

Griffin Care Homes Limited

Griffin House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Griffin House Care Home provides accommodation for up to 26 people who need help with their personal care. At the time of the inspection 12 people lived in the home. The majority of people living in the home lived with dementia.

People's experience of using this service

At the last inspection, we found that the provider had failed to take adequate action to improve the service. Concerns with the management of risk, medicines, record keeping, staff recruitment, leadership and governance were identified.

At this inspection, some improvements had been made. A new registered manager was in post who had taken over the management and leadership of the service from the provider. The new manager was supported in post by a new deputy manager.

The new manager had implemented a system of auditing that was effective in identifying and driving up improvements. Improvements across the service were found but further improvements were required to ensure compliance with the health and social care regulations.

Although medicines management had improved since the last inspection, there were still no effective systems in place to ensure medicines were disposed of safely or, to ensure that staff had sufficient information on people's medicines to be able to identify them properly prior to administration. The new manager told us they would act on this without delay.

Where there were concerns about a person's capacity to consent to specific decisions about their care, they were not always supported to have maximum choice and control of their lives. This was because the Mental Capacity Act 2005 had not always been followed.

People's access to meaningful activities to occupy and interest them required improvement. Relatives fed back that when they visited, people spent most of their time in front of the television with little to do. Relatives were concerned about this. The manager told us there were plans in place to improve this aspect of people's care.

As concerns with medicines management, the MCA and activity provision were identified at this inspection, it was clear that the leadership and governance of the service still required improvement. The new manager and deputy manager took on board our feedback and appeared committed and passionate about continuing to improve the service.

New care plans and risk management guidance had been put in place for staff to follow. These were clear, sufficiently detailed and person centred. Records showed people received the care they needed.

Infection control standards and government guidance in relation to COVID-19 were now being followed to protect people from harm.

There were enough staff on duty to meet people's needs and the new manager had ensured that any new staff were recruited properly.

At the last inspection, records maintained by the provider (who was also the registered manager) were not always reliable, accurate or easy to obtain. At this inspection, the manager and deputy manager were open, transparent and engaged positively in the inspection. Information about the service was easily accessible and well organised.

Care staff were kind, patient and supported people's dignity and independence whilst providing support. Relatives confirmed this and felt confident their loved one was safe and well looked after by the staff team.

Staff members told us they felt supported by the new management team and felt able to raise any issues or concerns they may have.

Rating at last inspection and update

The last rating for this service was inadequate (published 09 April 2021). At the last inspection, significant breaches of Regulations 12 (Safe care and treatment), 17 (Good Governance) and 19 (Fit and Proper Persons) were identified. The service was therefore placed in Special Measures.

At this inspection, the service has improved to requires improvement. Improvements were found across the service, but further work was required with regards to achieving compliance with Regulations 12 (Safe care and treatment), 11 (Need for Consent) and 17 (Good Governance). This work was ongoing.

This service has been in Special Measures since September 2020. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this comprehensive inspection to follow up on the action we told the provider to take at the last inspection and to check whether the provider was compliant with the health and social care regulations across all five key questions (Safe, Effective, Caring, Responsive and Well-led).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection we found evidence that the provider still needed to make improvements. You can see what action we have asked the provider to take at the end of the full report.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Griffin House Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by three inspectors 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 service.

Service and service type

Griffin House Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We telephoned the service from the car park on the day of the inspection and announced our arrival to the provider. The purpose of this was to obtain information about COVID-19 in advance of inspectors entering the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We liaised with the Local Authority to gain information on the service. The provider was not asked to complete a provider

information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

People living in the home were not able to speak to us due to issues associated with their mental health. We spoke with four relatives therefore to gain their views on the service provided.

We spoke with the new manager, the new deputy manager and two care assistants. We reviewed a range of records. This included three people's care records, a sample of medication records, three staff recruitment files and records relating to the management of the service.

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 two inspections, this key question was rated as inadequate. At this inspection, this key question has improved to requires improvement. 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.

Using medicines safely

At the two inspections, the provider has failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 12.

- Most people were given most of their medicines safely, however there were still areas of medicines management that needed improving.
- The system in place to enable medicines to be identified before they were given, was inaccurate, which meant staff could not safely identify each medicine.
- Unwanted medicines were not stored safely which meant they could be given in error.

Medicine management was not always safe. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Time-sensitive and 'as and when' when required medicines were now administered appropriately.
- The stock of medicines in the home. matched what had been administered which showed people were given the medicines they needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last two inspections people's support was not always assessed or delivered in a way that mitigated risks to their health and well-being. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12.

