

Granville Court Care Home Limited

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Inspection report

Granville Court
19 Station Street
Maryport
Cumbria
CA15 6LT

Tel: 01900818513

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11 August 2016

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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

This inspection took place on 11 August 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

We last visited this service in December 2013 where the service was non compliant in two areas. These two areas (Assessing and monitoring quality and Records) are now covered by Regulation 17 Good governance. We judged that these had been met at this inspection in August 2016 and the provider was no longer in breach of a regulation. .

Granville Court is an older property that has been adapted to provide accommodation for up to twelve older adults. The home is situated near to the centre of Maryport in a residential area close to shops and the railway station.

Accommodation is in mainly single rooms although there is one room that can be used as a double if people want to share. The first floor is reached by a stair lift.

The home is owned by a small private company. One of the partners is the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff and management of the home were fully trained in safeguarding vulnerable adults. Staff were confident that they could report any concerns appropriately. There had been no safeguarding issues in the service.

People felt safe and secure in the house and there were good risk management arrangements in place to ensure risks were minimised. Accidents and incidents were suitably managed. There had been no serious accidents in the home.

Staffing levels met the dependency needs of people in the home. The staff and people in the home told us that they felt the levels were suitable.

Recruitment was carried out correctly with all background checks in place. The provider had arrangements in place to deal with any disciplinary issues.

Medicines were being managed appropriately with suitable checks in place. Staff received training on medicines management.

Good arrangements were in place to ensure any infections were kept under control.

Staff received suitable induction, training and supervision to ensure that they were given support to develop in their role. Best practice was discussed every day as part of the normal routine of the home.

The registered manager understood her responsibilities under the Mental Capacity Act. No one had been deprived of their liberty without due consideration being taken to this legislation. People were asked for consent before any interaction with staff. Restraint was not used in the service.

People received good health care support and told us that the meals they received helped them stay well. People received nutritious meals and their weight and general health were kept under observation.

The house had undergone a major refurbishment with new flooring, redecoration, a new kitchen and new 'wet rooms'. The small garden had been landscaped and people told us they enjoyed sitting out in good weather.

People in this home were supported by a caring staff team. They were given the privacy, dignity and respected afforded to them. Staff encouraged people to be supportive of each other. We observed staff working patiently with people and explaining any interventions carefully and discretely. Independence was encouraged.

People at the end of their lives were given good levels of support so that they could stay in the home to be cared for.

We saw that there were good, on-going assessments of care and support needs.

Care plans were written in a straightforward way and staff understood what the plans contained. We saw staff carrying out the care plans appropriately.

People told us they enjoyed the activities and entertainments on offer and everyone loved the "little dog" they considered to be the home's pet.

People in the home enjoyed spending time together and no one felt isolated.

There had been no formal complaints made but there were suitable policies and procedures in place in the home.

The home had a manager who was registered with the Care Quality Commission and who had suitable levels of training, qualifications and experience to run a care home.

The home was run in an open and transparent way and both the staff and people who lived in the home understood that the home operated to benefit the people who lived there. The atmosphere was caring and supportive.

Simple quality monitoring was in place and the staff team told us that everything about the service was open and transparent.

There were audits in place of the service and suitable records in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood what might be abusive and were trained to respond to any concerns.

Staffing levels met the needs of people in the home.

Medicines were managed correctly.

Is the service effective?

Good ●

The service was effective.

Staff received suitable levels of training and supervision.

People told us they enjoyed the food in the home and no one was malnourished.

People had good levels of health care support.

Is the service caring?

Good ●

The service was caring.

People told us that the staff cared about them and that as a group of people they cared about each other.

Staff were observed treating people with dignity and respect.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were re-assessed when people's needs changed.

Care planning and delivery led to good outcomes for people in terms of psychological and physical well-being.

People told us they were happy with the activities and entertainments on offer.

Is the service well-led?

Good 

The service was well-led.

The home had a registered manager who worked in the home and who had developed a caring culture in the home.

A simple quality assurance system was in place.

