

Care Unlimited Group Ltd

Grennell Lodge Nursing Care Home

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

The inspection took place on 13 December 2016 and was unannounced.

Grennell Lodge provides nursing care, personal care and support for 32 older adults with mental health needs. At the time of this inspection there were 21 people living in the home. At the last inspection on 3 June 2015, the provider was rated good in all the key questions and good overall.

The service had a 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.

People and their relatives told us they felt people were well cared for at Grennell Lodge. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury.

There were sufficient levels of staff to meet people's needs. This was endorsed by people we spoke with and their relatives.

People received their medicines appropriately and staff knew how to manage medicines safely.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and appropriate applications were made by the provider to the local authorities for those people who needed them. Some of the local authorities were delayed in updating people's assessments due to a backlog and high demand generally for this type of assessment for people. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had a varied and nutritious diet and choice of meals. They were supported to stay healthy by staff who were aware of people's healthcare needs and through regular monitoring by healthcare professionals. Staff were consistently kind and caring and established positive relationships with people and their families. Staff valued people, treated them with respect and promoted their rights, choice and independence.

Staff understood family and friends were important to people and ensured they were appropriately involved in people's care, as required. People were informed and supported to access independent advocacy services if they needed someone to speak up about their care on their behalf.

People's care was personalised, inclusive and timely. Staff acted promptly when people needed assistance

and they understood and communicated with people in a way that was meaningful to them.

People received support and equipment to help them to stay independent. They were often supported to participate and engage in home life and sometimes within their local community. Improvements were planned to increase leisure and recreational opportunities for people.

People and their relatives were appropriately informed and comfortable to raise concerns or to make a complaint if they needed to.

People, relatives and staff were positive in their comments about the registered manager. They said he promoted an open and positive working environment that they felt able to contribute positively to the development of the service.

We saw there was a wide range of quality assurance audits in place that provided valuable information to develop and improve the service. This included audits of a wide range of aspects of the service provision. Key stakeholders were asked for their views about the care provided to people living in the home. The responses we saw were all positive. Where suggestions or comments were received the registered manager used the information to develop and improve the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Grennell Lodge Nursing Care Home

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 13 December 2016 and was unannounced. It was carried out by an inspector and a specialist advisor who was experienced in nursing care. Before the inspection we looked at the information we held about the service. We looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths. On the day of the inspection we met with seven people who used the service, three relatives and we observed the way staff engaged with other people living in the home. We also spoke with one of the company directors, the registered manager and five staff members.

We looked at seven people's care records and four staff records and reviewed records that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Grennell Lodge. One person said, "I am happy here, it is a good home. The staff are kind to me, they are supportive." Another person said, "Yes of course [their response when asked if they felt safe living at Grennell Lodge]. I have no complaints at all." One relative told us, "I work in the healthcare field and I don't think you would find a better home for my [family member]. They are well cared for at Grennell Lodge, they are safe and our [family member] seems very happy here." Another relative said, "I am completely satisfied that they are safe here and more than that they are well cared for and happy. The staff are really caring for people here and that counts for so much."

We found there was a relaxed, friendly atmosphere in the home and a positive relationship between staff and the people they supported. The provider had arrangements in place to help ensure people were safe and protected from abuse. Staff told us they had received all the training they needed to ensure people in the home were safeguarded appropriately. They were well aware of their responsibilities and their duty of care to the people living at Grennell Lodge. Staff were able to describe how to recognise signs of potential abuse and they knew the various types of abuse they might encounter in the home. The staff we spoke with all said they would report anything they had concerns about, to the registered manager or to the social services if they thought the manager was involved. The registered manager told us any concerns or safeguarding incidents were always reported to the local authority and to the CQC. Our records evidenced this.

Training records showed all staff had recently completed safeguarding adult's training. We saw the provider had all the appropriate policies and procedures to help safeguard people including emergency first aid, whistle blowing, how to make a complaint, and the reporting of accidents and incidents.

People's risks were identified and well managed through individual risk assessments. Staff demonstrated a good understanding of the risk management strategies in place to prevent and/or minimise any identified risks identified for people. From our review of people's files we saw that staff were required to sign a document to confirm they had read the risk management plans so they knew how to best support people. Where appropriate the risk assessments we saw had been drawn up together with people, their relatives and care managers. The relatives we spoke with confirmed this and they told us they were invited to care plan reviews where people's needs, risk assessments and care plans were discussed with them.

