

Mr V and Mrs K Aravindhan

# Granada House

## Inspection report

5 St Pauls Road  
Weston Super Mare  
Somerset  
BS23 4AB

Tel: 01934416102

Date of inspection visit:  
20 March 2018

Date of publication:  
23 April 2018

### 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 comprehensive inspection was carried out on 20 March 2018 and was unannounced.

Granada House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is registered to provide care and support for up to 13 people, some of whom are living with dementia. Nursing care is not provided. At this inspection there were 12 people living at the home.

At the last inspection in November 2016, we rated the service as 'Requires Improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Granada House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection, we found the provider had made improvements and was no longer in breach of the Regulations.

Improvements had been made to the environment to make it safe. Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

People told us they felt safe at the service.

Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns.

The systems in place to make sure that people were supported to take medicines safely had been improved and were effective.

There were a sufficient number of staff on duty to make sure people's needs were met.

Recruitment procedures made sure that staff had the required skills and were of suitable character and background.

Staff were supported by a comprehensive training programme and supervisions to help them carry out their roles effectively.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of

movement is restricted and they lack capacity to make certain decisions.

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

People were provided with sufficient amounts of food and drink taking into account people's likes and dislikes and special diets.

People told us and staff demonstrated a kind and caring approach. People had their privacy and dignity respected.

Care plans showed that individual preferences were taken into account.

Care plans were up to date and gave clear directions to staff about the support people required to have their needs met. People's needs were regularly reviewed and appropriate changes were made to the support people received.

People were supported to maintain their health and had access to health services if needed.

People were encouraged to follow their interests and take part in a range of activities.

People had opportunities to make comments about the service and how it could be improved. A complaints procedure was in place and people told us they knew how to raise a concern if needed.

The registered manager had good oversight of the service and there was a clear ethos of care.

Staff were led by an open and accessible management team.

## 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.

We found action had been taken to improve safety, as people were no longer at risk from extremely hot, uncovered radiators or fluctuating home temperatures. Safety checks of the environment and equipment were completed regularly

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. These were regularly updated to reflect any changes in people's needs.

People's medicines were managed safely in the home.

People were cared for by staff who were suitable to work with vulnerable adults.

People were supported by sufficient numbers of staff to meet their needs.

People were protected by staff who had completed training in safeguarding vulnerable adults and were aware of the action they would take to ensure actual or potential harm was reported.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well supported and received the training they needed.

If people became unwell, staff sought medical advice promptly to promote their health.

People received sufficient food and drink to meet their needs.

The principles of the Mental Capacity Act 2005 were followed.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People's rights to independence, privacy and dignity were valued and respected.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were regularly reviewed and updated.

People were encouraged to be as independent as possible and take part in activities that interested them.

People were able to complain as the provider had an appropriate complaints policy in place.

### Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to monitor the quality of the service.

The service had a registered manager, who was supported by a deputy manager and senior staff.

People and staff told us they found the management team approachable.

Staff had positive views about the leadership and culture of the service

# Granada House

## 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 checked 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.

We visited Granada House on 20 March 2018 to carry out an unannounced comprehensive inspection. The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

Some people at the service were not able to tell us about their care experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During our inspection, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with two people living in the home, three staff, the registered manager and the deputy manager. We had a tour of the premises and looked at a range of documents including six people's care records, six staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

At our last inspection in November 2016, we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to people receiving safe care and treatment. This was due to people being at risk from extremely hot and uncovered radiators and fluctuating temperatures within the home. Following the inspection, we asked the provider to take action to address these concerns. The provider submitted an action plan, which told us how they were going to address these shortfalls.

At this inspection, we checked the progress of the action plan by speaking with the registered manager and deputy manager. We found all the radiators that could be covered, were covered and were now safe. Risk assessments were in place for radiators that could not be covered and the signage identified a warning to people about the hot surface. Some people at the home could benefit from pictures that identified some surfaces were hot. We fed this back to the registered manager who confirmed they would implement this. This meant improvement had been made.

People told us they felt safe. One person said, "I am safe." Staff said, "People are safe and well cared for." Risk assessments had been undertaken to support people safely in accordance with their individual needs. They were updated each month to reflect any changes in people's needs. Risk assessments had been completed for falls, moving and handling, and use of wheelchairs. We looked at how incidents and accidents were managed at the home. There was a process in place to analyse the number of incidents, which occurred over the month to look for trends or similarities to prevent similar occurrences from happening again.

