Grazebrook Homes Limited

Grazebrook Homes - 49 Adshead Road

Inspection report

49 Adshead Road
Dudley
West Midlands
DY2 8ST

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Grazebrook Homes - 49 Adshead Road is a residential care home for people with dementia, learning disabilities, physical disabilities, sensory impairments and adults over 65 years old. The home provides accommodation for persons who require nursing or personal care and is registered to provide support to nine people, at the time of inspection eight people lived at the home.

People's experience of using this service:

People spoke highly of staff and felt safe. There were enough staff available to people and people felt staff knew them well. Staff were recruited in a safe way. People received their medicines as expected.

The service had been developed 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 life as any citizen.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way as possible; the policies and systems in the service supported this practice.
Staff had undergone induction and training to ensure they had the skills and knowledge to meet people's needs.

People knew how to complain and that any concerns would be listened and responded to by the registered manager. Actions were taken as a response to complaints.

People's care plans and risk assessments required improvement, to ensure they contained enough detail about people's needs and preferences.

The registered manager had systems in place to ensure the service was meeting people's needs. This did not include an assessment of the communal environment and we found areas required work.

Rating at last inspection:
At the last inspection the service was rated as good. The last inspection report was published on 21 March 2016.

Why we inspected:
This was a planned inspection based on previous rating.

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? 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 not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Grazebrook Homes - 49 Adshead Road

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.

Service and service type:
Grazebrook Homes - 49 Adshead Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate nine people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

Inspection site visit activity started on 12 May 2019 and lasted one day.

What we did:
We sent the registered manager a provider information return (PIR). This is a form that asks the registered

manager to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This included notifications received from the registered manager about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services. The local authority raised concerns about the lack of information in peoples care records and the providers lack of oversight in relation to audits and analysis. The local authority were not allowing the provider to take on any new support packages

During the inspection five people shared their views about the support they received. Three staff members were spoken with along with the registered manager who was available throughout the inspection.
Care records for four people who used the service, were looked at. Management records for how people were administered medicines as well as a range of records relating to the running of the service were also looked at. These included incident and accident monitoring as well as complaints. We viewed three staff files and training records.

Good

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management
• People were supported to take positive risks to aid their independence. For example, a person we spoke with told us how staff had supported them to access the community alone and we observed people cooking hot food with staff guidance.
• Care plan and risk assessments were in the process of being updated. Care plans that had been reviewed were detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks.
• Fire safety checks had taken place and regular maintenance of equipment was evident. Staff and people had practiced how to evacuate in a fire.

Using medicines safely
• 'As and when required' (PRN) protocols were in place for people and had been reviewed. We found a small number of protocols that required additional information to identify signs and symptoms of when to administer the medicine. Staff understood when they would give the medicines. The registered manager told us they would amend these protocols.
• Medicines were audited regularly with action taken to follow up any areas of improvement. We saw a person's PRN medicine was required on a regular basis, the registered manager had identified this and communicated with the GP to change to a daily dose.
• Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried out to ensure safe practice.
• People told us they were happy with the support they received to take their medicines. Each person's prescribed medicines were reviewed by their GP.

Systems and processes to safeguard people from the risk of abuse
• People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training.
• Staff knew what signs of abuse to look out for and could tell us the correct procedure to report concerns, one staff member told us, "I would report to the seniors or the manager, I could also report to social services if I needed too."
• People explained to us how the staff maintained their safety. One person said, "I like it here, staff listen to me and look after me, I'm safe."

Staffing and recruitment
• All pre-employment checks had been carried out before staff started work. However, we saw gaps in two staff's employment history that had not been explored. Following the inspection, the nominated individual

told us they had changed their interview process to include this.
• People and staff told us there were enough staff on shift to meet people's needs. The registered manager ensured people had a consistent staff team.
• One person we spoke to said, "There are enough staff, I never have to wait for anything."

Preventing and controlling infection
• Medicines were stored in the dining area of the home. We discussed this with the registered manager and raised concerns about the potential risk of infection control. The registered manager advised they would move the location of the medicines.
• People were protected from cross infection. The service was clean and odour free. People told us that staff helped them clean their rooms.
• Staff had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons to help prevent the spread of infections.

