

Griffin Care Homes Limited

Griffin House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Griffin House Care Home provides accommodation for up to 26 people who need help with their personal care. At the time of the inspection 21 people lived in the home.

People's experience of using this service

At the last three inspections, people's capacity to consent to specific decisions in relation to their care were not assessed in accordance with the Mental Capacity Act 2005 (MCA). At this inspection, not enough improvement had been made and the service remained in breach of Regulation 11 (Need for Consent). This has impacted on the ratings given to the service in respect of the domains of 'Effective' and 'Well-led'.

Since the last inspection, service delivery in all other areas of people's care had continued to improve. People's needs were properly assessed, met and monitored. Medicines and infection control standards were managed safely, and the premises was well-maintained. The culture of the service was also open, transparent, and homely.

The range of, and access to activities to mitigate the risk of people living in the home becoming socially isolated had also improved, and we observed that staff had the time to engage with and enjoy a range of activities with people living in the home.

Staff were kind, caring and compassionate in all of their interactions with people. Staff were warm, patient and person centred. It was obvious staff knew people well and that people living in the home were relaxed, comfortable and felt safe with the staff team.

There were enough staff on duty to meet people's physical and emotional needs and new staff working in the home had been subject to a robust recruitment process to ensure they were safe to do so.

Where people needed help from other health and social care professionals, referrals had been made in a timely manner. Any professional advice given had also been followed to support good outcomes for people.

The manager and deputy manager led by example and were visible role models within the service. Staff members told us they felt supported, and we saw that staff training, supervisions and appraisals had been completed regularly to keep the staff team motivated and informed.

There were effective systems in place to monitor and mitigate people's risks and there were a series of audits in place to check and monitor the quality and safety of the service. We saw that where actions were identified, these had been actioned to ensure improvements were made.

There were systems in place to gain feedback from people living in the home and their families, including surveys and residents and relatives' meetings. People and their relatives told us that the manager was

always around and available for a chat if needed.

People living in the home and their relatives were very positive about the service and the care they, or their loved ones received. No-one had any complaints, and everyone felt that people received good quality care that achieved good outcomes for people both in term of their physical health and mental wellbeing.

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2021). The service remains rated requires improvement and has been rated requires improvement for the last two inspections.

At this inspection, the service was rated requires improvement again because further work was required with regards to achieving compliance with Regulation 11 (Need for Consent).

Why we inspected

This was a planned inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Griffin House Care Home on our website at www.cqc.org.uk

Enforcement

At this inspection we found evidence that the provider still needed to make improvements in respect of Regulation 11 (Need for Consent). You can see what action we have asked the provider to take at the end of the full report.

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

Full information about CQC's regulatory response to the concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to ensure that people's legal right to consent to their care is sought accordance with the Mental Capacity Act (Regulation 11 Need for Consent). We will work alongside the provider and local authority to monitor progress. We will 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

Details are in our Safe findings below.

Good 

Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

Requires Improvement 

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement 

Griffin House Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Griffin House Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We liaised with the Local Authority to gain information on the service. We used this information to plan our inspection.

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.

During the inspection

We spoke with the manager, the deputy manager and two care assistants. We also gained feedback from four people living in the home and five relatives. We reviewed a range of records. This included three people's care records, a sample of medication records, four staff files and records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated requires improvement. At this inspection, this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last three inspections, the provider had not ensured medicines were managed safely. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Some people had 'as and when' required medicines such as painkillers or inhalers. Staff lacked guidance around how and when to use some of these medicines. We spoke with the manager and deputy manager about this, and swift action was taken to ensure this was addressed without delay.
- People were given their medicines safely and as prescribed to maintain their health and wellbeing.
- Medicines were stored safely and there were systems in place to ensure that the stock of medicines in the home, matched what had been administered.
- The system in place to enable medicines to be identified before they were given, was now accurate, which meant staff were safely able to identify each medicine prior to administration.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The majority of people's needs, and risk were assessed, and staff had sufficient guidance on how to keep people safe. Information about one person's medical needs required improvement and we spoke with the manager about this who told us they would review this without delay.
- Records showed that people received the support they needed.
- Where people needed help from other health and social care professionals such as the dietician, or the falls team, referrals had been made in a timely manner. One relative told us, "Whilst they [the person] can get around quite safely during the day, they do have falls when they get up during the night. The service are getting the Falls team in to do an assessment".
- The premises was safe and adequately maintained and there were systems and checks in place to mitigate the risk of fire or other environmental hazards.