People received their medicines safely and when required. The home used a blister pack medication system. The home had a pharmacist visit on an annual basis and we observed the most recent pharmacy report on 20 September 2017, which found no concerns. People living in the home were registered with a variety of local GPs. The GPs let the home know when they were going to review people's medications, usually on an annual basis. At the time of our visit, no one in the home was receiving their medications in a covert way and nobody was self-medicating. There were no drugs that needed extra security in the home on the day of our inspection or medications used at the end of life for relief of pain and symptoms known as 'just in case' medicines. One person was self-administering insulin with staff support. There was no oxygen machine or syringe driver on site.

Although we were able to see brief protocols for the administration of covert medicines, flu vaccine and ordering medicines including controlled drugs, we did not see a comprehensive medicine policy covering all aspects of medicine management and including medicines that are given on an 'as required' basis known as PRN medicines or homely medicines. Following the inspection, the deputy manager sent us the policy.

We checked a random sample of the blister packs against the medicine administration records (MARs) and found them all to be correct. We looked at bottles of liquid medicine and noted they had all been dated when opened. This is because some liquid medicines have an expiry period once they have been opened so

it is good practice to record the date of opening.

Storage room and medicine fridge temperatures had been recorded on a daily basis and were all within the optimum temperature range. People's allergies had been noted on the front sheet of the MARs. There was a master signature list identifying all staff who dispensed medications. This helped to quickly identify staff in the event of a medicine query.

The MARs charts were checked on a weekly basis to ensure completion and the first aid cupboard was also checked weekly to ensure optimum stock levels. The deputy manager also reviewed a policy every month to ensure they reflected current best practice. This included the medicines policy.

Medicine administration training was provided on a face-to-face basis by a trainer who visited the home and the dispensing chemist provided comprehensive booklets that included questionnaires. Not all staff in the home were trained in medicine management, as some staff did not wish to. On completion of the training staff then 'shadowed' two to three medicine rounds and were then observed dispensing medications three times. The registered manager and deputy manager conducted regular competency assessments on staff and all staff had annual refresher training. Medicine management was also discussed during staff supervisions.

Although body maps were in all the care files that we looked at they were not used to document the application and location of topical creams and lotions. They were used for identifying the location of moisture lesions, skin tears and any bruises. We discussed the need for clear staff guidance in the application of topical creams and lotions to ensure that the name of the cream/lotion was identified; the exact location for application and the time it needed to be applied were all clearly explained via a body map. The deputy manager planned to implement this as currently creams and lotions were identified on the MARs chart plus the time and location but not on body maps.

There had been two medicine errors in the previous six months. Staff had contacted the person's GP for further guidance and other relevant professionals. Incident reports had been completed. Learning had occurred to prevent a similar recurrence. All staff had received letters telling them to check and double check when administering medicines, plus they had all been through a competence check. The home had a 'handover' file detailing the name of the person who had the medicine keys. Staff told us, "I'm confident that medicines are well managed. I would know if anything had been taken. The training is very good."

We asked staff how they would know if a person who was unable to communicate effectively due to their memory or other condition was experiencing pain or discomfort. Staff told us that they looked at facial expressions, mood changes, body language and they would ask the question, "Are you in pain or any discomfort?"

The provider had effective recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. Pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview for the applicant and ensuring two references and identification was on file prior to them commencing work. A Disclosure and Barring Service (DBS) check was also completed for each member of staff prior to them commencing work. A valid DBS check is required for all staff employed to care and support people within health and social care settings to check on their criminal background. One staff said, "I have worked here about eighteen months. I had never done care work before. My interview was fine. They did a DBS check and I could not work until it came through. They had two references."



There were enough staff on duty to provide care and support to people living in the home. We checked staff rotas that confirmed the numbers of staff present on each shift was consistent to help ensure people's needs were met in a timely way. A person we spoke with told us they were completely assured by the care provided in the home. They said, "If there was a problem I would not be here." Staffing rotas showed that there was no reliance on agency staff. The registered manager said that staff were happy to be called upon to cover sickness and annual leave which ensured people received care and support from staff who were familiar with their needs. The deputy manager told us that they had just recruited a new cook and would be looking at employing another member of the housekeeping team.

Staff had completed training in safeguarding vulnerable adults and they were aware of the action they needed to take to ensure actual or potential harm was reported. One staff said, "I would report it to the deputy manager or the registered manager but I would be happy to call the local authority." Staff also told us that would be happy to whistle blow should the need arise and they were aware of the providers policy as the deputy manager picked a, "Policy of the Month" and whistleblowing had been a recent one.

Safety checks of the environment and equipment were completed regularly. The deputy manager conducted a 'walk around' of the home twice a day to help ensure it was safe. Records confirmed any issues were addressed. We checked the process for preventing the spread of infection in the home. The home was odour free, clean and hygienic and there were provisions for hand sanitiser mounted on walls around the home. Personal protective equipment such as disposable aprons and gloves were available and used when supporting people with personal care. The deputy manager had arranged for handwashing training for all staff. The training included the use of a 'light' box that showed areas of the hands that were still unclean despite washing. All staff had infection control training and the home had not had any infections in the previous six months.