Learning lessons when things go wrong
• We discussed learning lessons with the registered manager and nominated individual. They told us they had recently implemented a new audit process that allowed them to look at areas in more depth. The systems had been put in place after the provider identified shortfalls in one of their other services. They showed us environmental audits which had now identified some window restrictors were damaged, then showed us the evidence these had been replaced making the windows safe.

Good

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

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

• Some people had conditions on their DoLS. Conditions are things the registered manager must ensure they do. We saw these were being met except in one instance. The registered manager was not able to demonstrate a person was offered activities. We discussed this with the registered manager and they raised a safeguarding with the local authority, so this could be investigated. After the inspection the registered manager told us they had implemented new documentation to record activities offered and refused. Staff were able to tell us how the person made a choice and what they liked and disliked in relation to activities.
• We saw people had mental capacity assessments and best interest decisions documented in their care plans.
• Staff had received relevant training in mental capacity. Staff were aware of the principles of the Mental Capacity Act and how it related to their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People had their needs assessed before moving into the service. One person we spoke with told us, "When I moved in I told staff what I wanted support with" and, "I get to make decisions about what I want to eat, what I do and where I go."
• Care was planned and delivered in line with people's choices and preferences. People's individual needs were reflected in their care plans.
• People had monthly key worker meetings and goals and targets were set. A person we spoke with said staff had helped them to lose three stone and now they were able to walk without a frame.

Staff support: induction, training, skills and experience
• People were supported by competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. Staff could tell us what training they had received, and we saw the certificates to evidence this.
• New staff had completed an induction process and the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• Staff felt well supported and told us they had regular supervision. This meant staff practice was reviewed and they were given the opportunity for feedback and development.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff supported people with their menu planning, shopping and meal preparation. Staff were able to demonstrate how they supported people to develop their skills to become more independent and confident.
• We observed staff supporting a person to make drinks and manage the risk of hot water, this supported them to maintain independent living skills. We saw this reflected in the persons care plan.

Staff working with other agencies to provide consistent, effective, timely care
• People were supported to visit their GP when needed, one person told us staff booked appointments and supported them to attend.
• We saw involvement from a variety of different professionals recorded in people's care plans which included; epilepsy nurses, opticians, dentist, psychology, physiotherapy and diabetic nurses.

Adapting service, design, decoration to meet people's needs
• The service enabled people to remain as independent as possible by ensuring they had the equipment they needed. A person who had been identified to have a risk of falls had hand rails installed in their bedroom.
• The communal areas had recently been decorated and we saw that people's bedrooms were personalised. People showed us their bedrooms and were proud of them.
• We identified the carpets were worn, the registered manager told us communal audits were going to take place to identify another maintenance or decorative needs.
Supporting people to live healthier lives, access healthcare services and support
• When people required support from healthcare professionals this was arranged, and staff followed guidance that was provided. Staff could tell us, and we saw, there was involvement from diabetic nurses.
• Where people had specific needs such as epilepsy or diabetes, staff knew what peoples support needs were and there were management plans in place.
• People were supported to have annual health checks with their GP.

Good

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; respecting equality and diversity
• Peoples diverse needs were met. Where people had religious or cultural needs, staff had a good understanding of how to meet these and we saw them reflected in care plans. People attended churches, mosques and temples. This made sure peoples protected characteristics were considered.
• People's religious diets were clearly documented, and staff knew what people did and did not want to eat in line with their religion. The registered manager had ensured the kitchen had a separate fridge, cutlery and crockery for a person who required a specific diet.
• People felt well supported and spoke highly of the staff team, one person said, "Staff look after us well and do a good job" another person said, "Staff make homemade curry, staff are great."

Supporting people to express their views and be involved in making decisions about their care
• People were involved in their care planning. People knew where their care plans were kept and said they had been involved in developing them. One person was very proud of their care plan and eager to show it to us.
• The service provided person centred care. People were able to make decisions about their personal care times, when and what they ate, what they wore and what they did.

