Sanders Senior Living Limited

Graysford Hall

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

About the service
Graysford Hall is a residential care home providing personal and nursing care to up to 72 people in a purpose built building. At the time of inspection 16 people were using the service. The accommodation is over three floors, with communal dining and social areas on each floor and an accessible garden.

People's experience of using this service and what we found
People were cared for safely. Risk assessments were in place and reviewed regularly and as people's needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were consistently enough staff to meet people's care needs. People were supported with their medicines and good infection control practices were in place.

People's care records contained clear and comprehensive information covering all aspects of their care and support needs. Staff knew people well and had a good understanding of people's wishes and individual preferences. People's personal histories, preferences and dislikes, diversity needs such as cultural or religious needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to promptly access health care services when needed.

People received support from reliable, compassionate staff. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and had positive relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

People received personalised care which was responsive to their needs. People and their relatives knew how to make a complaint, and felt they could raise any issues with the registered manager.

The registered manager was proactive in their approach to ensuring people received high quality care. Robust quality assurance and monitoring of the service were being embedded in practice. The management team were committed to ensuring care standards were maintained as more people moved to live in the service. The management team were aware of their legal responsibilities and worked in an open and transparent way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection
This service was registered with us on 21 October 2019 and this is the first inspection.

Why we inspected
This was a planned inspection in this newly registered service.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Graysford Hall

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team
The inspection was undertaken by an inspector and an assistant inspector.

Service and service type
Graysford Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in place and their registration with the Care Quality Commission was confirmed the day following the inspection visit. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. We telephoned the registered manager ten minutes before entering the building to discuss any specific risk factors associated with COVID-19.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the regional director, registered manager, deputy manager, care team leader, well-being lead, head housekeeper, maintenance person, chef and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including health and safety documentation, some quality assurance audits and staff supervision and appraisal records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at documents including meeting minutes, policies and procedures and further quality assurance audits.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
- People were cared for safely and felt safe living in the service. This was confirmed in feedback from people and their relatives. One person said, "Put it like this, I'd rather be looked after here than anywhere else."
- Staff received training to recognise abuse and protect people from the risk of abuse. Information about how to report any concerns was on display for staff to refer to. Safeguarding was regularly discussed in team meetings.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly or as their needs changed. We saw that risk support plans were comprehensive and covered a range of known risks such as falls, skin integrity and eating/drinking. Care and risk support plans provided guidance to staff on how to provide care that reduced known risks.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain independence as far as possible. People used a range of equipment to help keep them safe. For example, pendant call bells when they were mobile along with call bells in their rooms and sensor mats if needed. This meant people had a means of summoning support if they needed it. The registered manager completed daily spot checks to ensure call bells were responded to promptly.
- Hospital grab sheets were available on people's care records which ensured up to date essential information could be shared in the event people were admitted to hospital.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. For example, references with previous employers, and checks on staff identity and if they had any previous criminal convictions.
- There were enough staff on site to provide safe care to people. A dependency tool was used to calculate how many staff were needed according to the level of care and support they required.
- Some people and staff were apprehensive about the impact of more people moving into the service, and whether there would be enough staff to maintain the current levels of care. The registered manager confirmed plans were in place to increase staffing numbers in line with people's care needs, as more people lived in the service.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff who were trained to do so.

Clear protocols were in place for medicine which was administered 'as and when needed' to ensure it was given appropriately.
● Systems were followed for ordering, receiving and storing medicines. An electronic medication system was used which reduced the risk of errors due to the cross checks and safeguards in place. The registered manager regularly monitored records electronically to identify any arising issues promptly.
● People were supported to receive medicines in the way they preferred which meant their independence was promoted. For example, one person's care plan stated, "[Person's name] likes to take medication before they get into bed. Likes to take one tablet at a time with a glass of water."

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Lessons were learned when things went wrong or an area for improvement was identified. These were recorded in a specific 'Lessons Learned' document and shared with staff. For example, an improvement to infection control processes was identified and implemented if staff came into the building on their day off to take a weekly COVID-19 test.
● Processes were in place for accidents and incidents to be recorded by staff so appropriate follow up action could be taken. Monthly analyses of falls, accidents and incidents took place. This meant the management team could identify if there were any themes and trends emerging, and take action to reduce the risk of the same thing happening again.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were detailed, person centred and up to date. There was evidence of regular reviews including when people's needs changed.
- Care plans showed all aspects of a person's needs were considered. Further detail about people's diversity characteristics including religious and cultural needs would be beneficial. The registered manager planned to enhance this area of care planning to fully support people with all aspects of their identities.
- An assessment of people's needs was completed before they went to live at the service. Staff used a range of evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing experienced staff members.

