

Brighterkind (Granby Care) Limited

The Granby

Inspection report

Granby Road
Harrogate
North Yorkshire
HG1 4SR

Tel: 01423582736

Website: www.brighterkind.com/thegranby

Date of inspection visit:
12 December 2019

Date of publication:
29 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Granby is a residential care home providing personal and nursing care to 64 people at the time of the inspection. The service can support up to a maximum of 82 people.

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

There had been management changes in recent months, which had impacted on staff morale and consistency of care provided to people. A new manager had been in post for three weeks and this had helped to provide stability. They will apply to be registered with the Care Quality Commission (CQC) as soon as possible. During previous manager absences, senior managers had overseen the service. There was a quality monitoring system, which helped to identify shortfalls, so these could be planned and addressed.

There was a delay in one person receiving an important medicine, although this did not have an impact on them. This was addressed during the inspection. There were some discrepancies in the recording of the important medicine; we have made a recommendation about this.

Staff knew how to protect people from the risk of harm and abuse, and how to raise any concerns. Staff were recruited safely and there were enough staff to support people. There were comments about the use of agency workers leading to inconsistencies. The recruitment drive underway should resolve this. The service was clean and tidy.

People had assessments of their needs completed and care plans guided staff in how to meet them. There had been an improvement in the quality of care plans since the last inspection.

People's health and nutritional needs were monitored and met. Records showed people saw health professionals when required. The menus provided choices and alternatives, and snacks were available in-between meals.

Staff were described as kind and caring and treated people with respect. They supported people to maintain their independence as much as possible. 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.

Staff had access to induction, training and supervision. The new manager had information about training gaps, so they could plan courses, and a schedule of formal supervision meetings had been produced. Staff told us they felt supported by the new manager and regional support managers.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 January 2019) and there was one breach of regulation. This related to not having accurate and up to date records for people. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made apart from one record relating to medicines management. The provider was no longer in breach of this regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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.

Inspection team

The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. It is important for managers to be registered as 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.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with 14 members of staff including the regional manager, the new manager, a unit manager, senior and care workers, the chef and an activity coordinator. We spoke with a health care professional.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality monitoring 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.

Using medicines safely

- Staff followed a safe procedure for medicines administration. However, we observed a delay of 30 minutes in the administration of one person's important medicine. There was no impact to the person on this occasion but there was the potential for them to experience pain should this reoccur. This was mentioned to the nurses and new manager to monitor more closely.
- The records of administration of a controlled drug to one person contained a few discrepancies, which meant the record of doses given could not be followed. Two people's protocols for taking a 'when required' medicine were not reviewed when a new medicine was prescribed. This meant staff did not have up to date information. The provider responded immediately during and after the inspection. They completed an investigation and discussed the importance of accurate records with staff who administered medicines.

We recommend the provider consider current guidance on the recording of medicines, act to update staff knowledge and practice, and monitor this through competence assessments.

- Medicines were received, stored and disposed of appropriately.
- Those staff who administered medicines had completed training.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and poor practice.
- Staff received safeguarding training, knew how to recognise abuse and what to do if they had concerns.
- People told us they felt safe. Comment included, "I feel safe living here; there are lots of different people to look after you" and "I can leave things out and they don't get stolen. I'm getting worse at remembering so I feel safer here."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk had been identified in assessments and staff understood where people required support to reduce the risk of avoidable harm.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments were kept under review.
- The service was clean and tidy, and the provider had systems in place for infection prevention and control (IPC). There were cleaning schedules and checking systems, which included equipment used for nursing care.
- Staff had access to personal equipment such as gloves and aprons to help prevent the spread of infection.

