Wellburn Care Homes Limited

Grimston Court

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection took place on 3 May 2017 and was unannounced.

Grimston Court is a care home, which is registered to provide personal care and support for up to 47 people, some of whom are living with dementia. At the time of our inspection 36 people were using the service. The home is spread across three floors, with spacious communal lounges and a dining room on the ground floor. The home is located in large grounds on the outskirts of York.

The registered provider is required to have a registered manager in post and on the day of the inspection there was no manager registered with the Care Quality Commission (CQC). However, the home had a recently appointed manager and they had submitted their application to become the registered manager of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in March 2016 we found bed rail assessments and equipment checks had not always been regularly completed, which was a breach of Regulation 12(2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment . At this inspection we found improvements had been made and the registered provider was now meeting legal requirements in this regard.

At our last inspection in March 2016 we found recruitment practices were not robust, because appropriate checks were not always consistently completed before staff started work. This was a breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed. At this inspection we found improvements had been made and the registered provider was now meeting legal requirements.

Risk assessments were in place to minimise the risk of harm to people. The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse, and staff knew how to respond if they had any concerns.

There were systems in place to ensure people received their medicines safely.

Staff received an induction and training in order to carry out their roles effectively. Since our last inspection the registered provider had recruited a trainer, in order to supplement the existing training provided via DVD training packages with more face to face training.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Care files contained an assessment of people's mental capacity to make specific decisions. The registered manager

agreed to correct some conflicting information we found in one person's file. People had signed their care plans to consent to their care, where they had the capacity to do so.

People were able to access a range of health care services and professionals, including the district nursing team, GPs and speech and language therapists. They also received appropriate support with their nutrition and hydration needs.

People told us that staff were caring. We observed warm, friendly interactions between people and staff, and found that staff knew people's preferences. Staff respected people's privacy and dignity.

Care plans were in place to guide staff on how to meet people's individual needs and people had access to a range of social activities.

The registered provider had a quality assurance system in place which enabled them monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to ensure that people received their medicines safely.

There were systems in place to protect people from avoidable harm. Staff had been trained in safeguarding vulnerable adults and knew how to respond to any concerns. Risks to people were assessed and managed.

Staff had been recruited safely and there were sufficient staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received an induction and training in order to carry out their roles.

Consent to care was sought in line with legislation and guidance and the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People received support with their nutritional needs. They were also supported to maintain good health and access health care services.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring. We observed warm interactions between people and staff, and found that staff knew people's preferences and respected their individuality.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Peoples' needs were assessed and care plans were in place to enable staff to provide personalised care.

People had access to a range of social activities.

The registered provider had a system in place to respond to complaints and concerns.

Is the service well-led?

Good

The service was well-led.

There was a manager in post who had submitted their application to become the registered manager of the service.

Staff were provided with the support they needed to deliver the service, including team meetings.

The registered provider had a quality assurance system in place which enabled them monitor the quality of the service provided.

Grimston Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 May 2017 and was unannounced. The inspection was carried out by two Adult Social Care Inspectors and an Expert by Experience. An Experience by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested and received feedback about the home from City of York Council's contracts and commissioning team.

During the inspection we spoke with five people who used the service, two care staff, a member of domestic staff, the manager and two relatives of people who used the service. We looked at three people's care records, three staff recruitment, induction and training files and a selection of records used to monitor the quality of the service. We also spent time in the communal areas of the home and made observations throughout our visit of how people were being supported. Shortly after the inspection visit we spoke with two more relatives of people who used the service.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Grimston Court, and their responses included, "Oh yes. There's always plenty of staff. Everything is locked up at night to make you feel safe," "Yes, it's safe here. I saw someone fall over and everyone rushed to pick them up" and "Yes I do." A relative told us, "I go at all times of the day and I have never seen anything that concerned me."

At our last inspection on 29 March 2016, the registered provider was in breach of Regulation 12(2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. This was because risks to people were not consistently assessed and reviewed and the registered provider did not complete regular assessments of bed rails in order to ensure this equipment was safe for use and was used in a safe way.