- Staff received ongoing training for their roles. The registered manager had arranged face to face training in some areas, for example, dementia, to take place as lockdown restrictions eased.
- Staff meetings took place regularly. Staff received supervision with a senior member of staff, and annual appraisals. These provided opportunities for staff to reflect on their working practices and discuss training and support needs.

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

- People were supported with their nutritional and hydration needs. Effective monitoring of food and fluid intake was carried out when required. When a query was identified on the inspection visit regarding the food given to a person who ate a texture modified diet, the registered manager followed up immediately with the SALT (speech and language team) to clarify their advice.
- Kitchen staff were knowledgeable about people's dietary preferences and requirements, and these were catered for. We observed the dining experience at lunch time to be relaxed and enjoyable for people.
- Daily menus were available in the dining area, which included realistic pictures as well as descriptions of each dish. This supported people make informed choices.
- The chef joined resident meetings and spoke regularly with people to hear their views. One person told us, "We had a meeting last Friday with the chef and staff and put our wishes to them, they have taken it all on board and delivered. We had sticky toffee pudding today and it was delicious!"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff told us, and records showed, they worked in partnership with health and social care professionals to

maintain people's health. This included GPs, district nurses, dieticians and social workers. One person told us, "They are looking into who sorts out my back. They are quick to seek medical professionals."
● A weekly 'ward round' was undertaken by telephone with the GP to ensure any arising health issues were discussed and followed up.
● Staff members took on designated 'champion' roles within the service. For example, there were different champions for infection prevention and control, nutrition, medication and falls. This supported staff develop areas of expertise to support the staff team remain up to date and deliver best practice.

Adapting service, design, decoration to meet people's needs
● There were plans for enhancements to be made, particularly on the first floor, to become more suited for people living with dementia. For example, signage to assist with orientation, décor to support people's sensory needs and assistive technology. A dementia specialist was involved to support this process.
● People were supported to personalise their rooms with furniture and other belongings. People had access to various communal areas which included dining and lounge areas, a cinema room, library and hair salon.
● Communal areas, as well as bedrooms, were decorated stylishly and to a high standard. Communal lounge and dining areas were welcoming and well used by people.
● Maintenance issues were addressed promptly. One person said, "I am amazed by maintenance staff, when I got here there was something wrong with my shower, it was dripping, within ten minutes it was fixed. My friend had a problem with their television, it was put right straight away. You never wait weeks to get anything done, it's wonderful."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.
● The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people's relatives or representatives when required. The provider had already identified some further work was needed on MCA documentation to make it more decision specific, and this was going to be done.
● The registered manager had made DoLS applications to the local authority when it was in people's best interests to ensure their safety and we saw any conditions attached to these were met.
● When people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
● Staff received appropriate training and were aware of the principles of the MCA to support people make choices.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and staff told us that people were cared for well. One person said, "Staff are lovely, always there to say, 'good morning', always cheerful and happy to do what you want." Another person told us they had been upset recently, "It was to do with money, they came and comforted me. They held my hand in the night, you can talk to them about anything."
- Although some feedback confirmed there had been an impact at management level due to several changes of manager since the service opened, we did not find this had impacted upon the care people received from staff. One relative told us, "The quality and standard of care from the team leaders and carers has been consistently excellent. I cannot fault the care and effort they have put into caring for my [relative]."
- Staff were knowledgeable about the people they cared for and valued people as individuals. They spoke about people warmly and respectfully. Staff were observed to be compassionate and caring in their interactions.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and told us they were encouraged to express their views. Throughout the inspection visit we saw people's opinions being sought on their daily routines and their views were respected.
- Care plans set out how people preferred to receive their care and their regular routines. For example, one plan stated, "Staff to respect [person's name] wish when they request to stay in their pyjamas and in their room."

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy and dignity was respected at all times. Staff understood the importance of respecting people's privacy. One person told us, "They always knock before the come in."
- People's independence was promoted and people told us staff supported them in this area. One person said, "Staff promote that (my independence). If I want a drink, I can phone them. I haven't use this (call bell pendant) yet, thank goodness, so I can phone them." Another said, "Yes, (my independence is) absolutely maintained. I can do everything for myself so I am very lucky in that respect."
- Systems were in place to protect people's confidential information.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People had personalised care plans in place which included information about their personal needs, choices and preferences. These were reviewed regularly, and updated if people's needs changed.

● Staff had built positive, professional relationships with people and knew them well. This meant that people received care that was tailored to their needs and wishes. One person said, "They make a point of getting to know you, it's quite nice." Another said, "Yes, they know me. I hope they know I appreciate what they do." Another person told us, "Sometimes they will come in in the evening, sit and have a chat or whatever, they actually want to hear how you are and how you feel."

● Staff told us that communication and handovers were effective and spoke positively about good team work. These all contributed to people receiving high quality, personalised care that met their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People using the service had a range of communication abilities and needs. Care plans included information about people's individual communication needs and preferences.

● The registered manager understood the Accessible Information Standard. Information and documents could be made available in accessible formats to people using and visiting the service.

● We saw staff communicate warmly with people throughout the inspection visit. Daily notes reflected people's communication including when they primarily communicated non-verbally. For example, one entry stated, "had a magical moment, when I put George Formby CD on and I started dancing and [person's name] started laughing."

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

● People were involved in choosing a range of activities and supported by a full time Wellbeing Lead. We saw people enjoyed the activities and could participate in as much or as little as they wanted. One relative told us, "[Wellbeing Lead] is really excellent, really puts their heart and soul into it, is top class and an asset to the home." Everyone received a copy of the weekly activities calendar which encouraged people to become involved.

● People's religious needs were supported in a variety of ways. A weekly virtual church service took place in the cinema room to support people whilst lockdown restrictions were in place. People of other faiths were

supported individually. For example, YouTube was used to ensure one person could view religious services of their faith, and another person was supported to make special foods on a celebratory day in their religious calendar.

● When people were at higher risk of social isolation, either due to preferring to spend more time in their room or having dementia, they were visited regularly by staff and offered one to one time. People had discreet stickers outside their room of a forget-me-not flower and/or a butterfly. These served as prompts to staff and reduced the risk of people becoming isolated.

● All staff participated in a daily 'Down Tools' when everyone stopped their tasks and spent some one to one time with people. This gave all staff a chance to get to know people and vice versa, and we received positive feedback about it.

Improving care quality in response to complaints or concerns

● Although no formal complaints had been received in the last 12 months, a policy was in place to ensure complaints were responded to in an appropriate and timely way.

● The registered manager had introduced a, 'Niggles Log' to record and resolve any arising issues or concerns to ensure these were addressed at an early stage before they escalated. We saw several 'niggles' from people living in the service had been raised, addressed and resolved since this was introduced.

● People told us they would have no hesitation in speaking to the manager if they were unhappy about anything. One person told us, "I wouldn't be shy on that point. I think they are great." Feedback confirmed people and relatives were confident any issues would be dealt with.

End of life care and support

● End of life care planning was included in people's care records. The registered manager planned to develop this aspect of care planning further to support people and their loved ones discuss their views and preferences if they wished to. Documentation was in place where DNACPR (Do No Attempt Cardiopulmonary Resuscitation) decisions had been made.

● The registered manager planned to arrange additional specialist training for staff in this area of care as lockdown restrictions eased. There was no-one receiving end of life care at the time of inspection.

● Support was also offered to people whose loved ones passed away. The registered manager told us they had supported a person join a family member's funeral online during lockdown when attending in person was not possible.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● Since the service registered with CQC there had been several changes of manager. Feedback confirmed this led to some instability for people living in the service, relatives and staff. The current registered manager had been in post for four months. Their presence and management style was highly regarded by everyone we spoke to. The registered manager was passionate about people living in the service receiving high quality care.

● Staff we spoke to enjoyed working at the service, found their roles rewarding and they placed people living there at the centre of everything they did. One staff member told us, "I just love it here."

● People, relatives and staff knew who the registered manager and management team were and spoke very positively about them. One staff member said, "[Registered manager] is one of the best managers I've ever had. They are always really kind, if they need to tell us to do something they do, their door is always open, they are approachable and they are always out on the floor." Another said, "[Registered manager] is amazing. Very kind, fair, gives everyone a chance, a good leader and leads by example. " A relative said, "[Registered manager] is first class. Everything is more relaxed and more organised."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. There were robust systems in place to ensure compliance with the duty of candour.

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

● There were effective systems in place to monitor the quality and standards of the service. This included a daily walk around by the registered manager and a range of weekly and monthly quality assurance audits. Since the registered manager had been in post audit systems had become embedded and strengthened. Regional management staff also undertook compliance checks.

● The registered manager had effective oversight of all aspects of the service. They had developed robust communication systems which included daily meetings with senior staff and good practice in record keeping. These were supported by use of the electronic systems used by all staff, for example, handheld devices to update care records throughout the day. These systems would assist the registered manager maintain full oversight when occupancy increased.

●Policies were in place which were reviewed regularly. New policies or changes to existing policies were effectively communicated to staff.
● The registered manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were fully involved with their care and made significant decisions, with the support of staff and other professionals where required.
● People and staff were encouraged to contribute their views on an ongoing basis informally and through regular meetings.
● Due to the ongoing pandemic restrictions, relative meetings had not been taking place in person but their views and feedback was sought individually in person or by telephone. There were plans in place to send feedback surveys and virtual relative meetings were being looked into as an option.
● The registered manager and staff worked in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.