

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: 07 May 2013

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2013

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

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
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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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 7 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

Two people were supported to share their views about the service provided. They told us that they were, "Happy". We observed the morning routines and interactions between people who received a service and staff. People were visibly relaxed and took part in a range of activities both within the home and in the local community.

Staff met people's care and support needs in ways that they preferred. People were treated with dignity and respect. Care plans were detailed and supported all aspects of people's health and wellbeing.

Medication arrangements within the home had been reviewed and improved making processes more robust.

Staffing levels within the home had improved since our last visit. This had impacted positively on opportunities for people who received a service and the morale of the staff team.

Staff told us that they currently felt well supported in their roles. They said that they had received computer based training opportunities that provided them with basic knowledge. They said, however, that the 'hands on' training they received was more beneficial.

There were effective systems in place to assess and monitor the quality of the service provided. Records showed how checks were carried out to monitor systems and processes.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Since the time of our last inspection of Gracelands, improvements had been made that had impacted positively on the care and welfare of the people who received a service. We saw that people were accessing all areas of the home and garden. People were encouraged to use all of the communal space. One person told us that they liked sitting outside in the sunshine.

We saw care and support plans had been reviewed and updated. They were seen to be well organised and up to date. There was a new section to the care plan called, 'My Health Book'. We saw this to be a pictorial and easy to read booklet detailing each individual's health care and support needs. Staff told us that these were useful documents and the deputy manager said that they detailed medical appointments and outcomes as well as containing essential information that staff needed to support identified medical needs. The deputy manager told us how they had supported one person recently to improve their mobility and thus their quality of life.

We were told how people had recently developed new skills that had significantly improved their quality of life. We spoke to two visitors to the home who told us how they had noticed big changes in their relative over recent months and said how very pleased they were with this. Staff were also very proud of this person's achievements.

We saw how activities were planned on a day to day basis. The activities coordinator told us how they developed plans around people's individual likes and preferences. Everyone had an activities box containing materials and items that they particularly liked. We saw people enjoying arts and crafts at the time of our visit.

We saw that three people went out shopping at the time of our inspection. Staff told us how they had supported one person during the trip when they became anxious. Staff told us that their support had been effective and that they had been confident to manage the situation.

We saw people to be happy and relaxed at the time of our inspection. Staff interactions were positive and enabling. People were being supported to make drinks and have snacks. We saw that people took it in turns to choose the days meals. A pictorial menu was seen on the wall identifying foods chosen for the day and a picture of the person who had chosen them. Staff told us that there was always an alternative if someone did not want or like the day's choice. Care plans detailed people's food and dietary preferences.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We were told that the organisation had identified issues in relation to the administration, recording and storage of medication. We saw how they had implemented a plan for improvements.

The medication room was well organised and secure. Medication stocks had been reviewed and outdated or unwanted stocks were seen to be ready for collection by the supporting chemist.

We saw that changes had been made to recording processes. Administration records were seen to be well organised and had been completed appropriately. We saw that liquid medication was now being dispensed in pre measured pots. The deputy manager told us that this had had a positive impact on at least one person who could now stay away from the home for longer and not have to return for medication. We were told that, given the new system being implemented, staff were administering in pairs to ensure they were confident with the new procedures.

We saw that only staff who had received training in relation to the administration of medication were allowed to give it. In discussions staff were very clear about what they could and could not do.

There were detailed protocols in place to support the administration of medication taken 'as and when required'. We saw that one person had recently had a change to this medication although it had not yet been updated on the person's care plan.

We saw that controlled medication was secured appropriately and records were kept of stocks. The provider may wish to note that they did not have an audit trail of medication taken off sight and then returned unused.

We saw that medication processes were regularly audited. We saw that weekly and monthly checks took place. Representatives from the organisation also carried out routine checks. We saw the last audit completed in March 2013 had identified issues. We saw how actions had been taken for improvement.

We saw that records detailed medication required, at what time and what dose. We saw that medication was checked in by a senior staff member and people had pre printed administration records.

Staff were knowledgeable about the medication taken by the people they supported. They told us that they had received good training and felt competent to administer medication. Staff told us that the training was appropriate to their role although some said that the electronic learning was very general.

One staff member told us how they had recently been signed off as competent to administer medication within the home. They said they had been observed administering before being signed off as competent by the manager.

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We saw that staff had a good rapport with the people who received a service. Staff were knowledgeable about people's needs and how to offer effective support.

We spoke with staff on duty at the time of the inspection. They all spoke positively about their roles and said that they currently felt well supported. Staff acknowledged that formal supervisions had not been taking place regularly. However they were confident that this process was starting again. They told us that the deputy manager was very approachable and that they would be confident to go to them with any worries or concerns. The deputy manager told us how they were developing team work and had an open door policy.

The rota showed that managers were now available on shift at weekends making them more accessible to the team. Seniors had also been identified and worked flexibly to ensure support for the team at all times. Staff told us that they were happy with their new shift patterns as they got regular time off.

We were told that staff had been delegated areas of responsibility within the team. One staff member told us how this enabled people to feel part of the team and also to develop and share knowledge and information.

We saw minutes of the latest team meeting where staff had got together to discuss the service, the people they supported and staff training and development.

Staff told us that they were now being offered more training opportunities and they welcomed this. We saw a training plan on the wall that covered mandatory training for staff to attend. The chart identified when training was due to be updated. Due to an administrative issue we could not see staff training certificates on site. Staff confirmed that they had undertaken the majority of the training required of them. This information reflected what we saw on the wall. Not all staff spoke positively about the electronic learning courses. Some preferred a more "hands on" training method. The deputy manager told us how they supplemented on line courses with practical training sessions to meet this need.

One staff member had not received formal training on how to support behaviours that challenged. They told us that they would feel more confident if they had been given

guidance and support.

Two staff members told us about their induction. They said that they had felt well supported by the organisation during this time. There was no formal record to reflect staff induction and this had been identified by the organisation as a need. The deputy manager told us that a new process would be implemented in time to support the new staff identified to join the team.

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 and treatment safely and to an appropriate standard.

Reasons for our judgement

Since the time of our last inspection the service has recruited new staff and this had had a positive impact on the service provided.

Staff told us that the home was now fully staffed. In addition, the deputy manager told us that they were over recruiting and this would give them staff to call upon during annual leave and sickness. Staff told us that they no longer used agency staff.

Staff said that as a result of having a full staff compliment, opportunities for people who received a service had improved. People had more opportunities to go out because staff were all able to offer appropriate support. One staff member told us that this situation was currently improving as new staff got to know the people they supported.

Staff are currently supported by a manager and a deputy manager. The deputy manager regularly worked alongside staff. This enabled the team to offer flexible support.

We saw a computer system that monitored staff time keeping, sickness and annual leave. The system produced records of trends and themes that enabled managers to monitor staff and offer support if and when required.

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 an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who received a service had the support of an independent advocate on a regular basis. Some people also had very good family support. People told us that staff asked them if they were happy. People were supported by key workers who spoke up on behalf of the person they supported.

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 this process was now much more robust. Incidents were seen by managers and sent to health and safety representatives within the organisation. Recording systems were seen to have been improved and better monitoring now took place. We saw how representatives from the organisation visited and reviewed systems and processes such as medication. The organisation had identified shortfalls in the service provided at Gracelands and taken action to address them.

We saw new processes in place for reviewing health and safety arrangements within the home. Records showed that regular checks took place in relation to fire safety, food safety and environmental issues. Senior staff had been given responsibility for carrying out routine checks to ensure the safety of the home.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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