## Is the service effective?

### Our findings

At our last inspection in November 2016, we rated this key question good. At this inspection, we found that the home had sustained this rating.

People's care and support was delivered in line with current standards and guidance. The deputy manager told us how they kept up to date with evidence-based guidance by using resources such as those from 'Skills for Care.' The deputy manager had recently completed an additional management qualification.

People received care from trained and competent staff. The majority of staff had worked at the service for a significant period of time and they received regular training to ensure that their knowledge was up to date. This training included a range of areas such as medicine management, dementia and first aid. The registered manager told us that staff were due to undertake further training on dementia care. A small number of new staff had been appointed since the last inspection. New staff undertook an induction program, which covered core skills such as moving and handling, infection control and food safety. They worked alongside more experienced members of staff for a number of shifts to help them gain confidence before working independently.

Staff told us that they were well supported and they received regular supervision sessions to reflect on their practice.

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated a good understanding of the MCA. They told us that they had received training and were clear about best interest decisions. We observed throughout the day that people's consent was requested before any care was provided. There was documentation in place to evidence best interest decisions such as the delivery of personal care and medicines.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that they had made applications under the DoLS as required to the local authority on behalf of people.

People were supported to maintain a balanced diet. People spoke positively about the food and the meal served looked appetising and well presented. We observed that people were offered choice and enjoyed their meal. The registered manager explained that people could have whatever they wanted and people confirmed this. Staff were cooking the meals at the time of the inspection as the previous chef had just left the service and the newly appointed one had yet to start. The staff member who had cooked the meal was

visible and chatted to people about the food. Drinks were available within peoples reach and we observed staff assisted people to drink throughout the day.

Where people had individual nutritional needs, these were assessed and their weight monitored if needed. Referrals were made to health professionals such as the speech and language team to look at swallowing when an issue was identified. Where advice was given, this was documented and handed over as part of the daily handover meetings. Records were maintained of contacts with the relevant health professionals and people had access to opticians and chiropodists. People's care was coordinated when they moved between services. For example where people were admitted to hospital clear information was sent with them to ensure that the hospital staff were aware of their needs, allergies and care preferences.

The building was well maintained and people had access to the church and clubs as well as gardens. People told us that they were able to spend their time where they wished and we observed people accessing different parts of the service.

# Is the service caring?

## Our findings

At our last inspection in November 2016, we rated this key question good. At this inspection, we found that the home had sustained this rating.

People were cared for by staff who were kind and caring. People we spoke with told us the staff were caring, kind and friendly. One person told us, "Staff are very kind and caring, not rushed." Another person said, "Staff are always kind and caring." We observed positive interactions between people and staff.

The home had a happy and relaxed atmosphere. We observed numerous caring, affectionate and kindly interactions between staff and people. People were supported to be as independent as possible and their choices were respected.

We did see one occasion where a person was sitting alone during lunchtime and two staff proceeded to walk past them without talking to them. We found all other observations were of staff who gave people the time they needed to communicate their needs and wishes and then acted on this. One person told staff they were feeling cold and requested a blanket. The member of staff fetched blankets and arranged them for the person until they had obtained the right combination that the person wanted.

People's right to privacy and to be treated with dignity was respected. We observed people's personal space and rooms were respected. When staff were attending to people's personal needs they ensured that curtains and doors were shut to allow privacy. When people required assistance with personal care this was responded to by staff quickly and in a sensitive and discrete manner. It was clear staff knew people well and knew how they liked to be supported and their preferences. One member of staff told us, "People go to bed when they want". Another said, "We say to people they can call us anytime - it's their preference and we respect it."

Staff spoke affectionately about the people they supported. We observed kind and considerate approaches to care and support. Staff worked patiently and kindly with people. People were supported to maintain their independence. One staff member explained, "Staff all encourage people to remain as independent as possible for as long as possible, we just help where needed." Staff had made every effort to provide a communication method for a person with speech difficulties including getting advice from the speech and language team, providing a white board, picture book and using visual dynamics to aid communication.

We also noted in the care plans there was a laminated page of picture images to help support communication on the following topics, "I have something to say", "Parts of the body" and "How do I feel, what is happening to me". We were told that people's relatives were able to visit their family member at any time and they were always made to feel welcome.

# Is the service responsive?

## Our findings

At our last inspection in November 2016, we rated this key question good. At this inspection, we found that the home had sustained this rating.

Care plans were personalised and provided an overview of how best to meet people's needs. They included their personal details, GP and emergency contact details. They also listed key contacts, hospital risk assessments and provided guidance on how to provide personalised care. Care plans also included the person's likes and dislikes and the best way to respond to the person in order to meet their needs.