At this inspection we found that improvements had been made in this area and the registered provider was now meeting legal requirements. There were risk assessments in place regarding the safe use of bed rails and other equipment. Bed rail maintenance checks were usually conducted weekly. We saw evidence that decisions regarding the use of bed rails had been discussed and reviewed with people and their families to ensure that they were still required and the least restrictive option available.

A range of other risk assessments were also completed to identify potential risks to people using the service and care staff. This included assessments of risk in relation to nutrition, hydration, falls and manual handling. They were regularly reviewed.

The registered provider had a system for recording and responding to accidents and incidents, in order to keep staff and people who used the service safe. We looked at records of accidents and incidents and found that these included detail of the action taken in response to any incidents. The manager conducted an analysis of accidents and incidents every month to monitor any patterns and reduce the risk of reoccurrence.

At our last inspection on 29 March 2016, the registered provider was in breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed. This was because recruitment practices were not robust and records could not evidence that appropriate checks were consistently completed before staff started work.

At this inspection we found improvements had been made and the registered provider was now meeting legal requirements. We looked at recruitment records for three staff and found that appropriate checks were completed before they started work. These checks included seeking appropriate references and identification checks. The registered provider also conducted interviews and completed Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. One staff member had commenced employment upon receipt of their DBS first check, prior to the full DBS check being returned, but the staff

member was completing training during this time and was not working unsupervised. The recruitment records we viewed showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

We looked at documents relating to the maintenance of the environment and servicing of equipment used in the home. These showed that the registered provider completed a range of maintenance checks, including a monthly environment check. Equipment was regularly serviced, including the fire alarm, hoisting equipment, the lift, emergency lighting and the call bell system. We also looked at maintenance certificates for the premises, including the electrical wiring certificate and gas safety certificate, and these were up to date. These environmental checks helped to ensure the safety of people who used the service.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. Staff received training in this area and the staff we spoke with could identify the types of abuse that could potentially occur and were able to describe what action they would take if they had any concerns. The registered provider had reported three safeguarding issues to the local authority in the last year and the records we viewed showed that appropriate action had been taken in response to these concerns.

This showed there were systems in place to respond to safeguarding concerns and keep people safe.

We asked people who used the service and relatives about whether there were sufficient staff available to meet people's needs safely. Some people felt there could be more staff and one told us, "There's plenty of staff, but they don't always come quick enough when you need the toilet." The manager told us they would monitor this to ensure people were supported promptly. One relative raised a concern about the number of agency staff used in the home, but others told us there were always sufficient staff available.

The registered provider used a tool to assess people's dependency each month, in order to work out the number of care staff required. We saw that some weeks over the last six months the number of care staff hours used each week fell short of the assessed required hours. However, this had improved over the last two months and most weeks the number of support hours deployed was in excess of the assessed required hours. Agency staff were used where required, to maintain staffing levels.

Our observations on the day of the inspection, and a review of the rotas for the last four weeks, showed us that there were usually at least five care staff on duty during the day and three or four at night. More staff were used when the home was fully occupied. In addition, the registered provider employed ancillary staff including kitchen, activities, housekeeping, laundry and maintenance staff, which meant that care staff could concentrate on the delivery of care. During our inspection there were sufficient staff around the home to attend to people's requests in a timely manner and to engage people in activity and conversation.

The registered provider had recently recruited more staff in order to reduce the amount of agency staff required. The new staff would be commencing employment when all safety checks were in place.

This showed us that the registered provider ensured there were sufficient staff available to keep people safe and meet their needs.

We looked at the systems in place to ensure people received their medicines safely. The registered provider had a medicines management policy in place. Senior staff that had responsibility for supporting people with their medicines had received training and their competency was routinely assessed. The support people required with their medicines was recorded in their care plan, and staff completed Medication Administration Records (MARs) when they gave people their medicines. The sample of MARs we viewed were

appropriately completed. We checked the stock balance for a selection of medicines. These were all correct, apart from a discrepancy of one dose of Laxido (a medicine prescribed for constipation). The manager agreed to investigate this.