Staffing and recruitment

- On the day we visited, there were enough staff on duty to meet people's needs. We saw that staff had time to not just help people with personal care but to also sit and chat with them or join in the activities. People and the relatives we spoke with confirmed this. One person told us, "I think there's enough staff, nothing gets forgotten, even having cream applied to my foot twice a day".

- We saw that there was a system in place to ensure staffing levels were safe and appropriate at all times.
- Staff files held evidence of the required pre-employment checks needed to ensure that staff employed were safe and suitable to work with vulnerable people. For example, new staff had a criminal conviction check carried out and their personal identify checked prior to employment.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- 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 using PPE effectively and safely.

Visiting in care homes

- The processes in place to enable visitors to safely enter the home were in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to identify and respond to signs of potential abuse. Staff spoken with knew what action to take if they were concerned about a person's welfare.
- People and the relatives we spoke with, told us they felt, or their loved ones felt safe living in the home. Their comments included, "It's lovely here, I'm very, very lucky, the staff are so helpful", and "We're very happy with the care, the staff are brilliant".

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.

At the inspection this key question was rated requires improvement. At this inspection, this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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).

At the last inspection, people's legal right to consent to their care was not always protected in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we checked again to see whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were not.

Not enough improvement had been made since the last inspection and the service remained in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection, although mental capacity assessments had been completed for some decisions, the way in which people's capacity had been assessed did not comply with the principles of the MCA or the MCA code of practice.
- We saw that people's capacity to make a range of different decisions about their care had been assessed at the same time, on the same day. Conducting multiple capacity assessments on the same day at the same time is not good practice. It would have been a confusing and tiring process for people living with dementia or other mental health conditions to participate in, which may in turn may have impacted on their ability and motivation to respond.
- Some people had 'do not resuscitate' records or deprivation of liberty safeguards in place with no evidence that the person had the capacity to consent to this, or evidence that it was in their best interests.
- We spoke with the manager and deputy manager about the improvements they needed to make with

regards to the implementation of the MCA as we had concerns that this important legislation was still not properly understood.

People's legal right to consent to their care was still not properly protected in accordance with the Mental Capacity Act 2005. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People's needs, risks and choices were assessed, and care plans and risks assessments were in place to help staff provide effective care.
- Systems were in place to ensure people's wishes and preferences were respected in their day to day care.

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

- People received enough to eat and drink, with snacks such as fresh fruit and drinks available throughout the day.
- Some people needed help at mealtimes and this support was provided patiently and in a caring and compassionate way. Staff were knowledgeable about people's dietary needs and preferences.
- Professional nutritional advice had been sought appropriately from the community dietician when needed.
- People and their relatives told us the quality and choice of food and drink was good. Comments included, "The meals are very good, I had poached egg for breakfast, and I always like what is on at lunchtime"; "I'm well fed and have put weight on, the chef is brilliant" and "I've tasted the fish and chips and they are very good."

Staff support: induction, training, skills and experience

- People and their relatives told us the staff team had the skills and knowledge to support them. Their comments included, "The care is fantastic, [name of person] has changed for the better since being at Griffin House" and "The care is excellent, I can't say enough good things about it".
- Records showed that staff received appropriate induction, training and supervision to do their job role.

Adapting service, design, decoration to meet people's needs

- The home was clean and adapted to meet people's needs. It had a good sized lounge area for people to sit together and a pleasant dining room overlooking the garden for people to enjoy their meals in.
- People's bedrooms were personalised with the things that were important to them.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

- People were treated as individuals, with care plans clearly outlining their needs, wishes and preferences for staff to be aware of.
- Staff spoken with knew people well and knew how they liked to be cared for. People and the relatives we spoke with confirmed this. One person told us, "It's very good from top to bottom. The staff are helpful and have time for some banter, they know me well".
- During our visit, staff were kind, caring and patient with people. It was clear that they genuinely cared for the people they supported. Staff took time to chat to people or engage with them in an activity that they liked and there was a homely, relaxed atmosphere throughout the home.
- Feedback from people and their relatives about the staff team was very positive. Their comments included, "It's lovely here, I'm very, very lucky, the staff are so helpful", "The staff are supportive and they [the person] are very happy with the staff" and "We're very happy with the care, the staff are brilliant".

