

Random inspection report

Care homes for older people

Name:	Grafton House
Address:	157 Ashby Road Scunthorpe North Lincolnshire DN16 2AQ

The quality rating for this care home is:	zero star poor service
The rating was made on:	27/10/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Theresa Bryson	0	5	0	2	2	0	1	0

Information about the care home

Name of care home:	Grafton House
Address:	157 Ashby Road Scunthorpe North Lincolnshire DN16 2AQ
Telephone number:	01724289000
Fax number:	01724289000
Email address:	alan_bruce_42@hotmail.com
Provider web address:	

Name of registered provider(s):	Mrs Saima Munir Raja, Mr Sami Ullah
Name of registered manager (if applicable)	
Mrs Patricia Anne Bruce	
Type of registration:	care home
Number of places registered:	26

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	15
old age, not falling within any other category	0	26

Conditions of registration:									
Date of last inspection	2	7	1	0	2	0	0	9	
Brief description of the care home									
<p>Grafton House is set in the centre of the industrial town of Scunthorpe, with easy access to all local amenities and near to public transport.</p> <p>The home is a two-storey building with stairs and a lift joining the two floors. The service users rooms are a combination of single and shared rooms, with some en-suite facilities. There are a selection of different sitting rooms and dining room areas. The home has adequate bathrooms and toilets. There are gardens areas surrounding the</p>									

Brief description of the care home

home and a secluded piece at the back of the property.

The statement of purpose and service users guide is on display in the main entrance and is given to each prospective service user. The home will take service users funded by the local authority and those privately funded.

What we found:

This inspection was a compliance visit to ensure that all the time scales of outstanding requirements had been met.

What the care home does well:

Since our last inspection the management team had made a great effort to ensure that each person has a care plan in place and that each person resident in the home fits within their category of registration. This was reflected in the care plans seen at the site visit. There was written evidence to support that assessments had been made to determine each individual's core diagnosis, which was expanded into a fuller care plan to reflect individual problems and expectations of each individual.

To ensure people can be looked after correctly the Owners have put staff on training courses to cover topics which people are suffering from currently in the home. Recently this has covered safe guarding adults and dementia awareness. This was seen in staff files. We also saw written evidence that staff had been booked on a course for coping with people with challenging behaviour. During staff supervision and when reviewing care plans in the future this should be expanded to reflect needs of individual staff members and the needs of people living in the home.

At the last key inspection there was insufficient written evidence to support that peoples' care plans had been reviewed and evaluated regularly. There was marked improvement on this occasion.

We tracked three care plans in detail. The format of presentation and legibly had improved and there was better follow through in each of the needs identified. For example, where a person was suffering from memory loss this was identified on the core care plan under the mental health section. From this was developed a concern and behaviour issues risk assessment, set for individual problems to be monitored. This covered areas such as psychological needs, decision making processes, dis-empowerment issues and social networking. Procedures were then identified for staff to follow for example when giving medication or to monitor at night. This then ensures this person is not restricted in their daily life but are enabled to cope with their daily needs.

In another example a person had been having problems eating and drinking, as identified on the initial assessment and in the daily report which staff write. The care plan reflected those needs. An additional risk assessment was put in place on nutritional screening, which was updated monthly. This included that a weight chart be put in place. This was also there and regular entries made. On some occasions, when the person's eating and drinking was recorded in the daily report as being very minimal, a fluid and diet chart was commenced and according to the written notes kept up to date until such time as this improved. Where necessary staff had recorded when they had sought the advice of the community dietitian. This has ensured staff are aware of what diet is being taken to ensure this person's well being.

On another plan of care a different topic was being covered. This was the skin care of an individual. It was recorded on the core care plan how fragile a person's skin had become. And recorded in the daily report sheet when abrasions and skin tears were observed by staff. These were recorded on a body map. To ensure healing could take place staff also recorded it on the nutritional screening tool what was necessary for this person to maintain a healthy diet to improve their skin integrity. Where possible this person was also weighed, but staff recorded when this person was too ill to weigh. The Waterlow Risk

tool was also in place so staff could determine the severity of the person's skin and other aspects of their well-being. In the professional experts notes it was well documented when people such as the district nurse attended and where their advice had been sought. This has ensured that all aspects of this person's well being is being looked into to ensure they are comfortable and safe.

The care plans had generally improved, with apparently more accurate recording of peoples' needs. Core care plans now listed the initial problem/need and/or expectations of an individual. Followed by action on how staff can help them achieve this and details of when this is reviewed. This ensures that each individual plan reflects peoples' current needs. There is still some work to do to "weed" the documentation through so the current working document contains "live" information on each individual. This will ensure staff do not become confused with what information they are reading and can respond quickly to assessed current needs.

We looked at some medication administration sheets of people living in the home. The recoding had improved and staff we spoke to at the site visit appeared to have a better understanding of peoples needs. Written evidence was seen that all staff administering medication had reviewed their training needs and this was also reflected in their supervision records. This was being completed with a distance learning course. Senior staff were auditing the medication records weekly and written evidence was seen that this was taking place. Where necessary action put in place to ensure safe practices were adhered to. For example the January 2010 audit showed where the auditor was asking for signatures to be clear and always included on the sheets.

We were concerned on the last visit that staff were not giving some medication correctly. For example where they were crushing medication to disguise this as a person was reluctant to take some forms of their medication. There was now an assessment in place which had looked at this person's specific needs, a review with family members and a letter from the person's GP giving permission for this to occur. This ensures that only medication which can be crushed is given in this way and is reviewed regularly but the person is receiving medication as prescribed.

