

Brighterkind (Granby Care) Limited

The Granby

Inspection report

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Date of inspection visit:
01 March 2017

Date of publication:
21 March 2017

Ratings

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

Summary of findings

Overall summary

The inspection took place on 1 March 2017 and was unannounced.

We carried out an inspection in September 2015, where we found the registered provider was not meeting all the regulations we inspected. We found the registered provider had failed to check the competence of staff against their professional qualifications or seek appropriate pre-employment checks. This meant that the registered provider could not be assured that people employed were suitable to work with people who are vulnerable due to their circumstances. They had also failed to ensure staff were deployed effectively. This meant people who used the service were at risk of harm and were left unsupervised in communal areas. We told the registered provider they needed to take action and we received an action plan. At this inspection we found the home had taken action to address the two shortfalls identified and were no longer in breach of the regulations.

The Granby provides residential, nursing, and respite care for up to 41 older people. The service is in Harrogate, close to the Stray. Accommodation is provided on three floors and at the time of our visit all rooms were being used for single occupancy, although double rooms are available. The main kitchens and laundry facilities are situated in the adjoining service. Smaller kitchen areas are available on each floor. There is also a hairdressing room, library, mini cinema, communal dining area and sitting rooms available.

The service had a manager in place, who was going through the registration process with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff understood how to safeguard people from abuse. People and staff we spoke with told us they thought there were enough staff available to meet people's needs. We saw from the rotas staffing levels were determined by the registered provider's assessment of people's needs. The recruitment process was robust and staff completed an induction when they started work.

Individual risks associated with people's conditions were identified and updated regularly. Care plans contained sufficient information about minimising risks and staff followed these. People were protected against the risks associated with the administration, use and management of medicines. We found people had access to healthcare services to make sure their health care needs were met. People lived in a clean, comfortable and well maintained environment.

Staff had completed a range of training; however, some staff training had expired. We saw an intensive training programme had been developed and staff were scheduled to receive up to date training in the coming months. We also saw that supervisions were scheduled to take place on a rolling programme and had started following the recent appointment of both the general and unit managers.

Care plans we looked at contained a range of capacity assessments and staff knew what 'Deprivation of Liberty Safeguards' (DoLS) meant and the impact that had on people who used the service.

We observed the lunch time meal in the main dining area and saw the food looked well-presented and smelled appetising. We saw people identified at being at risk of poor nutrition or hydration had their intake monitored. However, weight monitoring records showed that some people constantly refused to be weighed or were unable to be weighed due to their complex conditions. Where this was the case other forms of monitoring weight loss or gain need to be implemented and this was discussed and agreed with the manager during the inspection.

Throughout our visit, people were treated with professionalism, kindness and compassion. Staff had a good rapport with people, whilst treating them with dignity and respect. There were opportunities for people to be involved in a range of activities within the home or the local community. This included one to one time for people who remained in their rooms.

We found care plans contained sufficient and relevant information, which meant people receive the appropriate care and support. All relevant staff had access to people's care plans and associated documents.

Staff provided positive feedback about the new managers and felt they had already made improvements to the service. People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys and meetings. Complaints were investigated and responded to appropriately.

We found quality assurance systems were working well and ensured people received a consistent quality service. Notifications had been sent to the CQC by the service as required by legislation.

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.

People and staff we spoke with told us staffing levels were appropriate to meet the needs of people living at the service. Staffing levels were determined by the assessment of people's needs. The recruitment process was robust.

Individual risks were updated regularly.

Medicines were safely managed.

People told us they felt safe. Staff understand how to safeguard people from abuse. We saw the home was clean and hygienic.

Is the service effective?

Good 

The service was effective in meeting people's needs.

Staff supervision was planned to meet the provider's policy. Some staff training had expired but an intense training programme was in place to address this.

Care plans contained sufficient detail to ensure people received care and treatment which was in accordance with their individual needs. Staff had a good grasp of the Mental Capacity Act 2005 and associated legislation.

Food served on the day of our visit was well presented. We received good feedback about food provision. We saw people identified at being at risk of poor nutrition or hydration were being monitored and discussed ways to make sure staff were aware of weight loss or gain where people refused or could not be weighed due to complex conditions.

People attended regular healthcare appointments.

Is the service caring?

Good 

The service was caring.

We saw multiple examples of caring interactions when staff

provided support, assistance and reassurance. People looked well cared for.

Staff respected people's privacy, independence and dignity.

Is the service responsive?

Good ●

The service was responsive to people's needs.

We found care plans contained sufficient and relevant information and care staff were able to access this information.

There were opportunities for people to be involved in a range of activities within the home and the local community.

Complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

The registered provider demonstrated they had made adequate improvements following breaches identified at our previous inspections.

