

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Gracelands

Ellesmere Road, Whittington, Oswestry, SY11
4DJ

Date of Inspection: 23 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Voyage Limited
Registered Manager	Mr. Roy Tappin
Overview of the service	Gracelands is a care home that provides accommodation and personal care to a maximum of seven people who have learning disabilities. The home is located in Oswestry in Shropshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We met with all seven people who lived at Gracelands. Four people were able to share their views and experiences with us.

People told us that they were "very happy" with the service that they received. Everyone looked relaxed and content despite some environmental changes that were impacting on people's opportunities to access all communal areas. Ongoing improvements to the home were making Gracelands a nicer place to live.

Staff met people's care and support needs in ways that they preferred. People were treated with dignity and respect.

Care plans were very detailed and supported all aspects of people's health and wellbeing.

People were protected because staff were confident to recognise and report abuse.

The skill mix of the staff on duty was impacting on people's opportunities to access activities outside of the home. Management shortfalls were beginning to impact on the overall quality of the service provided.

We saw numerous audit tools that demonstrated how staff constantly monitored the service provided and the home environment. A senior manager also told us how they carried out regular quality assurance audits.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 01 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People told us that they were able to make decisions about how they lived their lives. We were told people chose what they wore each day, what they ate and where they went.

We saw that staff were very good at knowing people's needs and preferences. They were able to respond to people in a timely way minimising the chances of them becoming upset. Staff told us that they promoted people's independence by encouraging them to participate in household and personal care tasks. We were told that when people indicated that they did not want to do this their decision was respected.

We saw staff consistently manage the behaviours of one person and as a result the person was reassured and relaxed.

Staff respected people's privacy and dignity. We saw that personal care tasks were carried out behind closed doors. Staff knew people's likes and dislikes. New staff told us that they were spending time with experienced staff as they recognised the importance of knowing people in order to offer effective support.

We looked at the care records of two people who received a service. We saw how people were supported to make choices about their care and support and how this had been planned with them. We saw Information that reflected our conversations with staff. This demonstrated that they knew the people they supported well.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed and care and support was planned and delivered in line with individual care plans. We saw assessments on the files we reviewed. Staff told us that they received information and training in order to offer personalised care and support. This meant that they were able to meet identified needs consistently and in ways that people preferred.

We saw detailed support plans and staff told us that they reflected people's actual needs. Plans had been reviewed and amended as needs changed. This meant that staff had access to current information enabling them to provide the support that people needed to enjoy a good quality of life. We saw that there was a lot of information contained in each person's files. Staff told us that they had produced a summary of essential information about each person. This was to ensure that agency staff had information about each person without having to read their entire files.

We observed a number on interactions that reflected a positive relationship between the people living at the home and the staff team. Staff were knowledgeable about people's identified needs and how to manage behaviours and support people effectively. Risk assessments were seen to enable people to achieve their goals while reducing risks.

People who received a service gave us examples of numerous things that they liked to do both within the home and outside. People said they had enjoyed holidays. Staff told us that activities outside of the home had reduced over recent months due to staff shortages. However we also heard how staff had supported people in their own time to ensure that they did not miss out on planned activities.

Records showed how people who received a service still enjoyed a range of social and leisure opportunities within the home. On the day of our visit we saw people engaged in activities that they told us they liked.

People who received a service told us how they had been supported to attend medical appointments. People's health and medication had recently reviewed. When people needed medical attention records showed that it was sought without delay.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

On the day of our inspection new flooring was being laid in a number of communal areas. This was causing major disruption to the service. People were unable to access their preferred areas and for a time, the kitchen and a downstairs bathroom were also inaccessible. We saw staff worked hard to manage this situation and make sure that the impact upon people was minimal.

We saw that the home had a new fitted kitchen and downstairs bathroom. Staff told us that these improvements had made the home more accessible and a nicer place to live. Two people told us they had had their bedrooms decorated and that they had helped to choose their colours.

Staff told us of improvements to the security of the building and said that maintenance tasks were identified and carried out promptly. We saw records of regular checks to the environment that had been carried out by designated staff.

