

# Crosscrown Limited

# Granville House

## Inspection report

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Rugby  
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Tel: 01788568873

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Granville House is a residential home providing accommodation and personal care to 11 people aged 65 and over at the time of the inspection. Some of these people were living with dementia or a cognitive impairment. The service can support up to 23 people.

### People's experience of using this service and what we found

Systems of audit and checks required further improvement to demonstrate clearly what actions had been identified, had been taken. Medicines audits and care plan auditing needed to be more in depth and better managed as they had not identified the issues we found during our inspection. Environmental risk management was improved since our last inspection however further improvements were still required. For example, some window restrictors needed to comply with health and safety guidance and ensuring broken glass or a potentially unsafe door were made safe. Fire safety improvements were being addressed but better systems would clearly show, what work was still required. Following our visit, the registered manager confirmed actions had addressed these issues. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. However, we found some of the tools to monitor risk were not always used effectively, or clearly recorded and had not been picked up through their own audits.

Some of these issues remained from the previous inspection, so the regulation 17 breach remained.

There were enough staff on duty to meet people's needs and to respond to people's requests for assistance. During the COVID-19 pandemic and impact on staff's availability, agency staff were called upon to help support permanent staff to meet people's needs.

Staff received training so that people's care and support needs were met by staff who knew how to support them. However, some refresher training was required to ensure staff continued to meet people's needs.

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 did not support this practice. Capacity assessment and best interest decisions required further clarity to demonstrate how the assessment processes had been followed.

Staff understood their responsibility to safeguard people from harm and report any concerns they had to the management team.

People's changing needs were responded to promptly by staff and other healthcare professionals were contacted when needed. People were treated with respect by staff. Where complaints had been made the provider had investigated and responded.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 April 2020).

#### Why we inspected

The inspection was prompted in part due follow up concerns from the previous rated inspection in April 2020. We were also notified that the home had a recent outbreak of coronavirus. As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. We looked at the IPC practices the provider has in place.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No immediate areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Enforcement

We have found evidence that the provider had a breach of Regulation 17 Good governance. Please see the safe and well led sections of this full report and the action we asked the provider to take. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Granville House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will work alongside the provider and local authority to monitor progress.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Details are in our well led findings below.

# Granville House

## 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 could 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 carried out by three inspectors who visited Granville House on the 21 January 2021. Off site, three additional inspectors undertook telephone calls to staff and relatives on 22, 25 and 27 January 2021.

#### Service and service type

Granville House 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 registered manager. This means the registered manager 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

We gave short notice of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and health professionals who work with the service and used any information the provider had sent us from

their annual Provider Information Return. 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 used all this information to plan our inspection.

#### During the inspection

Because people were self-isolating, we were unable to speak with people living at the home. Post our visit, we spoke with seven relatives about their experience of the care provided to their family member. We spoke with six members of care staff and a cook, the registered manager and two quality assurance managers.

We reviewed a range of records. This included three people's care records and examples of medication records. We also looked at three staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, environmental risks and infection control.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# 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 as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe to provide assurance about safety. There was an increased risk that people could be harmed because risk management was not always effective.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment). At this inspection improvements had been made and the provider was no longer in breach of regulation 12, but further requirements were still required.

- Where risks had been identified, risk management plans were accessible to staff. For example, there were risk management plans for people with diabetes which contained guidance to alert staff to the signs of any changes in blood sugar levels and what action to take in such circumstances.
- Some people had urinary catheters in place. Their catheter care plans contained information about the management of the catheter. Staff told us they had received catheter care training from district nurses and understood the importance of monitoring the person for early signs of infection, to help prevent ill health.
- Where people were at risk of malnutrition, they had been referred to a dietician for advice and support. Staff understood the need to monitor the person's food and fluid intake at times they were not eating well.
- However, staff's knowledge of what, how and when to record daily checks was inconsistent. We saw some of the tools to monitor risk were not always used effectively. We asked staff about people's ideal fluid 'target' intake. One staff member said, "There is not one." The staff member did not understand what was meant by 'target'.
- Sharing these concerns with the registered manager, they implemented a process on the day of our inspection visit to improve this.
- At our last inspection we found risks within the environment which the provider had not identified. At this inspection we found improvements had been made but further improvements were still required. For example, some window restrictors were not the correct type. Following our visit, the registered manager confirmed they had been replaced.
- Fire safety improvements had been identified and work had been completed, but it was not clear from conversations with management, what work remained outstanding. Following our visit, the quality assurance manager confirmed it was one fire door to a storage cupboard which was planned to be fitted at the time of this report.
- Each person had a personal emergency evacuation plan (PEEP) which reflected the support they would need to evacuate the premises.

