

Brighterkind (Granby Care) Limited

The Granby

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Granby is a large residential care home providing personal and nursing care for up to 82 people, aged 65 and over. At the time of the inspection there were 61 people accommodated. The care home is set across three floors serviced by a lift.

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

Risk to people as a result of the environment had not always been identified and managed appropriately. Care records were not always complete and did not always reflect the persons current care and treatment needs. There was no evidence of people experiencing harm as a result of these short falls.

There was insufficient staff to meet the needs of people in a timely manner both because of the level of support required and the layout of the environment. Staff were passionate about the quality of care they provided and were knowledgeable about the care and support people required.

The registered manager and provider had oversight of the service. Quality assurance systems in place did not monitor the service fully and did not always identify the shortfalls we found during inspection or result in improvements.

The provider was keen to improve the service and responded quickly to issues identified on inspection. They were in the process of implementing changes to a number of systems; including training and management of accidents and incidents. However, this meant that processes were not always fully embedded or effective.

The home was very clean and had a number of facilities available. People told us they felt safe and families were happy with the care their loved ones received.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 29 January 2020). The service retains this rating of requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service

We have identified breaches in relation to safe care and treatment, staffing and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

The Granby

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors. One inspector visited the care home across two days and one inspector made calls to staff members. An Expert by Experience spoke with people who use the service and their relatives over the telephone to seek their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager 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 on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with 16 members of staff including the registered manager, regional manager, two deputy managers, senior care workers, care workers, a nurse, a care home assistant practitioner, a member of the maintenance team, a housekeeper and an activities care assistant.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and a range of quality assurance records.

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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risk to people as a result of environmental factors had not been properly risk assessed. Guidance was not available for staff to follow to prevent and reduce the risk of harm.
- The care home had single pane windows and open bannisters that increased the risk to people living at the home as a result of their condition or presentation. There was an overarching risk assessment in place but there was no individual risk assessments or guidance for those at increased risk of harm.
- Changes in people's needs were not always reflected in the care plans and risks were not reviewed within the expected timeframes. For example, changes in people's mobility and use of mobility aids were not updated, risk of falls were not reviewed and observations after a fall were not always completed. This increased the potential risk of falls.
- Accidents and incidents were recorded by staff and reviewed by members of the management team. However, analysis of patterns and trends were not always accurate and did not demonstrate lessons learnt and improvements in the care and treatment provided.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

- There was no evidence of harm experienced by the people living at the care home as a result of the shortfalls identified. However, the risk remained. The provider responded quickly to rectify any concerns raised on inspection and plans to improve the safety of the environment, which includes both the windows and the bannister.

Staffing and recruitment

- There were insufficient staff deployed to meet people's needs in a timely way. We observed people waiting long periods of time for their call bells to be answered, as staff were busy assisting other people. The size and layout of the building also contributed to lack of staff availability at busy times of the day.
- People told us, "I don't think there is enough staff, particularly so at dinners. The carers seem under pressure sometimes, but they cope very well, it's just I feel for them."
- Staff told us, "Staff and residents feel rushed and this impacts on job satisfaction," and "There is not enough time to spend with people."
- The registered manager told us the dependency tool they were using was not as effective or person centred as they would like. They were reviewing the tool they use and the deployment of staff across the service in the morning and at mealtimes to address feedback.

The provider had failed to ensure there was sufficient staff available to meet people's needs in a timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely ensuring newly recruited staff were safe to work with vulnerable people.

Using medicines safely

- Medicines were safely received, stored and administered. However, we found issues around the documentation in some medication administration records. For example, gaps in recording whether a medication was administered including those relating to controlled drugs.
- Guidance for staff was not always in place for people who were prescribed medication as and when required.
- Where errors had been identified as part of an audit these had not been recorded in line with the providers policy.

The Provider failed to maintain accurate and complete records. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were encouraged to look after and take their own medicines where they had the ability to do so.
- Medicines were managed by suitably qualified and skilled staff who had their competency checked regularly.
- People told us they were happy with the support they received around their medication.

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

- The provider had effective safeguarding systems in place and staff knew what to do to make sure people were protected from avoidable harm and how to raise any concerns. People told us they felt safe.
- The provider reported concerns to the local authority and worked with other agencies to follow up on any concerns raised.

Preventing and controlling infection

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

At the time of the inspection staff were not using PPE in accordance with the current government guidance. The registered manager immediately communicated changes to staff when this was highlighted. The service required additional clinical waste bins to safely dispose of PPE. We also recommended they review placement and replenishment of PPE throughout the home to ensure staff could easily access this when required.

We have also signposted the provider to resources to develop their approach.

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. 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; Continuous learning and improving care

- Systems were in place to check the quality and safety within the service. This included checks by members of the management team within the home and senior managers. However, these had not always picked up issues found on inspection. For example, risk assessments around environmental issues not being in place.
- Action plans had been put in place to address some issues identified. For example, action plans included completion of medication charts and second checks to be implemented, this had been discussed in staff meetings. However, issues were still evident on inspection.
- The provider is in the process of introducing a new training system which they feel will improve training compliance and visibility. However, as part of this transition period the provider was unable to provide assurances around training compliance. The service could not therefore be assured that staff had the appropriate skills and knowledge for their role. From a sample of training records, we found not all staff had completed essential training.

The lack of effective systems to ensure a quality and safe service was delivered is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Feedback from staff was varied. Some staff felt they could approach a member of the management team and that concerns would be listened to and action taken. However, some staff told us when issues had been raised these had been "brushed aside" or not addressed.
- Positive comments were made about the teamwork within the service and staff felt a sense of pride about the care they provided. Staff told us, "The care team work well together, and it is a good team. I enjoy going to work."

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 had demonstrated an open approach and had listened to people and their relatives to investigate concerns and improve the care provided where possible.

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

- People and their relatives had completed satisfaction surveys and people were invited to attend meetings to discuss their care.
- The registered manager and staff were actively involving people and their relatives in the persons day to day care and kept them informed where there were incidents.
- The service worked closely with other partner agencies and health professionals, such as the district nurse and local authority to ensure that peoples care, and support needs were met.

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 12 HSCA RA Regulations 2014 Safe care and treatment The risk to health and safety had not been properly assessed.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not accurate and/or complete in relation to peoples care and treatment. Systems and processes to monitor and improve the quality of the service were not established or effectively operated to ensure compliance with the regulations.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff deployed to meet the needs of service users in a timely manner.