Respecting and promoting people's privacy, dignity and independence
• Staff treated people with dignity and respect. People told us that staff ask them before entering their bedroom and we observed staff doing this.
• Some people had dolls they liked to look after, and these were important to them. Staff supported people with this and one person told us staff brought baby clothes in for their doll.
• People were supported to be independent. A person told us how staff had supported them to access the community independently. Another person told us, with pride, how they were cooking tea for themselves and another person that lived in the house.
• People were supported to maintain and develop relationships with families and friendships with each other. One person said, "We are all friends here." We saw positive interactions between the people that shared the house and between people and staff.

Good

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
• Care plans were personalised to the individual. Details about people's specific needs and how they liked to be supported were recorded.
• Staff could tell us how they ensured people had choice and control, and this was documented in peoples care plan. Staff gave us examples of how they had supported people to gain control, a staff member said, "[person] did not want to go out because they were worried they did not have enough money. We spoke to the social worker and asked if [person] could have more control over their money. Now [person] has an allowance they know what they can spend and feel more confident and independent."
• People accessed the community when they wanted too. People told us it was their choice when they went out and where they went. One person told us, "I really like it here, staff take us out and we get to go on holiday" whilst another person said, "I like to stay at home, I don't like to go out as much."
• Staff told us about in-house activities people did and we saw art work people had made. One person told us, "Sometimes they read books with me or help me write about people I like."
• The registered manager, told us in the information shared with us, they had visual activity plans and food menus, we saw this on inspection and staff could tell us how they used them to support people through the day.

Improving care quality in response to complaints or concerns
• People could tell us how they would complain, and we saw easy read complaints procedures displayed around the home.
• The provider had a complaints policy and procedure and staff could tell us the signs to look out for to identify if people were happy or not.

End of life care and support
• End of life had been discussed with people and was reflected in care plans.
• One person told us how the staff and other people in the home had supported them through the bereavement of a loved one.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Audits were taking place and information gathered from these was actioned. However, audits of the communal areas had not taken place and there was maintenance work that was required, for example, carpets were worn. The registered manager said these audits were due to start the following month.
• Audits that had taken place in people's bedrooms had not identified that someone required a shower chair, they were sitting on the toilet to shower. The nominated individual told us they would discuss this with the person and purchase the appropriate equipment.
• Care plans and risk assessments were being reviewed. However, the one care plan that had been reviewed required additional information in relation to the person's health needs.
• PRN medicine protocols had been reviewed but the registered manager had not identified a small number needed additional information. This was in relation to signs and symptoms to look out for before administering the medicine. Staff knew people well and had a good understanding of people's needs and how to recognise if someone was unwell.
• The registered manger had not identified that a condition on one-person DoLS was not being met, this was in relation to the recording of activities. Staff were able to tell us how they supported the person with activities and showed us art work the person had made.
• The registered manager was involved in the day to day running of the service. Staff and people told us the registered manager was available and supportive.

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
• The registered manager and staff demonstrated a person-centred approach for the people that they supported. We saw people had choice and control and were involved in decisions made about their care.
• Staff were able to tell us about training courses they had attended and what they had learnt from these sessions. They were able to tell us how they used this learning in their day to day practice to support people to achieve positive outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• Staff demonstrated a multicultural approach, supporting people with different religions, diets and cultural dress.
• Staff told us, and we saw, they attended team meetings and had supervisions. Staff said they felt supported by the registered manger and could talk to them.

• People had one to one meetings with their keyworkers. People we spoke with told us about things they wanted to do and how staff supported them to achieve this. One person said, "Staff talk to me and listen to me."
• We saw people were involved in the day to day running of the home and one person told us about their job that involved helping the registered manager, they said, "I help in the office and deliver the paperwork, I do lots of things. I have to get dressed up because it's my job."
• The registered manager told us, in the information shared with us, people had regular contact with community health professionals to ensure their healthcare needs were met. We saw that people accessed health appointments and people and staff told us about involvement they had with health teams.

Continuous learning and improving care
• The registered manager and nominated individual had implemented a new system for analysing accidents and incidents as they felt the systems they had were not robust enough. These were reviewed monthly and we were able to see where the registered manager had identified a pattern for someone and the action that had been taken.
• Team meeting minutes were available. The meetings discussed outcomes of the audits and action that had or needed to be taken.