

Grazebrook Homes Limited

Grazebrook Homes - 39

Adshead Road

Inspection report

39 Adshead Road
Dudley
West Midlands
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 - 39 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 personal care and is registered to provide support to nine people, at the time of inspection seven people lived at the home. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were no identifying signs such as an intercom or cameras or anything else outside to indicate it was a care home. Staff did not wear a uniform that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There were some areas of concern that had not been identified by the provider's audit system. Recruited checks were not robust. Medicines audits had not identified discrepancies in protocols and medicine counts. A person's protocol regarding the checking of their blood glucose levels was no longer relevant and had not been updated.

People were encouraged to maintain their independence. People's privacy and dignity was maintained. People were involved in their care planning.

People's religious and cultural needs were met. People participated in activities and community involvement was encouraged. People and relatives were involved in 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 and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 10 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 - 39 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. 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

The inspection was carried out by one inspector.

Service and service type

Grazebrook Homes - 39 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 service had two managers 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.

One registered manager was also the nominated individual and provider, for the purpose of the report they will be referred to as 'the provider'. The nominated individual is usually responsible for supervising the management of the service on behalf of the provider.

The second registered manager had been registered with the Care Quality Commission for two months at the time of inspection. For the purpose of this report, they will be referred to as 'the registered manager'.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and met and interacted with a further five people. We spoke with two relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication 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 policies and information relating to recruitment and medicines.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- During the last inspection, we found no guidance for staff to follow should a person's blood glucose levels be recorded above or below what was recommended. During this inspection we found guidance had been put in place. However, blood glucose levels were consistently outside of the recommendations and staff had not followed the guidance. The person was having regular input from medical professionals and the irregular blood glucose levels had been identified and discussed. The registered manager said they had not sought advice on whether the protocol was still relevant and up to date, but staff were aware of signs to identify if the person was unwell. The registered manager confirmed, after the inspection, the diabetic team had agreed a new protocol.
- People and their relatives told us they felt safe. One person said, "Yes I feel safe." A relative told us, "I think [person] is safe."
- Staff understood where people required support to reduce risks, for example choking risks and distressed behaviours. Care plans and risk assessments contained guidance for staff to follow to keep people safe.
- Regular maintenance of equipment was evident including fire extinguishers and electrical items. This ensured equipment in the home was safe for use.
- During the inspection the laundry room door was propped open, this meant if there was a fire the door would not independently close. We raised this with the provider who removed the prop and said they would raise this issue with staff.

Staffing and recruitment

- Recruitment processes were not always effective in ensuring staff were suitable for the roles prior to employment. One staff member had a conviction on their disclosure and barring checks (DBS). This had not been identified by the provider and therefore a risk assessment had not been carried out. The provider acted on this concern to ensure staff and people were safe. The registered manager told us moving forward they would check all staff members DBS's once the admin team had received them.
- Staff told us there were enough of them on shift to meet people's needs. A staff member said, "There are enough staff".
- A dependency tool had been implemented for each person and was reviewed on a monthly basis. The registered manager told us they used this tool to identify if people's needs had changed and could then consider if staffing levels needed to be altered.

Systems and processes to safeguard people from the risk of abuse

- During the last inspection we found an incident that had taken place had not been raised as a safeguarding nor was a notification was sent to CQC. During this inspection we found where there had been safeguarding

concerns, they were acted on and reported to the local authority and CQC as required. The registered manager had put systems in place to ensure they were kept informed of any concerns, accidents or incidents that had taken place.

- Staff knew about safeguarding and could tell us the process for raising concerns. One staff member told us, "I would go to the manager [if I had a concern] or contact the out of hours service. I could also contact 111, 999 or safeguarding."

Using medicines safely

- There were protocols in place for people who needed 'as and when required' (PRN) medicine. These protocols were written by the registered manager and signed by the GP. One protocol did not match the medication administration record (MAR), in relation to how much of the medicine could be given. The registered manager spoke to the GP who said the protocol had been signed in error and agreed to sign a new protocol. The PRN medicine had not been used in over 12 months.

