Care Quality Commission

Alpha Care Management Services Limited

Grenville Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 22 January 2015 and was unannounced.

Grenville Court is a home offering accommodation for up to 64 people, some of whom may be living with dementia. There is a registered manager for this home. 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. However, the registered manager for Grenville Court has left the home and the newly appointed manager is in the process of registering with the Commission.

People we spoke with and their relatives told us the home was a safe place to live in. They praised the home and gave examples of what ensured the home was safe.

Summary of findings

Staff were aware of the signs to look for if there was any suspicion of abuse. They knew who to report to and what action would be taken by the manager to address the concern.

Staff had the knowledge and training to ensure they could support people correctly who may be living with dementia and who could challenge the care and support provided.

Staff involved people and their family members in identifying risks. Records were held for staff guidance on how to manage the risks in the most appropriate way.

The premises and equipment were regularly serviced and monitored by management to ensure the property was safe for people living there. However, some equipment such as hoist slings did not meet the individual needs of people who required assistance with transfers.

The manager used safe procedures when recruiting staff.

People received their medicines from a team of staff who were competent and regularly updated with training to ensure the medication processes were safe.

Only a few staff were aware of the implications and expectations of the Mental Capacity Act 2005 regarding the way they supported and cared for people who did not have the capacity to consent to their care and support. However, more training was planned to build their knowledge in this topic.

Staff were supervised and had been supported to gain knowledge and complete training to enable them to carry out their work as required. Newly recruited staff received comprehensive induction training to ensure they had the skills they required when commencing their employment.

Suitable methods of recording and ensuring people received enough food and drink was in place. The cook was aware of preferred meal choices and staff ensured enough food and fluid was consumed to maintain a suitable weight and prevent dehydration.

Improved methods had recently been introduced by the manager to ensure people received the correct support to meet the health needs of people living in the home.

People and relatives gave positive responses that told us the staff were kind, caring, respectful and courteous.

Relatives were consulted and kept up to date with any changes or concerns that may affect their family member living in the home. They visited at any time with no restrictions made on when they arrived.

The GP, who attended the home regularly praised the staff team for their kindness and consideration when supporting someone at the end of their life.

Care plans that were regularly updated, were detailed, and had been centred on meeting the care needs of the person the care plan belonged to. Some records identified people's individual care needs and social interests but this information had not been used to offer person centred care or suitable stimulation and occupation for individuals who did not or could not join in the group activity on offer.

People and their relatives had information on how to complain. They felt able to speak to the manager when they had a concern and were assured the concern would be dealt with appropriately.

Ideas and suggestions for improving the home were listened to and action was being taken to develop areas such as the environment.

People and their relatives were asked for their views on the quality of the service provided and the manager ensured regular audits were completed to monitor the delivery of the care and support provided.

Concerns raised in the past had been acted upon and improvement in areas such as healthcare support was much improved.

The manager was proactively working with other agencies and professionals by working on improvements within the home for the benefit of people using this service. However, further improvements were still to be completed to ensure a quality service was provided.

Summary of findings

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 were aware and would act on any suspicion of abuse within the home. They had clear guidance on how to support people who may be living with dementia ensuring they were supported safely.

The premises and equipment used were regularly checked to ensure they were safe. However, equipment used to assist staff when transferring people was sometimes unsuitable and unsafe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were supported with training to ensure they had the skills to do the job required. However, some staff required support and training to understand the implications required by them under the Mental Capacity Act 2005.

People were offered suitable fluids and foods and were weighed regularly to ensure they had enough to eat and drink.

Improvements that had taken place showed the healthcare support offered to people living in the home met their healthcare needs.

Is the service caring?

Good

The service was caring.

Different methods used by staff when completing tasks were carried out in a kind, compassionate and respectful manner.

Staff were aware of the needs of each person and knew how best to work with them to meet their needs.

Relatives and friends who visited the home were complimentary about the caring and kind staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People and relatives were actively involved in the development of care plans that were written to meet the individual needs but those individual needs were not always met.

Risks identified were acted on thoroughly and preventative measures were introduced to lessen the risk.

Staff were kept up to date with information written on people's needs.

Summary of findings

People were assured that their complaints and concerns were listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Staff and family members were involved in the development and improvements within the service that were being introduced for the benefit of people living in the home but more improvements were yet to be made.

Quality monitoring and audits were taking place on a regular basis to ensure the quality of the care provided was checked and improved upon where required.

Professionals and healthcare workers had seen improvements in the service provided following concerns that had previously been made.

Grenville Court 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 22 January 2015 and was unannounced.

The inspection team consisted of two inspectors.

