supportive relationships with the staff. We observed people were relaxed with staff and caring interactions took place between staff and people throughout the inspection. One person said, "What I like about the carers is that they respect my freedom. They [staff] offer help all the time and I accept it when I really need it, this works best for me. The staff show a great interest to learn about my condition, they take time when I am talking to them and they listen." One member of staff said, "The people are at the heart of everything." Another said, "Working here is about enhancing people's quality of life and working with people and their families."
- The service provided newspapers, television programs and interpreters for individuals whose first language was not English.

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

- People were involved in making decisions about how they wanted their care and support provided. Community meetings took place. In addition, each person had protected time to meet with their named (keyworker) member of staff. This gave people the opportunity to also discuss things in private.
- We observed staff seeking people's opinions, such as, asking people what they wanted to do, or where they wanted to go on outings. The staff were very skilled in understanding people's methods of communication to gain their views.
- People had access to an independent advocate who could support them to make decisions about their care and support. Advocates act independently of the service to support people to raise and communicate their needs and wishes.

Respecting and promoting people's privacy, dignity and independence:

- We saw that people's privacy and dignity was respected. We observed staff talking to people respectfully and explaining what was happening during tasks.
- People were encouraged to maintain their independence and do as much for themselves as possible.
- A private 'log cabin' facility was used to provide families a private, comfortable environment to visit. This included a lounge, dining room, small kitchen area. This supported people to maintain their identity as a family member, a parent and friend.
- The service held child friendly events for people using the service and family members to socialise, such as an Easter egg hunt, birthday and tea parties.

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:

- The pre-admission assessments were used to develop a person-centred care plan tailored to the needs of the individual. They provided staff with detailed guidance on how to support people in the best way.
- People, where possible, were fully involved in their care plans. Their likes, dislikes and things important to them were recorded. A relative said, "[Person] is fully involved in making decisions about their care and only supported by our presence."
- Staff were knowledgeable about people's cultural and religious beliefs and supported people in line with their preferences and beliefs.
- People were able to follow their hobbies and interests and daily rehabilitation programmes were put in place to plan specific activities based on people's individual preferences.
- Staff worked with people to put together individualised treatment plans. We saw the programmes involved daily living activities including managing personal care, cooking and community activities to gain independence. The Trans-Disciplinary Team (TDT) provided clinical input seven days per week to optimise rehabilitation opportunities and outcomes.
- People's communication needs were assessed, and information was provided for them and others in a way they could understand. For example, using interpreters, easy read pictures and large print information.
- Digital tablets and associated communication applications and video technology were used in providing therapeutic approaches to optimise rehabilitation outcomes.

Improving care quality in response to complaints or concerns:

- The provider routinely asked people using the service and relatives for feedback. This was used to listen and learn from people's experiences to improve the service.
- The service had established a "you said we did" board to document feedback received from people and the actions they had taken in response.
- People told us they were aware of how to complain and they felt confident any complaints would be dealt with appropriately.
- Records of complaints evidenced they were dealt with in line with the provider's complaints policy. This ensured that complaints were fully taken on board and responded to in a timely manner.

End of life care and support:

- Staff received training on meeting the needs of people approaching the end of life. At the time of the inspection the service worked collaboratively with an external specialist palliative care service in consideration of advanced care planning and maintaining quality of life.

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 with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was a positive, open and honest atmosphere within the service.
- People, their family and friends were regularly involved with the service in a meaningful way, and their feedback helped drive continuous improvement. Comments from the most recent quality assurance survey from people's family members were very positive. For example, 'You guys [staff] are brilliant, I really know [person] is well looked after.' And 'Thank you for all that Grafton Manor has done, [person] has come on in leaps and bounds in the short time they have been here. We are over the moon with the improvements in walking and speech especially.'
- People told us they felt involved in making decisions about their care and that the provider encouraged them to bring forward ideas on how the service could improve. They said they thought their ideas and views were listened to and acted upon.
- The registered manager and the provider carried out regular quality checks to ensure staff were working in the right way to meet people's needs and keep them safe. We saw that these checks were effective and identified areas where actions needed to be taken.
- The registered manager promoted an open-door policy and positive working culture. A relative said, "Any time I have needed to speak with the manager they have always been available."
- Staff were fully aware of the safeguarding and whistleblowing procedures.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The registered manager and the wider clinical governance team performed their roles effectively.
- The nursing and care staff understood their roles and told us they felt supported by the registered manager and the senior staff team.
- Staff told us, and records showed that systems were followed to ensure all staff received regular support, supervision and appraisal.
- The registered manager understood their responsibility to meet the legal requirements within the law to notify the CQC of incidents, safeguarding concerns and deaths at the service.
- The provider had displayed their latest inspection rating in the home and on their website.

Engaging and involving people using the service, the public and staff:

- Staff told us, and records showed that staff meetings were held regularly, and all aspects of the service were discussed, for example people's changing needs, staffing issues and operational updates.

- Regular meetings were held for people using the service, so they could provide feedback and offer their views about how the service was run.
- The service had a high staff response rate in the 2019 staff engagement survey. 93% of staff reported, 'I am proud to work here.' 'My manager gives me regular feedback on how I am doing.' 'My manager communicates clearly what is expected of me' and 95% of staff reported, 'I know how well my team is doing in line with its aims.'
- Feedback from the staff survey included comments that staff felt supported by an experienced and supportive management team. That senior management wanted to see Grafton Manor as a great place to work. That they put in the time and effort to seek what needs improving to deliver great care for the people using the service. Staff commented that the training they received was brilliant, that staff were supportive of each other and always go the extra mile to support people using the service and colleagues. Because of the staff involvement morale had improved and significantly developed teamwork.

Continuous learning and improving care:

- The registered manager ensured that staff were provided with ongoing training to ensure their learning, skills and knowledge were kept up to date with current practice.
- The provider had initiatives that recognised and promoted staff excellence. This was achieved through holding local and regional awards programmes. These included, recognising when staff that have gone above and beyond expectations to deliver outstanding care, entering staff in to the regional Priory staff awards for excellence. Holding a 'lucky dip' draw for staff that had maintained 100% compliance with mandatory training. The awards included a written acknowledgement, featuring in the monthly team newsletter and a gift voucher.
- Established quality monitoring systems were used to continually assess and oversee all aspects of the service.

Working in partnership with others:

- The comments from stakeholders regarding the care people received at Grafton Manor were very positive. They were especially complimentary of the communication, and risk management systems and how Grafton Manor supported families alongside meeting the needs of people using the service.
- The provider worked in partnership with health and social care professionals to ensure people received person- centred care based on recognised good practice.
- The senior management team routinely communicated with and invited feedback from staff, residents, family members and commissioners. This was achieved through holding 'open door' clinics, weekly staff training by internal and external professionals. Issuing a monthly service newsletter with an overview of activities, events, achievements, policy and process updates, feedback from residents, commissioners and families.
- The provider hosted free conferences with expert presenters to support the knowledge, networking and capability of clinicians, family members and services involved in the neuro-behavioural rehabilitation field.
- The provider maintained links with the local University. They delivered teaching sessions to nursing students and supporting the placement of nursing, occupational therapy, speech and language therapy and health and social care students.
- The clinicians based at the service presented or attend local, regional and national brain injury forums and conferences. For example, the clinical director and consultant psychologist gave presentations at the European Neuro Rehabilitation Convention.