Staffing and recruitment

- There was enough staff to ensure people's needs were met in a safe way.
- There were some comments from care staff that they felt rushed at times but on the whole staffing levels were described as enough. Agency staff had been used recently, which had affected consistency of care and promptness when answering call bells. However, recruitment of staff was well underway and should resolve the issue.
- There was a skill mix of staff and ancillary workers so nursing and care staff could focus on their individual tasks.
- The provider had a safe recruitment system, which ensured all employment checks, such as police checks and references, were in place before new staff started work.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to training and supervision. New staff received a three-day induction of training courses, then worked alongside more experienced staff to gain confidence.
- Training records were completed, which showed some courses were overdue for updating. The new manager was aware of this and several courses had been planned.
- Staff confirmed they received day to day support and had also received some formal supervision meetings. The new manager had audited supervision and appraisal records and developed a more frequent programme for the staff team. Staff confirmed they felt supported and could approach the new manager or nurses at any time for advice. Comments from care staff included, "I can't say anything bad about the training here. I do mandatory training with ease really. If I've expressed an interest in something, they've let me do it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People had assessments of their needs completed and care plans were developed, which guided staff in how to meet people's needs in a safe and timely way.
- Care plans were evaluated and updated when people's needs changed, which ensured staff had up to date and relevant information.
- There had been improvement in records, which provided information to nursing and medical staff when people were admitted to hospital or attended for appointments.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were met. Each person had a care plan and risk assessment regarding nutrition. These described people's likes and dislikes and the amount of support they required to maintain a balanced diet. Oral health assessments were completed, and it was recognised the impact poor oral care could have on the enjoyment of meals.
- The menus provided choices and alternatives for people including a vegetarian option. Most people had positive comments about the meals provided.
- Staff liaised with dieticians and speech and language therapists when there were concerns with people's nutritional intake and hydration. Monitoring charts were completed for those people most at risk.
- People's health care needs were met. Staff contacted a range of health care professionals when required. This was confirmed in discussions with people and their relatives.

- A health professional told us staff were prompt in contacting them when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider ensured the actions of staff, when supporting people who lacked capacity, was within the law. The provider had made appropriate referrals to the local authority when people required DoLS. When these were authorised, they were monitored to ensure requests for renewal were completed in a timely way.
- People had assessments of their capacity completed and meetings were held to discuss important decisions made on their behalf.
- Staff had a good understanding of the need to gain people's consent before carrying out care tasks.

Adapting service, design, decoration to meet people's needs

- The service had wide corridors and a passenger lift to upper floors, which made it more accessible for people in wheelchairs. There was a range of moving and handling equipment, assisted baths and grab rails in bathrooms and toilets to assist people with mobility issues.
- Many people had low level needs and the environment reflected this. For example, there was a range of communal areas for people to congregate such as a bar, a cinema room and a cafe. There were written signs throughout the service providing directions for people. Should the needs of people living with dementia increase, the signage would need to be adjusted to help them locate their way around the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. Comments included, "They do come and sit and have a chat with me. I have been pretty low; they told me how well I was doing and were very encouraging" and "The staff are very caring and quick to respond to bells."
- Staff were caring, friendly and attentive to people.
- People's diversity was respected and promoted. Information about their diverse needs was included in care plans. For example, people's spiritual and religious needs, sexuality and physical disability. Staff described the different needs people had and how adjustments were made for them to be met.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make their own decisions and helped relatives to be involved in people's care. One person described how they had been involved in assessments and care plans.
- People had care reviews with relevant others present, where they were able to comment about the care delivered to them. There were residents' meetings held in the service; records included discussions on meal provision and activities.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their dignity and independence. People and their relatives gave descriptions of how staff had promoted privacy and dignity.
- Each person had their own bedroom with ensuite, which afforded them privacy. There were several bedrooms which had a shower as part of the ensuite. Staff knocked on doors before entering people's bedrooms.
- People's care plans described the actions staff were to take to encourage privacy, dignity and independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained personalised information about people and how staff were to support them. For example, one care plan we looked at reminded staff to talk to the person about what their medicines were for, which ones they had to chew first, and their preferred drink during and after their medication. It also described the aids the person required for their mobility and how needs were assessed before each intervention. The care plans contained fact sheets about specific conditions people had to ensure staff understood how they impacted on people.
- People told us staff were responsive to their individual needs.
- A relative described how their request for a person to see their GP had been followed up.