We looked at information that was gathered before the inspection such as the Provider Information Record (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. We also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with six people using the service, four of their relatives, one visitor, seven care staff, one kitchen staff, the district nurse and the new manager. We conducted a Short Observation Framework for Inspections (SOFI) which is a process we use for observing care to help us understand the experiences of people who find it difficult to talk with us. We completed general observations and reviewed records. These included five care plans, daily records of a person's day, risk assessments, medication administration records, staff training records and records of audit and quality monitoring processes.

After the inspection we spoke with the local GP practice manager, received information from the dispensing pharmacist, GP and practice receptionists.

Good

Is the service safe?

Our findings

We read in care plans that individual risks had been identified such as falls, pressure area concerns and poor diet or fluid intake. We also noted that staff followed guidance to minimise the risks by ensuring staff were always observing people in the lounge, encouraging fluids and ensuring people were using their correct walking aids. However, one person was supported to transfer by using lifting equipment that was not ideally suited to the particular person being transferred. It was ill fitting and unstable. Although there were many slings available they were not the correct size for this person and placed the person at risk of an injury.

Throughout most of the inspection both inspectors found that staff were available to meet the needs of people in a timely manner. In the upstairs dining area there were suitable numbers of staff to support people with their meal and no one was waiting too long for support. Relatives we spoke with also told us that staff were available when they wished to talk with them or if assistance was required for specific tasks. One staff member said they did not get time to interact and offer social support to people. We did note, during this inspection, that staff were busy with completing essential care tasks. They told us that sometimes people's individual care patterns were hard to establish when staff were elsewhere supporting people. The manager told us that 11 staff were available to offer care and support through the day and that usually this number would meet the needs required.

The people who were able to talk with us told us they felt safe. One person said, "I feel really safe here." Another person said, "The staff are good to me they reassure me." Three relatives told us they were happy to leave their loved ones. One visitor said, "I never worry about [name] when I go away on holiday as I know they are safe. Another relative said, "Since my [name] came to live here I cannot fault the support and feel confident that when I go home [name] is in safe hands."

All the staff spoken with gave clear examples of how to protect people from possible abuse. They knew the signs to look for and who to report on to if they suspected abuse may be happening. They told us they had received training and support about recognising potential abuse and would not hesitate in talking to management or the local authority if they had a concern.

We spent time observing staff supporting people in the main lounge. We watched as two staff interacted in a positive way when they supported someone who became distressed. They did this in a way that was supportive and helped the person to become calmer. We looked through this person's care plan and could see that the staff followed the appropriate care plan when supporting this person.

The staff we spoke with were able to tell us what they would do in an emergency to ensure people were supported correctly when an emergency occurred. We were given examples of what they were to do when the fire alarm sounded or if they found a person unconscious.

Throughout the property we noted that servicing of equipment was completed regularly such as fire extinguishers, portable appliances and hoists. We also noted that requirements made by other professionals who had recently visited the home were being acted upon. For example, concerns found in the kitchen by the environmental health officer were being addressed and an action plan for the fire officer was being completed to ensure the building was a safe place to live and work in.

We looked at the recruitment process used in the home and three sets of personnel records that had been completed when the manager had employed staff. We found they had carried out the required checks to ensure new staff were of good character and appropriate to work with people living in the home before they were offered employment.

We spent time with a senior staff member during the administration process of people's medicines. We observed the administration process in two areas of the home and both were completed safely. Checks were made thoroughly to ensure the right medicines were given to the right person in the correct amount and then signed for once the person had taken the medicine. The medicine cabinet was locked each time the staff member moved from the cabinet to ensure all medicines were securely held. They told us they felt competent and received regular training with the medicines administration task required but would always have support from either, another senior, deputy or manager if they had any queries.

Following this inspection we spoke with the dispensing pharmacist who supplied the medicines to this home. They told us that the medication procedures had greatly improved following some issues raised in 2014. They told

Good

Is the service safe?

us that better communication between the dispensary and the home had meant a better and safer medicines service was provided to the people living in the home. They said that repeat medication was now ordered in a timely manner and that people did not run out of their medicines. This meant people were receiving their medication safely.

Requires Improvement

Is the service effective?

Our findings

Two of the staff we spoke with had an understanding about the Mental Capacity Act 2005 (MCA) and a limited understanding of the Deprivation of Liberty Safeguarding (DoLS). The manager told us that most of the staff team had received training in this subject and further training was planned. In the care plans we looked through we noted that the capacity to make decisions of each person living in the home about their care had been assessed and regularly reviewed. The manager had submitted DoLS applications for two people living at the home to the local authority. They said they were working towards improving the knowledge of staff and completing more DoLS applications to ensure those people who lacked capacity were supported correctly.