Policies and procedures had been updated and were easily accessible to staff.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 August 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

We last visited this service in December 2013 where the service was in breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010

Assessing and monitoring the quality of service provision and Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010

Records. The registered manager sent us an action plan after this 2013 inspection and we judged that the breaches had been met at this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was sent back to us in a timely fashion and had been completed in depth.

We also looked at notifications of incidents that the provider must, under the legislation, inform us of. We also spoke with the local authority and representatives of the local health care providers about this service.

During the visit we met with all eleven people who lived in the home. We spoke to the nominated individual and the registered manager. Both of these people are owners of the company along with two other 'sleeping partners'. We also spoke to the cook and four care staff. We met with six visiting relatives or friends.

We reviewed six of the eleven care files in depth. These included assessments, care plans and some 'life story' work. We looked at the records of medicines managed on behalf of people.

We looked at five staff files which included recruitment, induction, training and supervision. We also asked staff about their work.

We saw other records that the provider organisation kept and these included documents relating to health and safety, food hygiene and infection control. We saw minutes of meetings, records of maintenance and improvement, surveys returned from people who were involved in the home and other documents relating to quality monitoring.

Is the service safe?

Our findings

We spoke to everyone who lived in the home on the day of inspection. People told us that they felt safe and well protected from harm. They told us that the manager recruited suitable people and that the house was kept clean and orderly.

One person said, "I need to get my medicine on time and the staff give it to me right on time." Other people told us that medication was well-managed.

People told us, "The house is always locked up. It is all secure and safe." People told us that staff were very protective and they had "no concerns whatsoever about the staff. There is nothing to worry about here."

We also spoke to the staff on duty. We learned that staff had received training in safeguarding from an external trainer. Staff were able to discuss safeguarding in-depth and understood how to report any concerns. There had been no reports of any safeguarding concerns in the service.

We walked around the home and we saw that windows and doors were secure and alarmed. The house was kept in a good state of repair and was well maintained. Any risks to people or visitors had been identified. There had been no reports of any accidents in the home.

We looked at four weeks worth of rosters and we spoke to staff and people in the home about staffing levels. People told us, "The staff are always there for us day and night. They work really hard but they manage to help us all." This was reflected in the conversations where staff told us that they managed to give people suitable levels of care. Staff told us, "The manager is here almost every day, sometimes well into the evening and is very involved. We manage very well. It can be hectic but there is enough staff."

We had evidence to show that by both day and night there was always two care staff on duty. The manager or her deputy were in the building on most days. The care staff team were supported by domestics and catering staff. We judged that the home was suitably staffed.

We looked at some of the recruitment which had taken place since our last inspection. This had been done correctly with all background checks completed. There was a small turn over of staff in the service. There had been no disciplinary issues in the home but we had evidence to show that the provider was able to manage human resources issues appropriately.

We observed staff giving people their medicines and this was done appropriately. Staff who dealt with medicines had received suitable training and had their competence checked. We look at the ordering, storage, administration and disposal of medicines and this was being done appropriately.

We walked around all areas of the building and found that the hygiene levels were very good. All areas of the building were spotlessly clean and well organised. Suitable arrangements were in place to prevent cross infection, staff had received appropriate training in infection control and discreetly put this in to practice.

Is the service effective?

Our findings

People told us that staff were, "Very good at their jobs and new staff are taught by the manager or the deputy." We also learnt that, "Someone comes in and give them training... It may be once a month. I also know that they're going to college and they go out to training." People in the home judged that, "The staff are well trained."

We saw records of training delivered and the training plan. All of the staff had received what the manager considered to be mandatory training. This covered things like safeguarding, moving and handling and health and safety. We also noted that some staff were trained in the management of medicines. Staff were given support to gain suitable qualifications and to attend external training about different subjects. We also noted that some of the care staff team had done additional qualifications in specialised subjects like end of life care or dementia awareness.

We also noted that the manager and the deputy gave the staff team regular formal supervision. The staff told us that the informal, ad hoc supervision that they received every day was just as beneficial to their learning. The manager discussed how she was going to build on staff development in the service so that staff could be encouraged to continue to be motivated and enthusiastic about the work that they undertook.