### Using medicines safely

At our last inspection the provider had failed to protect people from the risks associated with the unsafe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. (Safe Care and Treatment). At this inspection improvements had been made and the provider was no longer in breach of regulation 12, but further requirements were still required.

- Improvements had been made to manage controlled medicines. Controlled medicines now had stricter controls and were being managed in accordance with national clinical guidelines.
- At our last inspection medicines were not accurately accounted for. At this inspection we found medicine records reflected the true amount of medicines that were in stock for each person. However, some of the processes to support safe medicines practice still needed to be improved.
- For example, handwritten amendments to Medicine Administration Records (MARs) were not always signed by the member of staff making them and/or countersigned by a second member of staff to confirm their accuracy.
- Where a medicine had been recorded on the MAR as not been given, staff had not always recorded the reasons.
- Care staff needed to follow prescribing instructions. For example, one person's medicine indicated indigestion medicines should not be taken for two hours after the medicine had been given. We found another indigestion medicine was given within this time frame, meaning staff did not always follow prescribing instructions.

#### Preventing and controlling infection

- We were assured the provider was meeting shielding and social distancing rules. One person was self-isolating at the time of our visit.
- We were assured the provider was using PPE effectively and safely. We saw staff wore PPE correctly.
- We were assured the provider was preventing visitors from catching and spreading infections. Visitors were not allowed during the pandemic, however if a person was at end of life, safe visiting was allowed. Upon our arrival, the registered manager took our temperatures and asked a series of health-related questions.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Staffing and recruitment

- There were enough staff on the day of our visit to provide safe care. External pressures caused by the COVID-19 pandemic, meant there had been a reliance on agency staff.
- Staff rotas ensured agency staff always worked alongside a permanent staff member. One staff member told us, "We did have to use agency staff but there were always at least two Granville members of staff on, so agency staff were never running the home."

#### Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of abuse and how to keep people safe. They knew what action they needed to take if they had any suspicions or concerns people were at risk of harm or discrimination.
- The registered manager was clear what needed to be reported to us and the importance of keeping people safe and protected.

#### Learning lessons when things go wrong

- The registered manager knew what to do to investigate any issues and to learn from them. For example, falls and incident analysis was completed. The registered manager said they reviewed this information to see what could be done to prevent further reoccurrence if a poor outcome

was found.

# 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 last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider failed to ensure care was provided with the consent of the relevant person. This was a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 11.

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.

- Care plans focussed on people being encouraged to make their own decisions on a day to day basis. Staff assumed people had capacity to make their own decisions and understood the importance of obtaining people's consent.
- Where the provider had reason to question a person's capacity to understand information related to their care and support, their care plans included a mental capacity assessment.
- However, we found the capacity assessments would benefit from more detail about the information which had formed the assessment. From speaking with staff, this would give them the information and confidence they need to help support people's decisions.
- The registered manager had identified those people who lacked capacity to make decisions about aspects of their care. They had submitted applications to the local authority as part of the DoLS authorisation process.
- The registered manager had considered whether people needed advocacy support to assist them with their decision making.

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

- People were able to access health professionals and medical treatment when needed. GP's were involved in reviewing people's medical conditions. The registered manager worked with the trusted assessors to ensure any admissions from hospital, could be supported safely.
- In accordance with the guidance set out in the CQC "Smiling Matters" document of June 2019, there were oral health care plans which detailed what support people required to maintain their oral health.

Staff support: induction, training, skills and experience

- Relatives told us staff were trained and knowledgeable to meet their family member's needs.
- The provider's records showed staff training was refreshed. Further training was being arranged to upskill staff.
- Staff told us they were trained to meet people's physical, health and emotional needs.