Relatives told us the staff were able and skilled in looking after their family member. One relative told us the training staff received ensured they had the skills to do the job required. They said, "They all seem competent and able to do the work expected."

Staff we spoke with told us the training they received was good, regularly updated and gave them the skills to do the job required. One newly recruited staff member told us how in depth their induction programme had been and how they had been fully supported by the seniors, deputy and manager throughout.

The manager showed us the schedule for the training, supervisions and appraisals for staff. Some staff told us they would appreciate more supervision but also felt they could ask for support if they required it. The manager told us they were working towards improving the supervision of staff now that the newly recruited deputy manager had settled in to their role. They said the deputy would be able to supervise staff along with the manager to ensure staff received regular supervision sessions.

We carried out detailed observations in both the upstairs and downstairs dining area at lunchtime and found that people were supported with sufficient food and drink. People had a choice of meals but these had been chosen prior to being served so a number of people had forgotten. We heard two people asking what the meal was and that they no longer wanted it. Staff offered an alternative and a sandwich was made by the cook on request. People on supplementary meals of thickened milky drinks were monitored to ensure they ate and drank what was provided. Records were also maintained in each person's daily record of how much they ate and drank. In people's bedrooms we saw that people were offered jugs of drinks that were refreshed daily with a date sticker placed on the top of the jug so staff could monitor how much fluid was drunk over 24 hours. However, throughout the communal areas of the home drinks were not readily available for people to pick up and drink as and when they preferred due to the jugs being out of reach and staff had to serve people. We noted one person drank a full cup of juice after staff were prompted to give them a drink.

When risks were identified regarding the amount of food and fluid people consumed we saw records showing they were weighed on a regular basis and supported appropriately to address the risk. Staff told us that if they had any concern about weight loss or gain the person would be more closely monitored and weighed weekly. Professional advice had been sought and was recorded in care plans of people who were at risk of poor food and fluid intake. One relative told us that prior to arriving at Grenville Court their [relative] had been having regular infections as they did not drink enough but since living in the home these had stopped.

The manager told us of the improved practice the home had developed with the local GP surgery. Weekly visits and regular contact had meant people had their health care needs met quickly and efficiently. This was also confirmed by the GP who had been regularly visiting the home over the past three months. The manager told us they now led the weekly GP visits to ensure continuity was in place for people's healthcare needs. We read in one person's detailed notes of the treatment and ongoing improvement to this person's health with the support of the staff team and district nurse. We contacted the GP practice manager following this inspection who told us that methods that had been introduced had improved the service, such as prescriptions now faxed for speed or the collecting and acting on samples which were dealt with quickly. This meant people had access to medicines such as antibiotics as soon as required.

Good

Is the service caring?

Our findings

People and their family members told us how kind and caring the staff were. One person said, “Staff are amazing.” One relative said, “I am here every day and cannot fault the way the staff provide a loving, kind and jovial atmosphere.” Another relative said, “The staff know [name] well and care for her as she would like.”

We observed staff responding to people in a dignified and respectful manner. Quiet, calm and encouraging words were used for a person not wishing to drink. Dignified words were spoken quietly to another person when they were being encouraged to go to the bathroom. Another person who had recently been admitted to the home was given words of reassurance by a staff member who ensured they were settled before leaving them.

We observed staff using suitable methods for calming people who were showing signs of distress. We noted the comforting manner staff members used and how they smiled and went down to eye level to offer reassurance. One staff member was seen using distraction tactics appropriately to reassure a person who required attention during an anxious time.

All the relatives we spoke with told us they had been involved in the support required for their family member from when they first arrived at the home. They said the home kept them fully informed with current changes and that they could be part of the regular review of care if they so wished. They told us staff would contact them if any accidents or incidents occurred and updated them if the doctor, health professional such as a dietician or district nurse had visited.

The manager had details available on display for anyone who may require support through an advocacy service to ensure people could be supported with decision making when required.

We saw staff knock on people’s bedroom doors before entering and that they used the person’s preferred name which was recorded within their care notes when talking with them. All but one staff member sat down to support and talk to the person during their meal in the upstairs dining area. However, the deputy noted the staff member standing and encouraged them to sit, by fetching a chair and explained why it was important to sit when assisting someone to eat.

Throughout the inspection people were receiving family members, friends and church members at all times of the day. One visitor had brought a thank you card with them which they asked us to read. It told us of a kind, caring and supportive staff team who were looking after their relative as best they could. This relative said they could not find a kinder staff team.