Each care plan included a 'this is me' document that gave staff an understanding of a person's life before they needed residential care. Preferences in the way personal care should be supported, likes, and dislikes were included. Essential information for hospital staff in the event of a hospital admission was available.

A variety of personalised risk assessments had been completed including areas such as falls risks, mobility, moving and handling, nutrition and skin integrity. People's preferences regarding activities had been identified and gave staff ideas for encouraging people to participate.

When reviewing care plans with the person verbatim responses were included so that the person's thoughts/expectations on various areas of the care plan were identified clearly. The care plans were person centred and not task orientated and were updated on a four weekly basis. Where necessary, other professionals were consulted for their input. Records showed that the provider had maintained regular liaison with district nurses and other health professionals to support people in a timely manner.

People were supported to participate in activities that were suitable to their needs. Arrangements were in place to support people with community activities if they so desired, including shopping or visits to places of worship.

On the day of our inspection, we observed people listening to music, and staff were able to tell us about the people's favourite artists.

The provider had a complaints policy in place. Staff were aware of how to support people with complaints and this was accessible to people and their relatives. The home had not received any complaints in the previous six months. The home had a complaints policy in a folder in the central hallway. The home had received numerous thank you cards and comments included, "Thank you for your support and welcome when I visited Granada, keep up the excellent work", "Thank you again for making my husband comfortable in the last few days of his life" and, "I'm writing to compliment you and your staff who are always polite, friendly and helpful. This is not only from care staff but from kitchen staff and domestic staff. Each time I come to Granada I always get a warm welcome."

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. People's wishes at the end of their lives had been discussed and

recorded. Where people and their families expressed a wish for resuscitation not to be attempted at the end of their lives appropriate paperwork was in place to support this decision. The deputy manager was able to tell us how they supported people by ensuring they had effective pain relief when needed and by liaising with other agencies such as the GP and Hospice nurses.

## Is the service well-led?

### Our findings

At the last inspection, we found systems in place were not used effectively to monitor the safety of the service. Following the inspection, the provider completed an action plan to address this. At this inspection, we found improvements had been made.

We looked at records of quality monitoring audits completed and noted these were effective and identified and addressed any shortcomings in quality of the service. Records of audits included care planning, risk assessments, medicines, staff training and safety of the premises. Action plans were in place to address any issues identified. Staff were positive about the audits and checks. They told us about the improvements at the service. One staff member said, "I used to be so worried about health and safety. Now with all the checks its better and now we all keep our eyes open."

The provider had oversight of the quality of the service. They carried out a monthly audit, which included speaking with staff and people, maintenance of the premises, fire safety, staffing levels, care planning, activities and progress against action plans from previous audits. Policies and audits had been regularly reviewed to include any changes or amendments. This showed that systems were in place to effectively monitor the quality of the service.

People told us they felt the service was well led. The deputy manager supported the registered manager. One person said, "She [deputy manager] is very good." When asked if they thought the service was well led one staff said, "Yes it is. You can tell because we [staff] stay or come back." People told us they found the registered manager, deputy manager and staff approachable. When asked for their thoughts about the registered manager and team one person said, "Ah, they are lovely."

Staff told us they enjoyed working at the service and found the registered manager and deputy manager very supportive. One staff member said, "Staff all work together and get any issues sorted. [Deputy manager] is very approachable. The owner as well you can ask them anything it's not just a business." Another staff member said, "The deputy manager is very good. I've learnt a lot from them. She's got a lot of knowledge." A third staff member said, "Because of her the team works really well I can go to her with anything."

The service had a clear management structure and staff knew who to report to. Staff told us there was, "Lots of support." The registered manager and deputy manager told us they were well supported by the provider who worked closely with them. The registered manager told us they were proud of the staff team and the improvements they had made together at the service. This included more training to ensure staff were knowledgeable about dementia and had opportunities to progress in their career.

Staff meetings took place monthly and the registered manager, deputy manager and staff were positive about these meetings. Records showed discussions included updates of people's needs, care planning, best practice and activities. One staff member said, "Staff meetings are good, gives an opportunity for us all to talk about things and get updates plus the deputy manager always has a policy for us to read." The deputy manager told us meetings were positive and a, "Good opportunity for staff to share information and talk

things through."

People and their relatives were encouraged to give their views about the service and records confirmed people and relatives involvement in meetings and annual surveys, all of which were positive. When asked about these meetings one person said, "Yes we do."

We saw suggestions made by people and relatives regarding the food and decoration had been acted on. The service worked in partnership with other agencies and health and social care professionals, for example, we saw referrals to and advice from the Speech and Language Team, and the Falls Team.