- New care plans and risk management guidance for staff to follow had been put in place. These were clear, easy to follow and sufficient.
- People's day to day records showed that any risk management advice given was followed. People's health and well-being was monitored and action taken where necessary.
- Fire safety arrangements within the home had now been acted upon and staff had information on

pressure mattress settings to ensure people were given the correct amount of pressure relief whilst in bed.

Staffing and recruitment

At the last inspection, the provider's recruitment procedures were not robust and did not ensure only fit and proper persons were employed. This was a breach of Regulation 19 (Fit and proper persons) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 19.

- At the last inspection, one member of staff's recruitment file did not contain adequate information on their appointment or contract of employment at the home. At this inspection, the provider had still not acted on this. This was poor practice.
- Two new members of staff recruited by the new manager had all appropriate pre-employment checks undertaken to ensure they were safe and suitable to work with vulnerable people.
- On the day we visited, there were enough staff on duty to meet people's needs. The manager told us the staffing levels we observed were consistently maintained.

We recommend that the provider reviews previous recruitment and employment practices to ensure they are sufficient and adequate to meet the requirements of Regulation 19 (Fit and Proper Persons).

Preventing and controlling infection

At the last inspection, infection control did not adhere to government guidelines to protect people from the risk of, or, spread of infection. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Infection prevention control procedures in accordance with government guidance were followed.
- Staff were now wearing their masks appropriately and there were sufficient supplies of personal and protective equipment (PPE) in place.
- Staff were tested twice a week for COVID-19 and were vaccinated.
- Visitors to the home were tested for COVID-19 prior to entry in accordance with good practice.
- People living in the home were monitored for symptoms of COVID-19 and had their temperature taken twice a day to identify early signs of ill-health.

Systems and processes to safeguard people from the risk of abuse

- There was a system in place to identify and monitor safeguarding incidents.
- Relatives of people living in the home, told us they felt people were safe. One relative said, "[Name of person] is happy, they are safe, and I am pleased with the home".

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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).

At this inspection we checked to see whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were not.

- Where there were concerns about a person's capacity to consent to a particular decision, the MCA had not always been followed by the provider.
- Some people had 'do not resuscitate' records or deprivation of liberty safeguards in place with no evidence that the person had the capacity to consent to this, or evidence that it was in their best interests.
- Improvements to the implementation of the MCA within the home were being made by the new manager but at the time of the inspection, further work was required.

People's legal right to consent to their care were not always protected in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People's right to consent to and make decisions for themselves was not always supported appropriately.
- People's needs, risks and choices were adequately assessed, and care plans now contained detailed information about the person and the care they needed.
- People's wishes and choices were specified for staff to be aware of. This helped staff provide care in the way people wanted.

- People received support from a range of other health and social care professionals as and when needed.

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

- People's nutritional needs were assessed, and staff had guidance on how to support their nutritional and hydration needs and preferences.
- Some people needed their diet monitored to ensure they were eating and drinking enough. Records showed this was completed appropriately.
- At lunch, we saw that staff offered people a choice of food and drink and checked to see if they had enjoyed their meal or, if they needed any help.
- Relative's comments included, "They [the person] was losing weight but now they are gaining weight so I'm sure the food is ok, no problems that we've noticed or been told about" and, "At first they [the person] didn't eat. Now they eat in the dining room, so they see each other and socialise, and they are putting on a bit of weight".

Staff support: induction, training, skills and experience

- Staff told us that they had an induction into their job role when they first started. They said as part of this induction they shadowed a more experienced member of staff and were introduced to all of the people living in the home.
- Records showed that staff received appropriate training and supervision to do their job role.
- Staff told us that the new manager and deputy manager were supportive and approachable. Comments included, "I've had supervision with the (new) manager, very supportive now" and "Management is a lot better now, can always go to them if we have any concerns. It's easier to speak with management and we are listened to".

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

- The home was clean and adapted to meet people's needs. There was a decent sized communal lounge and dining room for people to use.
- A small balcony with a patio set was accessible from the dining room for people to sit out overlooking the garden.

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.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's diverse needs were assessed or planned for in the delivery of care. This meant staff had sufficient information to meet people's needs in order to promote good care.
- During our visit, staff were kind and caring. They were patient when supporting people and supported them at their own pace.
- We heard staff chatting to people about the everyday things people talk about when they know each other well. One relative told us, "They talk to [name of person]. I know that because they will tell me 'they told us how your Dad did ... or where he worked, that kind of thing so they do chat to them'".
- One relative told us, "The staff are lovely, they are good carers and they understand them". Another said, "The staff are fine. I have observed them with the residents and they seem very attentive and importantly [name of relative] likes all of them".

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

- Staff promoted people's dignity and privacy. They treated people respectfully and met people's needs in a timely and compassionate manner.
- People's care plans gave staff guidance on how to support their independence in the delivery of care in accordance with their preferences.
- People's confidential personal information was kept securely to ensure their right to privacy was respected.