The GP who visited the home on a weekly basis told us of a number of senior staff and carers who gave excellent care. They gave us an example of the action a senior had taken and told us how they had gone beyond their duty to ensure the person had the best support possible at the end of their life.

Requires Improvement

Is the service responsive?

Our findings

Staff told us people's personal preferences were not always met, such as daily showers/baths, or the promotion of continence even though these were recorded as part of their care plan needs. One staff member said they did not get time to interact and offer social support to people. They said there was little time to sit and support people with their personal interests or take them outside if they preferred. We did note, during this inspection, that staff were busy with completing essential care tasks and acting on identified risks leaving little time for individual support.

During lunchtime in the downstairs dining room ten people required full assistance to eat their meal. With only six staff available to support this number of people some of them had to wait 40 minutes for their meal.

One person and their relative told us how they felt they received sufficient stimulation with various activities to occupy them when they wanted. However, besides the activities staff member, who was working with a group downstairs during the morning of this inspection and then upstairs during the afternoon, the majority of people remained in the same chair. They received little interaction unless a task was required such as re positioning, or they were offered a drink.

In one person's care plan we read of personal interests such as cooking or dressmaking being a pleasure in the past. However, records of daily activities provided to this person did not show how those interests had been considered to support them with their personal choices. Another person's records told us of how much they enjoyed conversations yet, on the day of this inspection this person was only spoken with when tasks were performed. A number of people were seen walking up and down the corridors throughout the day yet we did not see them offered purposeful tasks to do such as dusting or laying tables.

We read detailed, individualised information that would guide staff in how to support people in the way they preferred. These care plan records were held on a computer system throughout the home giving access to staff as and when required.

All the care plan information we read was detailed and centred on the care and support needs of the individual person. We observed tasks that were required due to a risk identified corresponded with information we read. For example, a person identified as at risk due to pressure concerns was moved regularly and was placed on a specific pressure relieving cushion to prevent possible ulcers developing. Another person who was at risk of choking had soft foods given to them and was supported by a staff member throughout their meal.

Staff we spoke with told us of how they were given information about each person at the start of every shift. They told us how the senior staff ensured they were aware of the current needs and would tell them to read the care plan if changes had occurred when they were off duty. They showed us where records were kept and how the records were updated as changes occurred.

All the relatives we spoke with told us they did not have any complaints and felt that they could talk with the manager who ensured any concerns would be addressed. They told us that meetings were held with friends and families in the home to talk about general issues but private one to one meetings could be arranged if required. We had previously been informed of some concerns raised by people who had previously received respite stays. We discussed the issues with the manager and read the records of what action had been taken to address and act on the concerns found. The manager had acted quickly and responded appropriately to address the concerns.

Requires Improvement

Is the service well-led?

Our findings

The people and relatives we spoke with told us they would recommend the home to others. They said that the home was improving and that they were listened to when they put forward ideas and that changes were taking place. For example families and the local art college are to be involved in the future plans for improving the environment within the home. The manager said they were having support from the college to design and paint the interior décor in a way that would be suitable for people who lived in the home.

The staff we spoke with told us the team of carers and managers worked well together to ensure the home ran smoothly. They said the manager listened to their concerns at any time and had an open door policy so that people using the service, their relatives and staff felt supported and involved in the service provided.

People and their relatives were asked about the quality of the service via an annual questionnaire and action was taken on the findings. A new questionnaire was about to be circulated at the time of this inspection. Regular audits were taking place and the records we looked through showed medication, care plans and risk assessments were regularly audited and action was taken on any shortfalls found.

The manager told us the provider was regularly in the home. They said they carried out checks by talking with people, relatives and staff about the care and support and acted on parts of the service where improvements were needed to ensure they were providing the service required.

The manager of the service was not registered at the time of this inspection but had plans to complete the appropriate forms. They were skilled and knowledgeable regarding the requirements expected of a manager and held a nursing qualification. They had recognised what improvements were needed to develop the service and had started to act on those findings. For example, by developing the environment to make it more homely and by developing more detailed assessments to meet people's needs.

The manager had recently been working with the local safeguarding team and social services to improve and develop the service provided. This was after concerns had been found with the care delivered for people who had recently been admitted for respite stays where it was found care was not provided as required. Actions plans had been developed and improvements were being worked on by the manager to improve the service provided to people requiring respite. The manager showed us the improved methods of pre-assessment to ensure they were able to collect the full details of people's needs prior to their stay. Although this new method was yet to be tested, its aim was to provide the full information on the needs of the person and would assess if the home could meet those needs prior to them being admitted to the home.

Requirements to improve the service were recognised by the manager and the home had already acted on some identified. However, there were still further improvements required to ensure people living in the home were receiving the service expected.