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.

The manager and the deputy had attended training on The Mental Capacity Act 2005 and they understood their responsibilities towards people who were possibly being deprived of their liberty. There had been a person in the home under a deprivation of liberty authority but this had been reviewed and was considered to be no longer necessary. The manager continued to assess people's needs and capacity. Best interest reviews were held if there was any question about deprivation of liberty.

We heard people in the service being asked about consent for day to day support and care delivery. We spoke to people who said that they were always asked for consent. One person said, "The staff don't tell us what to do, we ask them for the kind of support we need." We observed subtle interactions where staff allowed people to make their own decisions but could also subtly guide and support them. Restraint was never used in the service.

We shared a nicely cooked and well presented lunch with people in the home. We checked on the kitchen and found it to be well organised, clean and orderly. There was a wide variety of food available. People told us that they enjoyed their meals and were given plenty of choice and variety. One person told us that they were a "fussy eater" and that every day the cook made sure that there was something on the menu that they

would like. Special diets were understood by the staff. No one had any issues with malnourishment but the staff team were keeping a careful eye on weight loss and gain. The community nursing service completed nutritional assessments for the staff team and assisted in any nutritional planning.

People in the service told us that they kept well because they were given good food and the right care and attention. We learned that community nurses came in every week, or more often if necessary. One of the local GP's was undertaking full health care assessments and reviews of medication for everyone in the service. We saw in the care records that people saw other healthcare professionals. People saw the chiropodists, optician and dentist. Support was given for hearing loss, dietary needs or for specific conditions. This was sometimes at consultant level and at other times specialist nurses gave advice. Specialist support was available for people living with dementia.

Granville Court is an older property that had been adapted to provide care for up to twelve people. The providers had owned the property for some eight years and had renovated the building to good effect. In the last three years they had landscaped the small garden, dealt with all the structural issues found in older properties and had made considerable changes inside the house. They had replaced the flooring throughout the home with specialist wood effect flooring. This had helped to give a fresh and modern look to the environment. It also helped with any issues around infection control. The large shared lounge and dining area had been decorated. Almost all the bedrooms had been redecorated and fitted wardrobes had been installed. Woodwork had been lightened. The bathroom and shower room had been converted to wet rooms. Ensuite toilets had been upgraded and other environmental details had been put in place to give people who lived in the home a safe and pleasant environment. The small office, main kitchen, staff room and laundry area had all been refurbished to create clean and easy to maintain areas that would support staff in their work. We had not inspected the home for some time and we saw that all of this investment had transformed the home. The environment was now bright and modern but the providers had managed to ensure that the home still retained a homely, comfortable feeling.

Is the service caring?

Our findings

The people who lived in the home told us that they judged the staff team and the manager to be "very nice and very caring." We also learned that people in the home, "Care about each other and we get along well together." Staff told us that they encouraged people to be supportive and caring of each other. Staff told us that there was very little friction in the house and that the manager encouraged a caring and supportive atmosphere.

We had evidence to show that people in the home were treated as individuals. We saw staff treating people with patience and consideration. People were given time to consider options, were helped to make decisions and were given reassurance and support. Staff and people in the home showed genuine affection for each other. Relatives and other visitors greeted staff warmly and told us that they were always welcomed into the home. Three different visitors said that they really appreciated this because it meant they could maintain their former relationships and friendships because coming to the house was "a real pleasure."

During the inspection people were given support to manage their personal care needs. This was done with discretion. Staff gave people privacy. They knocked on doors and spoke respectfully to people. They responded well to people living with dementia and did not talk down to them or belittle them.

There was a good deal of discussion in the lounge during the day. Staff tried to involve everyone in the group when these conversations were going on. Staff gave people suitable levels of information and explained things to them when necessary. People were encouraged to be as independent as possible and some people told us about the things they were still able to do for themselves.

We judged that the group of people who lived in Granville Court had been helped and supported to be as assertive and confident as possible. People told us that they were content and happy. They spoke about their lives, their options and choices and were very positive about their experiences in the home. We judged that people's wellbeing was of prime importance in this service.