We saw from our review of the home's general files that the service had risk assessments and risk management plans in place. This helped to minimise risks in relation to other aspects of the service and helped people to keep safe and staff protected. An example of this was the fire risk assessment that was carried out by a registered professional and an environmental risk assessment carried out by the registered manager to monitor the identified risks. A range of health and safety policies and procedures were available to help keep people and staff safe. Records showed the gas, electricity and fire safety systems were maintained to a satisfactory standard.

We saw examples of how the service learned from accidents and incidents and put in place action plans to

minimise any further occurrence. For one person who had had a fall on the staircase there was a falls analysis and action plan. This set out actions the staff should take to minimise any further falls.

From our observations at this inspection there were enough suitably qualified and experienced staff on duty to keep people safe and to meet their needs. People and their relatives said they thought there were sufficient staff on duty to meet people's needs. One of the relatives said, "I visit here pretty regularly and whenever I do come here there are enough staff on duty, in my opinion." Another relative said, "I come here often but not at regular times, sometimes at the weekends, evenings or during the day and there are always enough staff on duty."

We were provided with a copy of the staff rota for the month and we saw there was a good ratio of staff working on each shift to people. Four or five staff were on duty for 21 people and this staffing level was adequate to meet the needs of the people living at Grennell Lodge.

Staff files showed recruitment checklists had been used appropriately to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People's medicines were managed appropriately so they received them safely. We reviewed the administration of medicines to people and we found that medicines records were up to date and properly completed. The medicines trolley and the stocks of medicines were appropriately checked. We saw from the records there was up to date monitoring of these processes and appropriate arrangements were in place in relation to obtaining, storing, administering and for the recording of medicines. This helped to ensure people were given their medicines safely. We also saw records of an annual audit carried out by the pharmacist. The last audit was carried out by them in March 2016 with no recommendations made because they found everything to be satisfactory.

Nursing staff told us they had received medicines training as part of their nurse training and their competence to manage medicines was assessed annually by the registered manager before they were able to administer medicines.

Is the service effective?

Our findings

The people and the relatives we spoke with were complimentary about the service and they said they were happy with the support they received. One person said, "The staff are really caring, they are good to me." Another person said, "I don't have any complaints, the staff are helpful and support me well. I like living here." One of the relatives said, "I have been impressed with the staff with the level of care they provide for our [family member]."

We looked at staff records and found there was an appropriate programme of induction for new staff that covered their roles and responsibilities and the home's key policies and procedures. A relative told us, "The staff always keep us informed about our [family member] and any changes in his needs that might arise." Another relative said, "They all seem to be knowledgeable and well trained." From our review of the staff records, we found staff had received appropriate training and had the knowledge and skills necessary to meet the needs of the people they supported. Staff told us the training they had received was helpful and assisted them with their work. One staff member said, "We get access to a lot of training either through e-learning or from face to face learning. We go to headquarters for that training. It's all helpful to me and I think it helps me to do my job better."

The registered manager explained there was a regular training programme provided for staff. This covered the essential areas of knowledge, skills and competencies the provider thought staff needed to do their jobs effectively. In addition to this we saw that additional training had been provided for staff in first aid and in responding to emergencies, person centred care planning, mental health awareness, understanding dementia, the Mental Capacity Act 2005, epilepsy and autism.

Staff told us they felt supported both through the formal supervision process and in the more informal daily discussions they had with the registered manager. Staff records showed they received formal supervision but the supervision records we saw for three staff were too brief to evidence any depth in the level of discussion that supervision sessions provided. There was also no evidence that staff appraisals were carried out in 2016. This was the case for both staff supervision and staff appraisals when we inspected in 2015. However the registered manager told us they had started to develop and improve the supervision process so that it included a review of people's care plans. We were told that as a part of the plan, other senior members of staff were to receive training, so as to assist them with supervising staff effectively. The provider has written to us and confirmed they would make the necessary improvements by the end of January 2017.

People were helped to understand and to express their views about their care and support. People's consent was sought before staff provided care and support and staff respected people's decisions. Staff always considered people's mental capacity to make specific decisions. Where people lacked mental capacity the service followed the Mental Capacity Act 2005 (MCA) code of practice to help protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time.