Accident recording has also improved. We saw written evidence where an individual had, for example been found on the floor. This was recorded in the daily report sheet and on an accident form. Where necessary, if for example, a person was taken to hospital, these details are now being sent to CQC under Regulation 37 notifications to us, which the home is legally required to do. The accident sheets are then audited monthly by the management team, showing where, date/time, outcome and any action for people living in the home and/or staff to follow. This ensures that action can be monitored and people are safe and staff using safe practices.

At our last visit the activities organizer had only just commenced employment and the records were only brief. This has now improved. With written records in place for each individual showing when and where an event has taken place to satisfy their social, religious and cultural needs. Or whether they had declined to take part. This was recorded for group events such as bingo, games ,cards, entertainers or one to one events such as reading with them or putting together a life story scrap book. We did question how the organizer manages to record events daily for every individual, as this person's time is limited. The management team are looking into this.

We were informed by the management team that they hope to improve the range of events and opportunities as the weather improves and more training is given to the activities organizer and other staff.

The complaints procedure was reviewed at the end of January 2010 and now includes all the relevant information to ensure people can make concerns known to the relevant authorities, such as correct phone numbers and addresses.

The policy for safe guarding vulnerable people has also been reviewed at the end of January 2010. This ensures that staff now have information on how to refer cases of alleged abuse should the need arise. Staff training records also showed that they had received updated training in this topic to ensure they can recognize abusive situations. At the last inspection visit we had observed that a stair gate was in use at the top of the main stair case and was in a poor state of repair.

This had now been repaired and was stable. A risk assessment was on display which explained why it was in place, that it had been approved by the fire brigade and when it was to be used by staff and why. This ensures that this part of the building is safe to walk around in for people living there, visitors and staff.

We made a brief tour of the building during our visit and the Owners must be complimented on the extensive amount of redecoration work which has taken place since our last visit. This has not only included repainting in such areas as individual peoples' rooms, but in the sitting room and dining room areas and corridors. This has made the home look more comfortable, light and airy.

A shelter has been provided for those that smoke and is directly opposite one of the sitting room areas. This ensures safe practices are in place and people not wishing to smoke are protected.

The maintenance plan for the home has now been completed and a revised copy being sent to us, with action dates to ensure the home continues to be maintained for the comfort and safety of people living there.

Better written evidence was produced on this visit which showed how the staffing levels had been arrived at, and took into consideration the needs and dependency levels of those living in the home. This is completed by the Owner. Staff told us they only do "caring roles", if that is their job, and there appeared to be sufficient other staff in place, such as domestic and kitchen staff to take on other work within the home. This ensures that the care staff can ensure there are sufficient staff to meet the needs of people living there on a 24-hour basis.

We looked at the personal files of staff where on the last visit we saw insufficient checks had been made to ensure they were safe to work with people in the home. There was now written evidence to show these checks had been made or that, in one case, a staff member had left.

As the staffing ratios had just been reviewed to ensure sufficient staff were employed to cover the working rota, we were informed that no more staff will be taken on as the Company has its own bank staff and staff wanting to work extra hours.

To ensure staff continually are fit to work in the home a new training matrix is in place and was on display in the manager's office. This now shows which staff have completed mandatory training and other topics. We were informed that future training sessions will include slide shows, booklets and distance learning modules, questionnaires delivered by in house trained trainers and outside agencies.

There is currently a safe guarding adults investigation in progress in the home concerning the monitoring of peoples' personal allowance money. This investigation is being led by Humberside Police and is still underway. The local safe guarding adults team keep CQC informed of each stage of this investigation and invite us to meetings where necessary.

We checked again the personal allowance money of four people living in the home on this visit, as we had been informed this would not compromise the police investigation.

There was better recording of transactions which had taken place and all items appeared to be appropriate for the use of people in the home.

The new system also ensures that when the Responsible Individual for the Company, or their representative visits the home it is recorded on their Regulation 26 site visit reports, which files they have checked.

A new system is also in place for the recording of transactions for the residents fund, but we did not check these records on this occasion.

Since our last visit the management arrangements have been reviewed in the home and a new acting manager was in place on the day of our site visit, but had only been in post a couple of days. They were being assisted by a manager from a sister home and had set themselves tasks to do to ensure people were living safely and free from harm.

What they could do better:

There are still three outstanding requirements from the last key inspection whose time scales had not been reached on this occasion.

These were for ensuring further links are being made with local community sources to ensure peoples social, religious and cultural needs and expectations are being met.

To ensure that all staff have received up dated training in all mandatory topics and they use safe practices when working with people in the home. Staff must also be adequately supervised to ensure they can do their jobs and not put people at risk.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	13	16	Links must be made with the local community. To ensure people are not isolated in their home and can live a fulfilled life.	30/04/2010
2	30	18	All staff must have completed mandatory training up date sessions. This is to ensure they use safe techniques when delivering care practices.	30/04/2010
3	36	19	Staff must be supervised on a regular basis. To ensure they are safe to work with people.	30/04/2010

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	4	More topics should be covered within the training matrix for service specific subjects to ensure staff understand the needs of people in the home and can look after them correctly.
2	7	All care plans must continue to be reviewed and evaluated to ensure peoples current needs are reflected.
3	7	The care plans should reflect peoples current needs and older information stored appropriately, so staff are not confused when looking at the "live" documentation on each individual.
4	12	A bigger variety of social activities should be on offer to reflect peoples current needs and expectations.

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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