The systems in place to monitor the quality of service provision were effective. Notifications had been sent to CQC by the service as required by legislation.

We received positive feedback about the new managers. Staff told us the new managers had made improvements to the service since they started in November 2016 and January 2017 respectively.

People who used the service, relatives and staff members were asked to comment on the quality of care.

The Granby

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 1 March 2017 and was unannounced. The inspection was carried out by one social care inspector.

At the time of this inspection there were 35 people living at The Granby. We spoke with 10 people who used the service, two visitors, seven staff, the general manager, the unit manager and the regional manager. We visited the home and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at 9 people's care plans.

Before the inspection, the provider had completed a Provider Information Return (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 all the information we held about the service. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection we rated this key question as requires improvement. We concluded there were inconsistencies in the way care and support was planned and delivered because of the varying effectiveness of the leadership skills of people deploying staff and there were insufficient checks completed as part of staff recruitment. This placed people at risk of receiving poor care. At this inspection we found improvements had been made to address the previous shortfalls.

People and visitors we spoke with told us they thought the care provided was safe. One person told us, "I'm satisfied and don't worry about anything. We have all we need and I feel safe." And, "I never hear of anything bad happening." One visitor told us, "The staff are brilliant, I can't think of anything which could go wrong."

We received mainly positive views from people, staff and visitors about the levels of staffing in the service. Comments included, "The staff are always busy but that doesn't mean there aren't enough of them." And, "I never have to wait too long before they take me to the toilet or help me get ready for bed." Other comments included, "Everything has happened at once, the refurbishment, training and new staff. So things need time to settle down. It has been chaotic but we are getting there." It was clear that although disruption was being kept to a minimum during the refurbishment programme, which was being undertaken throughout the building, some people had found the move around and inevitable noise unsettling.

We asked people if they thought they had to wait too long when needing help and when using their buzzer to summon help. People told us help came quickly and that they had not experienced any delays during the day or night. Throughout the day we found staff responded well to the call bells and people were not kept waiting.

We made observations relating to staffing numbers. We saw medicines rounds were done with no disturbances by staff asking the member of staff for advice about people. We noted in the communal areas staff were always present and these areas were well used on the day of the inspection.

The general manager told us they used the care home equation for safer staffing (CHESS) tool to determine staffing arrangements. This calculated staffing numbers based on dependency levels and was used in conjunction with individual care plans and the environment. The outcome was a safe staffing level. At the time of the inspection all of the outstanding staff vacancies, including nurses, care assistants and activity co-ordinator leads had been filled and staff were awaiting their start dates pending satisfactory pre-employment checks being carried out. Agency staff were being used in the meantime. We saw the same staff regularly being used to provide consistency and the service had a profile of each of the agency staff so that they knew what training they had had and that they had been safely recruited.

The manager told us the normal staffing levels were five staff during the night, and this included a registered nurse. During the day and evening, seven staff including two nurses were on duty plus ancillary staff. We looked at the rotas and saw that this level of staffing had been maintained and where necessary additional staff were used to cover when training sessions were being held for example.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We saw each person had a personal emergency evacuation plan (PEEP) so staff were aware of the level of support people living at the service required should the building need to be evacuated in an emergency. We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. Fire-fighting equipment was available, emergency lighting was in place and regularly tested. We found all fire escapes were kept clear of obstructions. There were clear directions for fire exits. Staff training records showed most staff had received fire safety training and further fire safety training had been booked for March 2017. Staff we spoke with said their training included fire evacuation drills, and said they felt confident they could respond to a fire alarm appropriately and knew how to keep people safe. One staff member told us, "We practice regularly to make sure we know what we are doing."

We saw equipment had been regularly tested, which included the call bell system, window restrictors and wheelchairs. All maintenance certificates we saw were in date.

Care plans we looked at contained a range of risk assessments. This included risks around mobility, falls, nutritional health and skin integrity. We found these were updated regularly, and contained relevant information.

We spoke with staff about their understanding of specific risks relating to one person. They were able to discuss these and were aware of the need to regularly record observations relating to the person and who to contact should the person show an increased risk.

We asked people who used the service and relatives if they got their medication on time. No-one reported any concerns. One person told us, "They are like clockwork, no problems."

Medicines were stored securely and safely in a well-ordered room. The temperatures of the treatment room and medicines fridge were checked daily. Staff told us they would report any problems with temperatures to the maintenance person.

We saw medication administration records (MAR) contained a picture and information about each person, including any known allergies and any conditions such as those which made swallowing a risk for the person.

We observed two medicines rounds and saw some good staff practices. The member of staff giving the medicine knew the person's needs, for example, when a medicine needed to be given and how the person preferred to take their medicines. