Graceland Social Care Services Limited

Graceland Care Home

Inspection report

113 Parchmore Road
Thornton Heath
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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

We inspected Graceland Care Home on 9 and 12 March 2018. The provider was given 12 hours' notice before the first day of the inspection. At the end of the first day we advised the provider that we would be returning the next working day to speak with people living in the home as they were all out on the first day of our inspection. At the last inspection in December 2014, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Graceland is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Graceland Care Home is not registered to provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Graceland Care Home is registered to accommodate up to three adults; its specialism is supporting people with a learning disability. At the time of our inspection there were three people living in the home. Graceland Care Home is located off a busy main road in Thornton Heath, close to shops and good transport links. Each person had their own room which was well furnished and decorated. The decor in the communal lounge/diner required updating but all areas of the home were clean and tidy. Graceland Care Home had the feel and is run like a small family home. The registered manager told us that was her aim.

Graceland Care Home has been developed and designed in line with the values that underpin the Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen.

People's needs had been assessed and they were involved in developing their care and support with staff. If they wanted to change any aspect of this, it was discussed with staff and care records were updated accordingly. Staff worked within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to be as independent as possible. They were supported in a way that developed their confidence to do as much as they could for themselves. People were protected from the risk of social isolation. They spent their days out at social clubs engaged in a wide range of activities which reflected their age and interests. Staff supported people to stay in contact with their relatives.

People were supported to stay healthy and well. They were given nutritious, well-balanced meals and had a sufficient amount to eat and drink. They were registered with a local GP surgery and visited specialist healthcare professionals when necessary. Staff ensured people's physical and mental health was regularly reviewed. People's medicines were managed safely and they received them as prescribed..

There was a sufficient number of staff to meet people's needs and they had been through a satisfactory recruitment process. Staff felt supported in their roles and had access to refresher training to keep their knowledge and skills up to date. The registered manager and staff knew people well and understood how to meet their individual needs. They treated people with kindness ad respect.

People were supported by staff who knew how to protect them from abuse and avoidable harm; they knew how to report and escalate any concerns. People's views and the opinions of staff were sought to make improvements to the service provided. People were given information on how to make a complaint and told us they would do so if necessary.

The registered manager was at the service every day which meant that they had good oversight of staff working practices. The registered manager and staff worked well as a team to ensure people received consistently good person-centred care.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Graceland Care Home

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 checked 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.

The inspection was undertaken by one inspector and was announced. We gave the provider 12 hours notice of the inspection because it is small home and the registered manager and people living in the home are often out. We needed to be sure they would be in.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted by the provider about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to the registered manager and two people. We looked at three people's care records and three staff records. We also looked at records relating to the management of the service, including the service's policies and procedures.

After the inspection we spoke to two relatives and a health and social care professional to gather their views about the care and support people received.

Good

Is the service safe?

Our findings

People felt safe in their home. One person told us, "I feel safe here. Everyone is nice to me." There was information for people on what to do if they felt unsafe or wanted to make a complaint. This information was in an easy read format on a notice board in the communal lounge/dining area so that it was readily accessible to everybody living in the home. People knew what to do if they felt unsafe and told us, "I would tell [my relative] or the police if they were nasty to me."
The provider kept staff knowledge and understanding of safeguarding up to date with refresher training. Staff had access to updated policies and procedures guiding them on what they should do if they suspected abuse. Staff were confident the appropriate action would be taken in response to any concerns they raised.

The risks people faced continued to be assessed and managed effectively to help protect them from avoidable harm. The risks identified were discussed with people and strategies were put in place to minimise the risk of injury or harm without restricting people. For example, the risks associated with being in the community alone had been explained to a person, who had been advised and was regularly reminded about acceptable and unacceptable behaviour in public. There was a procedure in place for recording and monitoring accidents and incidents. There had not been any accidents or incidents since our last inspection.

People occasionally became upset or anxious. Staff understood what might cause each person to become anxious and how to manage their behaviour which might challenge others, in a safe way. People's risk assessments and care plans focused on the outcome of reducing behaviour that might challenge others by detailing the personal and environmental factors required to develop and maintain positive behaviours. The registered manager told us, "We know what will make each person unsettled or upset so we don't have many instances of challenging behaviour. If someone does get upset, we know how to calm them down. We have never used physical intervention." People's care plan and risk assessments reflected that staff used de-escalation techniques which were in accordance with the National Institute for Health and Care Excellence (NICE) guidance.

Records demonstrated that appropriate checks continued to be undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role. There was a sufficient number of staff working at the service during the day and at night to meet people's needs.

People's medicines continued to be managed and administered safely. Medicines were securely stored in a locked cupboard in the staff room. Staff were required to complete medicines administration records. These were fully completed and confirmed that people received their medicines as prescribed. People's medicines were regularly reviewed by external healthcare professionals. This helped to ensure that people were taking the most appropriate medicines.

Staff followed the provider's infection control policies and procedures which helped to protect people from the risk and spread of infection. People were aware of the importance of maintaining a clean environment and as far as they were able to, helped staff with this task. People's rooms and the communal areas of the home were clean, tidy and free from unpleasant odours.

The decor in the communal lounge/dining room needed updating. We could see that some parts of the lounge/dining room had been painted recently. The registered manager told us that they planned to continue to update the lounge in phases so as to cause minimal disruption to people. The provider continued to ensure that gas, electricity and water safety checks were conducted at regular intervals.

Good

Is the service effective?

Our findings

People's needs were assessed before they moved in to the home so the provider could determine whether they were able to meet their needs. People had the opportunity to be involved in planning their care. Staff had good knowledge about people, including their backgrounds, family relationships and preferences. People's physical, emotional and social needs were monitored and reviewed to ensure their care continued to be delivered in line with their requirements. Input from other healthcare professionals such as psychiatrists and social workers was part of the review process. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us that staff respected their wishes and they could make their own decisions. We saw that people chose what they wanted to wear and what they wanted to eat. We discussed with staff what needed to happen if a person could not make certain decisions for themselves. What they told us demonstrated they had good knowledge of the principles of the MCA.

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 procedures for this in care homes are 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 were being met. We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited relevant people for example, relatives to be involved in best interests meetings. These meetings had been documented and the records confirmed that people were involved in this process.

People were protected from the risk of poor nutrition and dehydration. They were supported to eat and drink a healthy, balanced diet. People told us they were offered a sufficient amount to eat and drink; they were satisfied with the quality of their meals.

People's health and wellbeing was promoted. Each person had a health action plan and a summary of their healthcare needs to take to hospital in an emergency. They had annual health checks in line with national campaigns to ensure people with a learning disability had access to healthcare services. The registered manager and staff worked well with external healthcare professionals to ensure people's health care needs were regularly assessed. People were registered with a local GP surgery and pharmacy with which the

registered manager had developed good working relationships. Staff supported people to attend appointments with their GP, hospital consultants or other healthcare professionals. These measures helped to ensure people maintained good physical and mental health.

People received effective support from experienced and knowledgeable staff who received relevant training in areas such as safeguarding, infection control and health and safety. The registered manager was at the service every day which meant that staff had the opportunity to discuss issues as they arose. Additionally, the registered manager held formal supervision meetings with staff during which staff reflected on their performance, discussed their training needs and received guidance on good practice. The support given to staff by the provider ensured that staff were aware of their roles and responsibilities and that staff had the necessary skills to provide safe, effective, responsive care.

Good

Is the service caring?

Our findings

People spoke fondly about the staff and told us they were kind and caring. Comments included, "I love [the registered manager] and [staff member] is my favourite. We have a good laugh and a chat." and "They are all nice to me".

The atmosphere in the home was happy and calm. We observed that staff supported people at a pace that suited people using the service. Staff and people were at ease with each other. Staff spoke to people in a respectful and caring manner. People told us staff respected their privacy at all times. People moved around the house freely and spent time in their room alone when they chose to.

People were supported to maintain and increase their independence. Care plans clearly stated whether people needed to be prompted or assisted. The registered manager told us, "Our goal is to encourage independence, so we support them to do as much as they can for themselves. [Person's name] likes to clean and tidy up and [Person's name] likes to help out at dinner time so we encourage it." People were involved in their needs assessments and were actively involved in making decisions about their care. People felt empowered by this and in control of their lives. They told us, "I go out whenever I like. I go out every day" and "I only need help sometimes".

There were arrangements in place which enabled people and their relatives to express their views. People had many opportunities to raise issues about their care plan such as, during residents meetings and care plan reviews. Where necessary, people had access to documents in an easy read format. The majority of people had relatives who were regularly in contact with the service and some acted as their advocates. Staff supported people to maintain relationships with relatives and friends which helped to avoid people becoming socially isolated.

Good

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. They commented, "I love living here. I'm very happy" and "I like it here." People were involved in planning their care which helped to ensure staff provided care which reflected their personal needs, routines and preferences. A relative told us, "[The person] is really happy living there. We've seen a massive improvement in [The person]. [The person] is much calmer now and I think it's because [the person] is being looked after properly."

The registered manager had developed good relationships with providers of clubs and services for people with learning disabilities. People were supported to lead full and active lives in line with nationally recognised evidence-based guidance (Building the Right Support). The registered manager told us, "They are all still young people. They should not be at home all the time. I want them to enjoy life like anyone else and be happy." On both days of our inspection people were out all day participating in different activities. One person told us, "I go out on my own to the club." Another person told us, "I like seeing my friends. I've got lots of friends."

Care plans contained guidance for staff on how to effectively communicate with people and how to interpret their behaviour and body language as an expression of how they were feeling. The most effective way of communicating with people was highlighted in their care plans. The registered manager was aware of the need to make information accessible to people; some information was provided in an easy to read format using pictures and photographs to illustrate the text. For example, people's health action plans and the complaints procedure.

The registered manager and staff obtained people's views daily on the quality of care provided during routine conversations. As the home was small and the registered manager was there every day, the way in which people's care was provided could be changed quickly if their preferences changed. This helped to ensure the care provided met people's current needs.

The provider continued to have appropriate arrangements in place to receive, investigate, respond to and monitor complaints. Information on how to make a complaint was displayed on a notice board in the communal lounge/diner. People knew how to raise concerns and make a complaint. People told us they would talk with the registered manager or their family. The provider had not received any complaints since our last inspection.

Good

Is the service well-led?

Our findings

People received care and support from a service which was well-organised by the provider. There was a registered manager in place. 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. The registered manager managed the service well. A health care professional commented, "The registered manager is there every day and is on top of things."

The registered manager and staff effectively provided person-centred care and worked well as a team to achieve good outcomes for people. People appeared relaxed and content in their surroundings and when interacting with staff. They led full, active lives which had a positive impact on their well-being. A person told us, "This is the best home I have ever lived in. I love my room." A relative commented, "[The person] is out most days and just seems very happy."

The registered manager had many years' experience working in adult social care and managing care homes. She understood what was required to provide good quality care, as well as her responsibilities to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. The registered manager submitted statutory notifications to the CQC about events that affected people or the running of the service in a timely manner. This is important as it allows the CQC to monitor the risk profile of the service.

There were strong links with local agencies and organisations which the provider used to co-ordinate appropriate support for people in relation to their physical, mental health and social care needs. Records confirmed information was shared with other agencies and organisations when needed in a timely manner to ensure people's health and wellbeing was promoted.

Staff felt supported in their roles and were confident in making suggestions to improve the service and in raising concerns. The registered manager completed a range of quality assurance checks in areas such as health and safety, food hygiene and medicines. The provider monitored people's experience of their care and support by regularly obtaining their feedback. As part of their daily checks, the registered manager observed staff interaction with people and checked the standard of cleanliness in the home. She used this information to make positive changes to the way care and support was provided to people.

We requested a variety of policies and records relating to people, staff and the management of the service. These were promptly located, well-organised, up to date and accurate. The records we reviewed reflected a service which continued to be well-led.