Where a person was assessed as not having the capacity to make a particular decision, a best interest's

decision was made with input from their relatives and/or health and social care professionals as appropriate. We saw minutes of best interests meetings and assessments carried out by independent mental capacity advocates (IMCAs) for people that evidenced this.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty for their own protection in a safe and correct way. We spoke with the registered manager and staff and from those discussions we saw they understood their responsibility for making sure people's liberty was not unduly restricted. A number of DoLS applications had been made to the local authority regarding certain restrictive practices, such as the use of a key pad on the front door that prevented people from leaving the home unassisted. The applications showed the provider was following the DoLS requirements. The provider had arranged training for staff in understanding the requirements of the MCA and DoLS. We saw that some of the local authorities were delayed in updating previous assessments that they had carried out for people, due to a backlog and high demand generally for this type of assessment for people in the London boroughs. We received appropriate notifications from the provider about the DoLS applications.

People were supported to have a healthy and balanced diet. Two relatives said their family members enjoyed the meals provided for them. One told us, "On occasions we have visited and been offered a lunch, the same as our [family member] and it was good food." Another person said, "I like the food here and I enjoy my meals. If I don't like what's on the main menu I can choose something else." We spoke with the chef who told us they consulted people about what they would like to eat before they made up the weekly menu. They told us, "If they change their minds on the day they are offered an alternative such as an omelette or a sandwich. It's not a problem."

The chef went on to tell us they took into account people's nutritional or special needs and preferences. Where applicable they said these were set out in their care plans. The chef also said, "We always try to accommodate people's wishes as well as trying to ensure they have a varied and nutritious diet." Staff told us some people had special dietary requirements and diet plans had been drawn up together with the dietician and the doctor to ensure their needs were met.

People were supported to maintain good health and had appropriate access to healthcare services. Our inspection of care files confirmed that people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. All contacts people had with health care professionals such as dentists, chiropodists and care managers were recorded in their health action plans. We saw that each person had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

Is the service caring?

Our findings

People and their relatives said staff were consistently kind, caring and helpful; and confirmed that staff always treated people with respect and ensured their rights were met. They all spoke with high regard for the registered manager and staff. From their comments we saw they had positive relationships with them and referred to the home being 'like a family.' One person said, "Staff are lovely; they care, they are respectful and treat you like their family. A relative told us, "They all treat [family member] very well and often make a fuss of them, which they thoroughly enjoy." Another relative said, "Staff are brilliant and the manager; they make people feel they matter."

We saw that the service received a number of compliments and thanks from people and their relatives which referred to the care and kindness people received from staff.

Throughout our inspection we observed staff interacted well with people and had established caring relationships with them. There was a calm and relaxed atmosphere in the home and we observed friendly, social and supportive interactions between staff and people receiving care and their relatives.

People's relatives said they were appropriately involved in people's care and made welcome to visit the home at any time to suit the person they were visiting.

Staff were able to describe what they felt was important for people's care. This included promoting people's rights by ensuring their dignity, privacy, choice and independence. They gave examples such as addressing people correctly by their preferred name, closing doors before providing care or making sure that people were appropriately covered when they provided personal care. One member of staff told us, "Respect, choice and independence is key; it is important that we don't take it away from people. However small the step or achievement that they can manage, we support and encourage it."

We observed that staff treated people with respect and took time to ensure their dignity, privacy, choice and independence when providing care for them. This included supporting people to make choices, such as what to eat or drink or how and where to spend their time. Staff encouraged and supported people to move independently where possible. For example, they made sure where people who needed equipment, such as walking frames or wheelchairs to help them to move independently was placed within their easy reach. This showed that staff were caring, respectful and promoted people's rights when they provided care.

There was a happy, lively atmosphere in the home and we observed friendly, social and supportive interactions between staff and people receiving care and their relatives. People were also supported to spend time in quieter areas of the home if that was what they wanted, such as in their bedrooms.

People's relatives said they were appropriately involved in people's care and made welcome to visit the home at any time to suit the person they were visiting.

People's care plans showed their choices for their care and preferred daily living routines, such as people's

preferred morning rise and bedtime times or their preferred personal hygiene routines. Staff understood this and records showed that people's lifestyle choices were upheld. They also showed people's involvement and the contact information of family or friends who were important to them. Information was displayed about local care and also advocacy services, if people needed support or someone to speak up about their care on their behalf.

Is the service responsive?