We saw evidence to show that this home was committed to supporting people in their own home at the end of their lives. Staff had completed training in this and we saw that they worked well with community nurses to ensure that people had support at this time.

Is the service responsive?

Our findings

People told us that they were asked about their care needs and about activities and entertainments. Several people told us, "The manager asks what we need help with and we can just ask the staff." A partner of a person living with dementia told us, "I...well we...are always consulted and any care planning is done in [my partner's] interest...I have no complaints about this at all. The care is perfect ...we couldn't ask for any more."

One person told us, "We have music and games and people coming in. I like to just talk to the staff. I go out sometimes but am satisfied with being here." Another person told us, "There are different things on offer and we have the dog...our little pet."

We looked at all of the care files and read approximately half of the care plans in depth. We did this after meeting people in the home, talking to them about the support they needed and talking to staff about their work. Staff were fully aware of the content of the care files.

We had evidence to show that the registered manager was very careful about the initial assessment of care needs. She told us that she did this so that any new person would fit in with the existing group of people, that the person would feel comfortable in this small home and that the staff team would have the skills and experience necessary to meet individual needs. We saw that this careful assessment had led to a group of people who were comfortable living together. Almost everyone chose to spend much of the day in the lounge with other people in the home.

We also saw that assessment of need was on-going. One person had become a little unsteady on their feet and a new assessment and a new plan of care had been put in place. We observed staff carrying this support through. We also saw that when needs changed the registered manager sought help with assessment from other professionals. This might mean an assessment and help with care planning from the community nurses, occupational therapists, mental health workers or specialists like dieticians.

The care plans we read were detailed and easy to follow. The plans were written as a simple narrative setting out what people needed, what their strengths were and how any support was to be given. We saw that small things were included as well as the more complex care needs. The care plans guided staff about how to deliver the care. Staff read these regularly and understood what they needed to do to help individuals. People in the home were aware of their care files and told us they trusted staff to follow their wishes. We were told that people had the opportunity to talk through their care needs. A partner of one person told us that they were involved with the care planning process and any changes were discussed with them both.

We asked people about activities and interests on offer in the home. People told us that they were "quite happy" with entertainments and activities on offer. Almost all of the people who lived in the home spend their time in the main lounge. We asked people about this and they told us that although they had "very nice bedrooms" they enjoyed the company of others, staff and visitors in the main lounge. One person said that, "Every day is different here. ... Staff, visitors, music. I don't go out but lots of people come in and there is

always something happening." Several people told us how fond they were of the registered manager's dog who was in the home whenever she was and was considered to be the home's pet.

During the morning of our visit people spent time chatting and socialising in the lounge. Two people did spend some time in their own rooms but were keen to join in with the organised music and movement activity afternoon. The registered manager arranged for different groups and individuals to come into the home to provide entertainment. This included music and movement sessions, a theatre group and singers. People in the home told us that they enjoyed this and that entertainment in the house was their preference. We were also told that the care staff helped people to join in games and crafts where possible. People in the home said that given their ages (of over ninety) they didn't want to do anything too tiring but they enjoyed music, socialising and reminiscing.

We asked people if they went out and most people we spoke to said that they "aren't bothered". The amenities of the town are within walking distance of Granville Court and some people enjoyed going out with family members or staff. One of the men in the home enjoyed going to the barber "for the works". We also learned that people enjoyed sitting out the newly landscaped garden when the weather was good enough.

People in this home looked well and looked well cared for. We saw from notes that people were helped to bathe or shower when appropriate, that men were shaved daily and ladies helped to apply make up if they so wished. People were smartly dressed in the way that they told us they preferred. People's individuality could be seen in the way they dressed and in the way their preferences were met. This small home encouraged people "to just be ourselves". We learned from people and visitors that individual needs and choices were respected by the registered manager and her team. A relative said to us, "This team don't just look after my (partner) they also look after me because if I am happy (my partner) is happy too."

There have been no complaints or concerns received by the Care Quality Commission or the local authority. The home had a suitable complaints procedure and this information was in each bedroom and on the notice board. There had been no formal complaints and no one we spoke to on the day had any complaints or concerns. One person said, "Even very small things are dealt with straight away so that there is never any need to complain."