End of life care and support

- People could remain in the service for end of life care. The care plan we assessed for a person on end of life care contained a basic description of expected outcomes for them, for example to be pain-free, comfortable and to be treated with dignity and respect.
- There were daily records of the care provided by staff, and relatives told us care staff were kind and caring.
- Two nurses had completed syringe driver training for pain management in those people admitted for end of life care. The community palliative care team had, in the past, worked with the nurses in setting up and overseeing syringe driver treatment. The new manager confirmed the service could not accommodate people who needed syringe driver treatment until all nurses had received the training or support from the community palliative care team was available; they confirmed people would be made aware of this.
- The provider had a policy and procedure for end of life care and some staff had received training.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The regional manager and new manager were aware of the accessible communications standard and had taken some steps to make information more readily available. For example, there were pictorial newsletters with large print and appropriate lighting when people needed additional support.
- Staff completed assessments and care plans of people's communication needs. These referred to potential impacts on their hearing, sight, cognition and speech.
- There were notice boards providing information to people in an accessible format. For example, large

print and pictures of activities. The signage around the service was not suitable for people living with dementia and could be improved. This had been identified already by the new manager and steps taken to address it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One activity coordinator was employed in the service, although recruitment was underway for an additional two staff. The activity coordinator told us their role was evolving as people were admitted to the service with more complex needs.
- Most people felt the activities were enough to meet their needs. The range of activities included individual sessions with people, who preferred to stay in their bedrooms; the activity coordinator felt this was an area they wanted to improve. There was also group activities such as exercises and games, learning and maintaining craft skills such as knitting, reminiscence and quizzes, and visiting entertainers such as singers and pet therapy. The service had a cinema room, which was well used.
- There was community involvement such as coffee mornings to raise funds for McMillan Nurses, a poetry club and visits to local facilities. There was a range of newspapers and magazines available for people to read when relaxing in the lounges. The new manager told us of plans to have a shop within the service.
- People's relatives and friends were active in the service and visited daily. There were quiet areas for them to meet people or a café to sit and have a coffee and cake.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was displayed in the service. Complaints were recorded and investigated, and every effort made to address them to the complainant's satisfaction.
- People told us they felt able to raise complaints and concerns, and these were addressed. Comments included, "I've not had to make a formal complaint. I don't have a problem doing so if I needed to; I speak my mind and generally the staff are very good."

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

At the last inspection, a failure to keep accurate and up to date records meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The recording of the care delivered to people, the information in care plans and the completion of risk assessments had improved.
- The service did not have a manager who was registered with the Care Quality Commission. This was a limiter for the rating in the well-led section to reflect the importance of having a registered manager who was accountable and responsible for ensuring a safe service. A new manager had been appointed and they assured us they would be completing an application to be registered as soon as possible.
- There was a quality monitoring system in place, which consisted of audits, checks, observations of staff practice and seeking feedback from people. Action plans were produced when shortfalls were identified.
- Senior managers had oversight of the service. They completed quality assurance visits to the service and produced a report with their findings for the new manager to address. These were checked for completion at their next visit.

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

- There had been several management changes, which had impacted on staff morale and consistent support to people. The new manager had been in post for three weeks and was aware of the concerns; they had taken steps to address them by talking to staff and in making themselves known to people and their relatives.
- The management changes had been noted by people and comments included, "There is a constant change of managers; we don't get to know them, and they don't get to know people very well either" and "There is a frustrating turnover at the top." However, one person said, "I was pleased that the new manager sat at our table to get to know us; that's a good thing."
- Staff gave very positive comments about the regional manager and new manager. They told us support had improved and they felt able to raise any concerns knowing they would be addressed. Comments included, "[Name of new manager] is very approachable. It unnerves a lot of staff with management coming

and going. I feel I can go to the manager we have now" and "We have regional support managers that we work closely with and they walk around the service."

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; Continuous learning and improving care

- The provider and new manager were aware of their responsibility to be open and honest with people and to apologise when care did not meet expectations.
- The provider had a system in place for senior management to analyse accidents and incidents so that lessons could be learned. There were also systems in place to ensure CQC and other agencies received notifications of incidents which affected the safety and welfare of people.

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

- People had meetings where they could make suggestions. A record of the last meeting on 20 November 2019 showed people were asked their views about meals, activities and community outings. The new manager had a plan of three monthly 'residents' meetings.
- A survey for people who lived in The Granby had been completed in 2019. The scores gave senior managers information about how the service compared with the provider's other services and areas for improvement. The results had been analysed and a plan produced to address any shortfalls.
- Staff had general meetings and individual supervision sessions where they could raise suggestions.
- Staff worked in partnership with a range of health care professionals, for example, the community palliative care team, local GP and dietetic services.