Our findings

We saw that people's care was personalised and focussed on the person's assessed needs and preferences. This was achieved through people's involvement and that of their relatives. This meant care was provided in a way that was meaningful to them. People and relatives said the registered manager, owner and staff knew and communicated with people well. They said staff engaged with people in an inclusive manner and supported people in way that was meaningful to them. They also said people received timely and appropriate care and support. One person said, "The manager and staff spend time to find out how we are; what works and what doesn't; they do something about it if we ask them to or if something's not right."

Staff felt it was important to spend time with people to get to know them. The registered manager told us people did not have a named key worker but all staff were required to know people's care plans. We saw they were readily accessible for all staff to read in the office. People's care and daily living arrangements were organised in a way that was meaningful to them. People's care records showed staff consulted with people, relatives or others who knew them well to help to inform people's care and home life. This included information about people's social and family histories, their personal values, communication and equipment needs. Key information was included in people's care files so staff were informed about people's care and daily living arrangements. One person's relative said, "The care plan is really good because everyone knows what's supposed to happen." This has helped to promote a personalised and inclusive approach to people's care.

We saw staff acted promptly when people needed assistance. For example, when people needed support to go to the toilet, to have a drink or when they need emotional support. Staff knew how to communicate with people and we saw that they engaged and interacted well with them. For example, staff told us about one person who was able to understand, make and communicate some decisions about their care, but who needed time and support to do this because of their health condition. Staff explained that they used pictures, clear speech and simple gestures to help them communicate with the person and during our inspection we saw that this worked. This showed that staff responded promptly and understood how to communicate with people in a way that was meaningful to them.

We observed that equipment was provided to support people's independence, orientation and sensory needs. For example, large print and picture signs, such as for bathrooms and toilets; adapted cutlery, and drinking vessels. Staff made sure that people were supported to use these when required. This showed that people received support and equipment to help them to be as independent as was possible.

The provider ensured people were supported to engage in social and recreational activities and to practice their religious faith in the way they chose. This included activities both within and outside the home. We saw the employment of an occupational therapist had helped to achieve this objective. They told us they were in the process of assessing each person's needs and preferences. From this an individual activities programme was drawn up for each person. Where this process had already been implemented we saw some very interesting examples of programmes that were already established. One example we saw had helped the person achieve so much more independence in their daily living skills they had moved onto less supported

accommodation. Other examples included programmes where people had expressed a wish or else had a need to improve their dexterity and so were involved in playing lounge board and card games, gentle bowling, quizzes, sing-alongs and bingo.

The registered manager told us about their action plan to increase leisure and recreational opportunities for people, from the expressed views of people and their relatives about what they felt could be improved.

People and their relatives were appropriately informed, comfortable and knew how to raise any concerns or make a complaint if they needed to. They also said that any issues or concerns were always acted on as a matter of course, without the need to make a formal complaint.

Is the service well-led?

Our findings

People, relatives and staff were complimentary about the management and leadership of the service. One person said, "The manager is a good manager, they run a fair but tight ship, so staff know what's expected of them." Another person echoed the same and told us, "The manager is good. They listen and are supportive to us. We feel they are part of the team, rather than them being above us." A relative said, "The owner is often here and they ask how we are and spend time to find out, not just as a passing courtesy." Another relative said, "The manager is visible and gets stuck in. We can see they work with staff so they know what staff are doing. "

We saw that staff were supported and well informed through training and team meetings to perform their role. One member of staff said, "I feel well supported, we work as a team, the manager is fair, they listen to our views and always make sure things are done properly." Another said, "The manager has improved communication between staff. If you want to care for people properly you have to make sure the right information is provided." We saw from our review of the records that care handovers and care plans were kept up to date and this has helped to make sure staff were fully informed about people's care.

Staff were confident and knew to report any changes in people's health and to share their views or raise any concerns they may have about people's care. The provider's policies and procedures supported them to do this. For example in relation to accidents, incidents or for reporting safeguarding concerns.

Staff told us about the care handover meetings at the end of each shift, team meetings and they described other forms of communication that indicated there were effective arrangements for the delivery and continuity of people's care.

The registered manager told us they carried out regular checks of the quality and safety of people's care. This included checks of the environment and equipment used for people's care and checks of medicines and care plans. Regular checks were also made of any accidents and also for people's health and nutritional status and any related incidents, such as weight loss, infection or skin sores. This helped to identify any trends or patterns to inform any changes that may be needed to improve people's care.

Records relating to the management and running of the service and people's care were accurately maintained and they were securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required. For example, to tell us about the death of a person and when someone fell down the stairs.

The service was well managed and led and people, relatives and staff were confident in this.