Is the service well-led?

Our findings

We last visited this service in December 2013 where the service was in breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010

Assessing and monitoring the quality of service provision and Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010

Records. We asked the provider to send us an action plan and this was returned to us promptly and with suitable details. We had sufficient evidence of improvement when we returned to the service. We judged that these breaches had been met at this inspection in August 2016.

People told us. "The manager is very good and the staff know what they have to do." A relative told us, "This is a very well run home and the manager is always there for my relative and for me." Another visitor also said, "This is a very high quality home...we are very impressed with everything."

Granville Court was owned by four people and was a limited company. Two of the owners were very involved in the day to day running of the home. One of them was the registered manager and the other was the nominated individual. They provided the overall leadership in terms of the care delivery and the operation of the business. The two other owners were 'sleeping partners'.

The registered manager was a suitably qualified and experienced person. She was previously a registered mental nurse and had experience and training in management. She had continued to update her training and had a suitable understanding of the responsibilities of the role of the registered manager. We learned from people in the home and the staff that she was very much a "hands-on" manager.

People told us that they, "Find her to be really easy to talk to and is always there for me." They also said, "I know that if anything is wrong I can go to the manager." A number of people said that she led the team very well. A relative told us that they believed that the culture and the vision and values of the home came directly from the leadership style of the registered manager. They said, "The staff know how to do the job because they know what is expected of them but the manager does it in such a way that each individual staff member's personality can still shine through." One of the people in the home also said, "All of the staff do the job in the right way but they are all different and I think that's because of the manager."

We also spoke to members of the staff about the vision and values of the company. They too told us that the manager was very open about what she expected. They said that the home was all about giving people support to be themselves but also about giving people high levels of care and attention. The manager and individual members of staff team told us that because most of the people in the home were well into their nineties their aim was to give people lots of loving care and attention, suitable activities and lots of respect and dignity.

We saw evidence on the day to show that this simple philosophy was carried out in practical terms. We judged that care delivery was of a very good standard and that the integrity of the staff team was evident in the positive outcomes for people in the home. Relatives visiting on the day told us that they felt that this

small, friendly home had excellent standards and provided people with a "marvellous life."

The providers had a simple system for monitoring quality. The registered manager and the nominated individual spent time every day talking to people who lived in the home, their visitors and the staff team. When we spoke to people in the home, the staff on duty and visitors on the day they said that there had never been anything of concern in the home but that the registered manager would listen to suggestions about how to maintain and improve quality.

We also saw that there were regular surveys about quality sent to people in the home, their relatives, visiting professionals and other people involved with the home. We had evidence to show that the manager regularly audited medicines management and the care files. We also saw that the nominated individual kept a check on things like fire safety and maintenance. Food safety was regularly audited by the cook and the home had received a five star excellence award from the local authority.

We judged that quality of care and service delivery in this home was of an extremely good standard. We noted that the quality assurance systems reflected the fact that this was a small home and that the monitoring of quality was easily managed by a common sense approach. The manager discussed ways in which she was intending to formalise the quality auditing a little more without making this into a complex, bureaucratic system. The four partners in the company met on a regular basis to look at the accounts for the home and to consider future planning. The two active partners of the company met on a very regular basis and they also had formal meetings where they discussed staffing, services, the environment and the delivery of care. This approach had led to improvement and development in all of these areas. There was a simple plan for the next few years that would continue to enhance all aspects of this home.

The company had not only invested in things like staff training and in the environment but they had also invested in a system of policies and procedures. This was regularly updated and available for staff to refer to.

During our inspection we looked at a wide range of files and documents. We saw that there was a simple system of records that were kept securely and appropriately. The recording systems in place met the needs of people who lived in the home and those of the small staff team.

Prior to our visit we had contact with local health and social care professionals. They were positive about the way the home delivered care and services. We learned that there was good joint working in place. For examples staff team worked closely with the local GP surgery, the specialist team for dementia care and with social workers.