- There were two occasions where the balance of medicines in boxes did not match what should have been left in stock. We discussed this with the registered manager who said they would investigate this and change their process for counting medicines in boxes. There was no evidence anyone had been harmed because of this.

- Staff told us they were trained in medicines management and regular competency checks were carried out. The registered manager showed us a more in-depth competency check they were planning to implement to ensure staff were following safe practice.

Preventing and controlling infection

- Staff told us they had received infection control training and we observed staff using personal protective equipment such as aprons and gloves. This prevented infections from spreading. People's rooms and communal areas of the home were clean and tidy.

Learning lessons when things go wrong

- The registered manager told us they were trialling new incidents and accidents analysis forms to find a version that suited the service best. We saw incidents and accidents were recorded and analysed each month and patterns and trends were identified to ensure people were safe and any future risk was reduced.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- During the last inspection there were gaps in people's fluid charts that had not been identified by the provider and everyone living at the home had been placed on a fluid chart with no medical evidence to demonstrate why. In addition, there was no guidance about how much fluid people should aim for to maintain good health. At this inspection we found fluid charts were completed appropriately and recommended levels were available. The registered manager told us, they had begun to review and analyse people's fluid intake on a monthly basis and would remove any charts as soon as they could identify people did not need them or had no medical reason for them.
- People were supported to have choice in what they ate, a person said, "I always eat what I want. There is a menu and sometimes I have curry. I can always ask for something different [if I don't want what's on the menu]."
- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines and had a good knowledge and understanding of people's needs.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People told us they made their own day to day decisions. One person said, "I can say no if I don't want to do something, they [staff] ask me before doing anything."
- The registered manager had undertaken mental capacity assessments and in-turn best interests decisions where needed. DoLS applications had been made for people who required them, and any conditions on

their DoLS had been met.

- Staff had a good understanding of the MCA and were observed to involve people in choices. For example, what they ate, what activities they did and whether they spent time in the communal areas or their bedrooms.

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

- People's needs were assessed prior to moving into the home. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. One person said the staff "help me and listen to me".
- Staff told us they had access to training that was relevant to their role. They told us they received training in specific areas such as diabetes and autism. This ensured they had the relevant knowledge and skills to meet the needs of the people they supported.
- Staff were inducted in to the home. One staff member said the induction process had been "good". They said, "I had an allocated supervisor for the first six weeks. I completed training which was really good. I got to know the service users, read the care plans and they got to know me."

Staff working with other agencies to provide consistent, effective, timely care

- The provider told us, in the information shared with us before the inspection, they worked with outside agencies to ensure people had access to a variety of services. The location of the home enabled people to have easy access to health care services in the same way anyone in the local community would. We saw referrals were made to speech and language, diabetic teams and the dietician.

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

- The communal areas of the home were spacious, clean and tidy. The home had ample space for people, and staff respected when people wanted to have time alone in their bedrooms.
- People's bedrooms were personalised with their own items to reflect their own personal choices.

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

- People had access to a dentist who visited the home on a regular basis. Staff understood what support people required to maintain their oral health and what signs to look out for to identify if people were in pain. The registered manager was implementing new care plans and said they would include a section specifically for how people wanted to be supported with oral health care.
- People had access to annual health reviews. This showed the registered manager and staff team were aware of the importance of regular checks to people's health and wellbeing and planned for these to take place for people who could not do it for themselves.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported and encouraged people to maintain their independence. We observed people getting involved with cooking and cleaning the home. A person told us, "I do the laundry, the washing up and I Hoover." A relative told us, "You have to encourage [person] to do things and the staff do that."
- Staff treated people with dignity and respect. A person told us, "They [staff] always ask before going into my bedroom." A staff member said, "It's the simple things like knocking on people's doors, giving people space and private time and shutting doors when you're in people's rooms."
- People were supported to maintain contact with relatives and friends where they wanted, and some people's relatives lived within walking distance of the home and some people could visit their relative independently. People's care plans documented who they wanted contact with and this choice was respected.
- Relatives said they felt welcome in the home. One relative said, "I get on with the staff, they always make you welcome."