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 deteriorated to required improvement. This meant people's needs were not always met.

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

- Relatives we spoke with felt the activities within the home could be improved. Their comments included, "They don't have any kind of page showing activities or anything and when we visit people are just sitting in the main room with the TV on, just watching TV, never seen anything else" and, "Honestly they are mostly sat in the lounge with the TV. I know they do a few exercises. I know that because [name of person] doesn't like them so they tell me about it! Not much else going on I don't think".
- During our visit, we did not see any activities in progress. Records however showed that people had access to some in-house activities provided by care staff. The new manager confirmed this.
- The new manager was hoping to improve activities by employing an activities co-ordinator once occupancy levels in the home increased. They said, "We have started 'Resident of the day' on Monday 27th September which includes discussions with residents about the activities they like. This will help us to improve the activities to be more meaningful and Person Centred".

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.

- People's communication needs were identified and explained in their care plans. This meant staff had information on the best way to connect, reassure and communicate with them in a way they understood.
- We saw that people were supported to access communication aids such as glasses and hearing aids through external specialists.
- People had access to a giant Ipad to 'face time' their relatives or to gain access to the internet for information. The giant Ipad also provided people with opportunities to access to sensory apps. Sensory Apps provide stimulation, relaxation, fun, and can support people's communication.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- Care plans identified how to meet people's needs in a personalised way. This included information about their preferred daily routines and likes and dislikes.
- Staff had information on a person's life history, the things that were important to them and what they liked to do and talk about. This helped staff connect with people and build positive relationships.
- People's care was reviewed monthly to ensure their care remained responsive to their needs.

- Where people needed support from other health and social care professionals such as the NHS Falls Team or the dietician, this was acted upon. One relative told us, "They [staff at the home] take them [the person] to their appointments, regular check-ups and always keep me informed".

End of life care and support

- Some people had advance care plans in place to advise staff how they would like to be cared for at the end of their life. This information was person centred.
- Staff had recently completed some training on how to provide end of life care. There were also plans in place for staff to access the widely recognised NHS End of Life Six Steps Training programme.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Only one minor complaint had been received since our last inspection and this had responded to appropriately by the new manager.
- No-one we spoke with had any complaints.

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 inadequate. At this inspection, this key question has improved to requires improvement. 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.

At the last two inspections, the provider has failed to operate effective systems to ensure the quality and safety of the service. This placed people at risk of harm. They also failed to maintain accurate and up to date records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of Regulation 17.

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

- Improvements were still required in respect of the implementation of the Mental Capacity Act 2005 the management of medication and the provision of meaningful activities to people living in the home.

Further improvements to the service were still required to mitigate risks to quality and safety. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, the audits in place to check and monitor the service and the care people received, were meaningless and ineffective. The provider told us they were assisted with setting up these audits by a staff member who worked at the home part time.
- When asked about the governance arrangements in place at this inspection, the new manager said they were still audited by the same member of staff. They said they were unsure about this person's role and their employment status. They said they found this confusing. As a result, the new manager had set up their own range of audits.
- During our inspection, we found these audits to be effective in identifying and driving up standards. Improvements to care planning, risk management, infection control, staff recruitment, staff support, and premises safety had all been made since the new manager came into post.

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;

- At the last inspection, the provider did not always operate in an open and transparent way and access to information about the service was difficult to obtain. At this inspection the new management team were

open, honest and engaging. Information was easily accessible and well organised.

- At the last inspection, the provider (who was also the registered manager of the service) lacked an understanding of the health and social care regulations and knowledge of best practice guidance. At this inspection, we found the new manager and deputy manager to be knowledgeable and passionate about providing good care.

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

- Care records contained adequate information on people's needs, care and wishes. This helped staff support people to achieve good outcomes.
- The atmosphere at the home was relaxed and homely. People's personal routines were supported, and their independence promoted
- Accidents and incidents were monitored to identify trends or important factors in how, when and where they occurred. This learning enabled staff to identify what action could be taken to prevent them from happening again.

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

- Relatives told us that staff at the home kept them up to date on their loved one's well-being and engaged with them well. One relative said, "There is a new manager called [Name of manager]. I've spoken to her several times, she's helpful and on top of things".
- The new manager had recently organised a relative's meeting on 'Zoom' to engage and involve them in the service. They said only two relatives had attended. They hoped the number of relatives attending would improve in the future.
- People received support from a range of other health and social care professionals such as the district nurse teams, local GP and mental health services, as required.

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 11 HSCA RA Regulations 2014 Need for consent People's legal consent was not always obtained in accordance with the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Further improvements to the management of medication were required to ensure it was safe.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Further improvements to the management of the service were required to assess, monitor and mitigate risks to quality and safety.