A senior manager, who worked for the organisation, told us that they had invested money in the home and would continue to do so as works were identified. They were also aware of the issues caused by building works being carried out.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not always enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff told us that minimum identified staffing levels were always maintained. They also said that they had been using a high number of agency staff. We were told that the agency staff member who worked in the evenings was regular and was knowledgeable of people's care and support needs. Staff told us that they had implemented their own induction for agency staff to ensure that they received essential information about the people who received a service.

Staff gave examples where agency staff could not do certain tasks as they had not received the required training. This meant that, on occasions, people missed out on activities outside of the home. We were told that recruitment of new staff had now taken place and they were confident that the situation would soon improve.

On the day of the inspection the interim manager for Gracelands was not at the home. There had been no additional resources allocated to support the increased challenges that the environmental factors, the new staff member and the continual administrative tasks had created. The office was "chaotic". There were incident forms that had not been reviewed, confidential information that had not been put away and audits that had not been actioned. This reflected a lack of effective management. We were told that some staff had not been able to complete their own responsibilities due to them carrying out management tasks. For example, activity plans for one person had not been updated following a review.

On occasions the skills mix of the staff on duty meant that people could not access community facilities. Staff told us that there had been times where there was only one permanent staff member on duty, along with a bank worker and an agency worker. On one day in particular this could have placed people at risk of harm.

We spoke with a senior manager who told us they were aware of the current challenges facing the home. They said that they had identified for improvement the areas that we had highlighted. They told us that an action plan was currently in place to address the issues. We were also told that additional management support was imminent.

The senior manager also told us that there was a procedure in place for requesting additional staffing when required. We were told that this could be authorised 24 hours a day, seven days a week. The provider may wish to note that not all staff were aware of this.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care to an appropriate standard.

Reasons for our judgement

We saw people who received a service react positively to staff interactions and staff had a good rapport with them.

Staff told us that they "loved" their jobs. There was evidence that they had recently worked extra hours to ensure that people who received a service were able to take part in planned activities.

We were told that bank staff received the same support and training as permanent staff. One bank staff member told us that they were not expected to do tasks until they felt confident.

Staff told us that they were now being offered more training opportunities and they welcomed this. We saw a training plan on the wall in the office that covered mandatory training for staff to attend.

Staff told us that up until recently they had received good support from managers. They told us that recent management changes had impacted on this. We spoke with a senior manager for the organisation following our inspection. They told us that they were aware of this and were taking action to improve the situation. The provider may wish to note that the majority of staff we spoke with currently felt unsupported by managers.

One staff member told us about their induction. They said that they would have a work book to complete and would be working alongside experienced staff before being counted in the staffing numbers. Staff welcomed the new member of staff although the challenges of the day meant that they could not spend sufficient time with them to go through all the required information.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who received a service told us that they took part in house meetings every Wednesday. They said that staff asked them if they were happy. They also asked them what they would like to do and what they would like on the menu for the following week. We saw records of these meetings that reflected our conversations.

People told us that they would speak to named staff if they had any worries. One person told us, "They always help me".

Staff told us that people who received a service had regular contact with an independent advocate who they knew well. This ensured that their best interests were represented.

We saw that risks to people's safety and wellbeing were assessed and measures had been put in place in order to reduce these. Staff told us how they identified and monitored risks in relation to providing support to people. Risk assessments were seen to manage and monitor people's medical and social support needs. We saw how assessments and care plans were regularly reviewed.

We were shown how the organisation required staff to record and review accidents. We saw that one incident had happened a couple of weeks ago had not been reviewed by a manager.

Given the maintenance work being carried out on the day of our inspection we only had limited access to records. The senior member of staff on duty showed us how the service was monitored in relation to health and safety and maintenance and upkeep. Records seen were up to date. The provider may wish to note that some actions identified as requiring attention had not been followed up.

This section is primarily information for the provider

✘ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	How the regulation was not being met: The service was not always ensuring that staff on duty had the skills mix, training and experience to ensure that people were able to access full and active lives and that the home was running effectively.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 01 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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