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

- People's diverse needs were met. Where people had religious or cultural needs, they told us staff supported them to follow these and these needs were reflected in people's care plans. This made sure people's protected characteristics were considered.
- People attended religious ceremonies as and when they wanted too. One person said, "I like to go to [place of worship] and dance. I ask staff when I want to go, and they arrange a taxi."
- Relatives told us their loved ones were well supported and staff listened to what they wanted. A relative said, "[Person] seems very very content."

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

- Staff listened to people and encouraged them to be involved in discussions. A person told us, "[Provider] listens to me. They ask me lots of questions about what I want to do."
- People told us they were able to express their views and make decisions. People told us they knew where their care plans were and were involved in their care planning.
- Care plans contained details of external people who were involved in people's care, for example advocates, appointees, family and friends. This enabled people to have access to support outside of the home if they needed it.

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 meet people's needs, preferences, interests and give them choice and control

- Peoples care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.
- The registered manager had nearly finished devising new care plans for everyone living in the home, these contained more in-depth person-centred information about their likes, dislikes and preferences.
- Relatives told us they, and their loved ones, were involved in the review process. One relative said, "Yes, we have reviews. I sit in on these and they ask me questions about [person's] care."

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.

- Information about how people communicated was included in their care plans to ensure staff could recognise different signs. For example, care plans covered how someone may respond if they were feeling thirsty, excited or in pain. The registered manager told us, and we saw, there was more in-depth information in the new care plans about how people communicated.
- We saw information was available to people in different formats for example easy read. This enabled people to access and understand information.

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 follow their interests and take part in activities that were of interest to them. We saw people went for walks and to the pub.
- The provider organised group social activities within the home that people could choose to participate in. For example, on the day of inspection some people went to the cinema. People also accessed a community social group twice a week.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, this was available in an easy read format. There had been no complaints since the last inspection. People and their relatives told us they knew how to complain, 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

- No one was receiving end of life care at the time of the inspection. People's end of life wishes, and preferences were considered as part of their care planning.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During the last inspection we found audits in place had failed to identify a number of areas for improvement. During this inspection improvements had been made, however there were still some areas of concern that had not been identified by the providers audit system.
- The systems in place to ensure staff were recruited safely had not been effective. A DBS conviction for a member of staff had not been identified. Therefore, any risks posed by the staff member had not been considered and assessed. The registered manager removed the staff member and told us a risk assessment was being completed. They confirmed they had checked all staff files and no one else had a DBS conviction.
- Systems in place had not identified one person's protocol, regarding their blood glucose levels, had not been reviewed and amended following a change in need. This meant there was no up to date guidance for staff to follow. The registered manager acted and sought advice from medical professionals and confirmed to us a new protocol had been agreed.
- The systems in place to audit medicines had not identified one person's PRN medicine protocol was inaccurate and there were two medicine counts that were incorrect. The registered manager took immediate action to investigate the medicine miscounts and sought advice from the persons GP regarding their PRN protocol. The registered manager had implemented a new audit system that would identify any discrepancies in the future.

The registered manager responded positively to the inspection process and took appropriate action on issues raised. We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged there were still areas of improvement, but they had been working hard to implement new systems and processes to ensure they were continuously learning and improving care.
- Staff meetings had taken place. Actions were identified, and outcomes were recorded with feedback being given to staff. This gave staff the opportunity for learning and development.
- The registered managers had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the service and on

their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider told us, in the information they shared before the inspection, people and their relatives were given the opportunity to give feedback via surveys. We saw this was happening and this gave them the chance to express their views and opinions. These surveys had been analysed by the registered manager and an action plan was completed in relation to any area people felt needed improvement.
- Staff communicated with the GP, speech and language, opticians and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

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

- Staff told us they could approach the registered manager or provider at any point to discuss concerns or anything they felt they need to. This demonstrated an open and positive culture.
- Staff understood whistleblowing and told us they knew how to access policies relating to this. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical.

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 registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.