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and dignity was respected and we saw that staff were compassionate and discreet when supporting people with their personal care needs.
- People's independence was supported. People's care plans identified what the person could do independently and what they needed help with, to ensure people were supported to maintain these skills for as long as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection, the relatives we spoke with felt that activities on offer within the home needed to be improved. At this inspection, the access and choice of activities on offer had improved and activities were an integral part of the day.
- There was an activities board in place that was updated daily and details of up and coming activities were advertised in the home's newsletter for people living in the home to be aware of. We saw that future activities included, a pamper day, baking and a talent show for people to join in with. The manager also told us that they had organised for 'Pet therapy' days to take place.
- During our visit we observed staff enjoying a game of dominoes with people, giant skittles and chair exercises, which were really enjoyed by people living in the home.
- People and their relatives told us the activities on offer were now good. One person told us, "There's plenty to do, bingo, skittles, board games and there's a library in the conservatory. We've also recently had a karaoke machine, that's been fun!"

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's communication needs were identified and explained in their care plans for staff to be aware of. Guidance on how to support those needs was clearly described.
- There was clear, legible signage throughout the home to help people navigate around the building.
- There was noticeboard in the communal corridor, with photos of the staff team to enable staff and visitors to easily identify them.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People's care was personalised to their needs, and we observed staff providing support in a person centred way during our visit.
- People's needs and risk were regularly reviewed to ensure their support continued to meet their needs and preferences.

End of life care and support

- No-one living at the home was in need of end of life care at the time of our visit.
- Staff had received training on how to provide good end of life care in the event that this support was needed.

Improving care quality in response to complaints or concerns

- There was a system in place to identify and respond to complaints.
- Records showed that any complaints received were properly investigated and responded to by the manager.
- No-one we spoke with during our visit had any complaints. Everyone was very happy with the care they or their loved one received.

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

At the last inspection this key question was rated requires improvement. At this inspection, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection, the systems in place to ensure good quality and safe care were not operated effectively in all areas of service delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- At the last three inspections, people's capacity to consent to specific decisions about their care had not been assessed in accordance with the Mental Capacity Act 2005 (MCA). At this inspection, people's capacity to consent was still not being obtained in accordance with this legislation. This has meant that the ratings for domains of 'Effective' and 'Well-Led' could not be changed, and have remained as requires improvement.
- During the inspection, we saw the service had continued to improve in all other areas of service delivery. Improvements had been made with care planning, medicines, activities, infection control, premises management and governance. There were also effective systems and checks in place to ensure standards were being maintained.
- The management team led by example. They were visible in the service, providing support to staff and people living in the home.
- Staff told us they felt supported and were confident in their ability to report or act on any concerns they had with the manager.

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; Continuous learning and improving care

- The manager and deputy manager were open and transparent, and it was easy to access information about the service and people's care.
- There were systems in place to learn from accidents and incidents and other actions for improvement were discussed and actioned at staff meetings for all staff to be aware of.

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

- Information about people's needs and care was person centred and we saw that staff worked hard to

provide person centred care that achieved good outcomes for people.

- We observed that the manager and deputy manager promoted a calm, positive culture and that staff were caring and attentive to people's needs, providing both appropriate physical and emotional support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager and deputy manager fostered positive relationships with people living in the home and their families to keep them informed of people's progress and to seek feedback on the service. People's relatives confirmed this. Their comments included, "A GP is called when needed and the family is kept up to date. Another family member gets email updates. We had a care plan review a few weeks ago", and "If anything is wrong or needed then we get a call, nothing is left or ignored".
- Relatives told us they were always made to feel welcome when visiting and said the manager was open and approachable. Their comments included, "Staff are courteous and offer us tea or coffee when we visit"; "I see the manager during the week and sometimes at weekends, always good for a chat" and "We went to a relatives' meeting a little while ago and we get newsletters. We see the manager when we visit, she's nice and approachable".
- People living in the home and their relatives had the opportunity to attend resident and relatives' meetings to discuss the running of the home and any suggestions for improvement. One relative told us, "We had a survey just before Christmas and we've been to the relatives' meetings. The manager is brilliant".
- Staff worked in partnership with other health and social care professionals to achieve good outcomes for people. People and the relatives we spoke confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's legal right to consent to their care was still not properly protected in accordance with the Mental Capacity Act 2005.