We noted a discrepancy on the dispensing instructions between two bottles of the same medicine for one person. The new bottle had not been opened yet and the person had received their medicines correctly at the time of our inspection. The manager spoke to the person's GP about this on the day of our inspection and the surgery agreed to re-issue the new bottle of medicine with the correct instructions. Whilst the mistake regarding the incorrect dispensing instructions was not the fault of the registered provider, the fact that this had not been noticed earlier showed that more attention was required when staff booked in medicines on arrival to the home. The manager agreed to issue a reminder to staff about this straightaway.

Medicines were appropriately stored, and the registered provider regularly checked the temperature of the treatment room to ensure that medicines were stored at the correct temperature. The treatment room contained an appropriate controlled drugs cabinet. Some prescription drugs are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered.

Medicines audits were conducted monthly to identify and address any issues. We saw that medication practice and issues were also discussed in senior care staff meetings.

This showed that there were systems in place to ensure people received their medicines safely.

Good

Is the service effective?

Our findings

We asked people who used the service whether they were happy with the care they received and whether they thought staff had the right skills for the job. People's responses included, "Definitely" and "Staff are very skilful and most kind. I think being a care working is a calling." Relatives told us "The staff are great" and "They seem to know my relative really well and are really good."

We found that staff received an induction when they started in post and those new to care completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers work to. It is the minimum standards that should be covered as part of induction training of new care workers.

At our last inspection most of the staff training was being been delivered using training DVDs. Since then the registered provider had recruited a trainer and developed a new programme of face to face training for staff. The manager had also completed training so that they could provide staff with moving and handling and basic life support training, and the manager had plans in place for this training. The manager told us that staff would continue to use the DVDs too, whilst the new programme was being fully established, to ensure their training was kept up to date. Staff were allocated a different refresher topic each month to complete via DVD, and we saw from the registered provider's training matrix that most training was up to date. Staff were positive about the new additional face to face training opportunities. Additional management training had also been provided for the manager and deputy manager to support them in their roles.

We found that staff received regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. Some observed practice supervisions were also conducted, where staff were observed delivering support to people. This enabled the manager to identify any staff learning or development needs.

The registered provider had recently identified a number of staff to become 'champions' in certain areas, including dementia care, diabetes and infection control. Additional enhanced training had been provided, or was in the process of being sourced, for these 'champions', so that they were able to develop their skills and promote good practice throughout the home in their specific areas.

This showed us that people received care from staff that had the knowledge and support they needed to carry out their roles.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection there were 12 people living at the home who were either subject to a DoLS authorisation or for whom a DoLS authorisation application had been submitted to the local authority. The registered provider kept a record of when authorisations were due to expire. This showed that the registered provider was taking appropriate action to ensure that legal authorisation was sought for people to be deprived of their liberty where this was in their best interests.

Care files contained an assessment of the person's capacity to make specific decisions. People had signed their care plans to consent to their care, where they had the capacity to do so. We noted some conflicting information on one person's mental capacity assessments. The manager acknowledged this error and agreed to correct the documentation straightaway. We received confirmation shortly after the inspection that this had been done.

We observed that staff talked to people before providing them with support, to ensure they were consenting to the care or activity to be undertaken. This showed us that staff sought consent to provide care in line with legislation and guidance.

People told us, and we saw from care documentation, that people were supported access a range of healthcare services when needed. This included support from the district nursing team, GPs and speech and language therapists. People had a physical health care plan and information was recorded about any health conditions they had. There were also 'hospital passports' in people's care files; these contained key information for hospital staff, should the person need to be taken into hospital.

People who used the service told us, "I can see the GP whenever I want and the chiropodist comes monthly" and "My GP or one of his practice visits once each week. If I have any concerns I tell them. The chiropodist, optician, dentist; I have seen them all occasionally."

We looked at whether people received adequate support with their nutrition and hydration. The registered provider used a recognised malnutrition screening tool to assess risk in relation to people's nutritional needs. Dehydration risk assessments were also completed. An eating and drinking care plan was developed for each person, and these care plans included reference to any specialist guidance obtained for that person, such as from the speech and language therapist. People's weight was regularly monitored. Information about people's dietary needs was also made available to staff in the kitchen.