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

- Relatives said their family had no concerns about the food. Some relatives were not confident fluids were always encouraged. Staff's knowledge of a person's fluid intake and how it should be recorded, was inconsistent. Records we saw, were not always clear what had been consumed and when further support was needed. However, for those people's care we reviewed, we saw they had received dietician input to help manage their health condition.
- Meals were prepared sometimes without the knowledge about people who were diabetic. Following our visit, the registered manager ensured information was available to kitchen staff so meals could be prepared to people's specific dietary requirements.

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

- People were involved in how they could furnish and style their rooms. People had their own room and communal areas enabled people to spend time with others and family members. Because of the COVID-19 pandemic, communal seating areas were more spaced out to reduce infection risks.

# 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 as requires improvement. The provider failed to ensure their governance was effective with identifying and driving improvements. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, sufficient improvements had not been made and the provider remained in breach of regulation 17.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's systems and processes to maintain oversight of people's care were established but not always operated effectively. These included better management and oversight of people's electronic care and support plans. The improvements to records and oversight needed to be continually monitored through clear auditing to ensure improvement actions and standards were sustained.
- There was an audit system, but the systems and processes to cascade and share information were not effective. For example, a number of fire safety improvements were completed. However, there was no effective system that recorded what work was completed and what remained outstanding. Conversations with management about fire safety showed us inconsistencies.
- Other potential safety issues, such as an internal broken window and a potentially unsecure door leading to an external roof top had not been identified as a risk. Before we left, action was taken to make these safe.
- Where we identified concerns around the medicine administration records and the management of food and fluid intake, the current system of auditing had failed to identify shortfalls or record exactly what was checked. Some audits seen were a check box exercise and there were limited provider audits to ensure checks were driving improvements.
- The registered manager and staff told us about the challenges of getting to grips with an electronic care planning system. Yet, care plan audits were not thorough or identified by the provider as being essential to ensure accuracy. We told the Quality Assurance Manager that staff needed further support to gain a better understanding of people's specific care needs and how the system can be better understood.

The above examples demonstrated this is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff told us they enjoyed working at the home, however they had faced a difficult time managing through the COVID-19 pandemic.
- We also recognised the challenges the registered manager had faced through the pandemic and how this

had caused emotional stresses and challenges on top of their role.

- Staff had clear responsibilities and told us they all worked well as a team. One staff member said, "The manager has been very supportive of staff, especially when staff need to isolate."
- Relatives spoke positively about the staff and the management of the home. One relative said, "On the whole it seems to be well run." Most relatives said staff offered to keep them in touch during the pandemic, although this was not everyone's experience. Another relative shared their experiences, saying, "I've been to the door to deliver flowers and the manager / staff have a chat with me at the door and seem polite. I phone weekly and get an update. (Relative) seems satisfied with the care."
- Some relatives told us whenever 'face time' calls had been arranged with their relatives, staff were always present. Some relatives did not like this as they felt their privacy was not always respected, but understood staff had to help facilitate the call.

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 will need to demonstrate an environment of continuous learning through their own audits once they have been improved.
- The registered manager understood their legal responsibility to offer an apology when things went wrong.
- Statutory notifications had been sent to us for notifiable incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication was sought from relatives' feedback and staff. Most relatives felt involved with their family members care whilst they had been unable to visit.
- Staff training continued to be refreshed. For example, training around food, nutrition and hydration was planned. Staff training included dignity and diversity, so they had awareness of people's individual rights and choices.
- Because of recent experiences, staff had taken time to talk about their thoughts and feelings in relation to the current COVID-19 pandemic.

Working in partnership with others, Continuous learning and improving care

- The provider worked with other health and social care professionals. This further supported people to access relevant health and social care services and improved links with commissioners, trusted assessors and Infection control teams who provided support throughout the pandemic.
- The registered manager welcomed the inspection and our feedback, especially around the areas for improvement. Following our visit, the registered manager had informed us of the actions they had taken to improve those areas identified within this report.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately.</p>