We asked people their views about the variety and quality of food available at the home. Their comments included, "The food is good, four meals a day. There are always two choices," "It's quite nice but I don't like fancy food" and "The food is lovely. I don't eat meat and I always have vegetarian meals." One relative told us, "They are good at supporting (my relative) with their food and nutrition. (My relative) was losing weight and not wanting to eat a while ago, so staff helped them with this, adding extra cream into food and yogurts and so on, and this helped. They seem to have their finger on the pulse and let me know what (my relative) has eaten."

We observed a mealtime during our inspection and people received support and encouragement to eat, where they required this. People were shown a choice of meals to aid their decision making and the food

looked appetising. People were offered a choice of drinks with their meal and at other times throughout the day. People were also offered snacks throughout the day; we saw that when people were offered cake or biscuits mid-morning, one person requested crisps instead and this was accommodated.

This showed us that people were supported to receive sufficient to eat and drink.

Good

Is the service caring?

Our findings

People and relatives we spoke with confirmed that staff were kind and caring. People's comments included, "Staff do care about us" and "(Staff are) very kind." Relatives told us, "The staff are great" and "Staff really show an interest and care." One relative felt that the amount of time staff had available to spend with people on an individual basis was "Minimal" but did feel staff were very caring.

One relative told us about a recent experience where they felt a staff member had "Gone the extra mile" in organising a birthday celebration for their relative. They told us the staff member had kept them informed and asked their opinion during the planning of the celebration. They also said that after the celebration their relative had commented, "I've never been made to feel this special before in my life."

Another relative told us that staff were really good at remembering the things that their relative liked, such as previous holidays and hobbies, and said staff were "Always talking to [Name] about these things to stimulate conversation. It really seems to make them light up and calms their mood."

During the inspection people appeared comfortable and relaxed with staff and there was a friendly atmosphere in the home. We observed warm interactions between people and staff, and staff appeared to know people's preferences and respect people's individuality. For instance, we saw staff using gentle persuasion with one person, to try and encourage them to join others for lunch in the dining room, but respected their choice when they declined to move. Staff brought their lunch to them instead.

We saw staff offering people choices throughout our inspection, for example in relation to food and activities. Their choices were respected. Most people told us they had choice and control about their daily routines and felt their views were acted on. Comments included, "I can get up whenever I want and go to bed when I want" and "I always choose for myself." There were mixed views about whether staff kept them informed about changes at the home. One person told us, "They talk to you and ask you. The lady in the office always tells you what is going in." However, another person said, "They don't tell us everything that is going on." As an example, they said they had not been told that another person who lived at the home was going to be moving out, so they had been concerned when their friend "Suddenly just disappeared".

We asked people if staff respected their privacy and dignity, and people's responses included, "Yes, definitely" and "Yes, they let you have your privacy." We observed during the inspection that staff knocked on people's doors and waited for a response before entering.

The registered provider had an equality and diversity policy and staff received training in equality and diversity. People were supported to practice their faith where they had expressed a wish to do this; for example, one person attended a local church, supported sometimes by staff and at other times by their family.

Relatives we spoke with told us that they were made to feel very welcome by staff and that they could visit at any time. One told us, "They've been very supportive with me too." Another told us, "You don't have to make

a meeting (if you want to speak to staff about anything). It's just done in an informal way, through a chat." They also gave examples of how staff at the home had supported them on specific occasions, such as helping to explain a family bereavement to their relative who lived at the home. They described how the manager had displayed compassion, sensitivity and understanding of the person's needs in doing this, and said they could not thank them enough for the support given at that time.

Good

Is the service responsive?

Our findings

The registered provider completed an initial assessment of people's needs before they moved into the home, to ensure the service could meet their needs. The registered provider then developed a care plan for each person. Care plans contained information for staff about how to meet people's needs in a variety of areas, including mobility, communication, personal care, skin integrity and end of life care wishes. Care plans were reviewed regularly, to ensure that information was reflective of people's current needs.

Staff completed monitoring records where these were required due to people's individual needs, such as re-positioning charts, food and fluid intake charts and observation checks. We noted some occasional gaps in records, such as missing dates or totals, but the majority of these were well completed and showed that care was provided in line with people's care plans. The manager agreed to issue a reminder to staff about paying greater attention with recording, and ensuring records were completed promptly at the time the care was provided.

Staff we spoke with were knowledgeable about people's needs and preferences. Relatives also gave us examples to illustrate why they felt staff understood their family member's needs; one told us how staff made sure that their relative was able to enjoy their favourite alcoholic drink when they wanted to. They said, "It's the little things that show they respect people's individuality."

During the inspection, we observed a variety of activities taking place in the home. In the morning staff supported a group of people to play a game of 'floor noughts and crosses'. Two people were supported to make crispy buns and staff also accompanied people for a walk in the gardens. In the afternoon, a visitor brought some owls to the home. 15 people came to the lounge to see the owls and ask questions about them. The visit prompted lots of conversation and interaction. Eight people asked to hold a barn owl and five people chose to hold a tawny owl.

One relative told us that their family member no longer liked to go to the lounge regularly, but said staff still always gave them encouragement to join in activities when they felt able to, especially things they knew the person used to enjoy. They also told us staff knew their family member enjoyed having their nails painted, so they always made sure their nails were nicely maintained and painted. Some people told us they enjoyed going out in the gardens at the home.

Most people we spoke with knew how to raise a complaint and information about the complaints procedure was available at the home. A relative told us, "Any problems I can just get on the phone to [Name of manager]. She always says please let me know if there are any problems. She would definitely help." We looked at records relating to the management of complaints, and found that six complaints had been received in the year prior to our inspection. Records showed that complaints had been investigated and responded to. The registered provider had also received nine compliments and thank you cards.

People also had opportunity to raise any concerns and give feedback and suggestions about the service they received in residents meetings and surveys. We saw that people had discussed food, activities and

staffing at recent meetings.

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration. There was no manager registered with the Commission on the day of our inspection, but a manager had recently been appointed and we had received their application to become the registered manager of the service.

The recently appointed manager had worked at the home previously as the deputy manager, so knew the service and people living there well. In the year prior to our inspection there had been changes in the management of the service and periods without a manager, so relatives we spoke with were pleased there was a permanent manager in post. Their comments included, "I'm delighted that [Name] has got the manager's position. She knows people so well and the staff" and "I have great confidence in [Name of manager]. She has been the kingpin throughout all the management changes as she has always been there. She always seems to know what is happening and knows people well. I ask lots of questions and she has always been helpful."

Staff we spoke with commented on the changes in management over the last two years, but felt things were now more settled. Their comments about the manager included, "[Name]'s lovely. You couldn't ask for anyone better really. She's firm but she is very fair and approachable; how it's supposed to be" and "She is so supportive and approachable. She makes sure things actually happen. If she says she's going to do something she will, so staff have confidence in her."

Staff meetings were regularly held. We saw from minutes of these meetings that staff had opportunity to discuss policies and staffing issues and they received updates and reminders on a range of practice issues. Staff we spoke with confirmed they attended meetings and received supervision and support from the manager. They were aware what was expected of them in their roles.

The manager told us they had started attending a range of additional management training to support them in their new role.

The registered provider had a quality assurance system, which included a range of audits conducted by the manager. There were monthly audits in relation to health and safety, environmental kitchen checks, housekeeping, finances, meal service, care plans and medication. A monthly analysis was also conducted in relation to other matters, such as falls, accidents at the home and changes in people's weight. This enabled the manager to monitor patterns and ensure appropriate action was being taken in response to concerns or incidents. We saw that where any issues were identified in audits, action plans were developed with timescales for completion. We saw examples to show that actions had been completed as a result of audits, in order to drive improvement.

The manager was also required to send a monthly report to the registered provider in relation to a variety of operational matters, including the outcome of monthly audits, information on the number of falls, safeguarding issues and pressure wounds, staffing figures and training. This enabled the registered provider to monitor activity at the home. In addition, the operations manager visited the home to conduct audits.

Annual satisfaction surveys were also conducted as part of the quality assurance process.

This showed there were systems in place to monitor the quality of the service provided.

Throughout our inspection we looked at a variety of records and these were generally well maintained and stored securely. The registered provider had submitted required notifications to the Commission about incidents at the home since our last inspection. The submission of notifications allows us to check that appropriate action has been taken by the registered persons following accidents or incidents. In addition to this, the ratings from the last inspection were displayed within the home and on the home's website, as required by regulation.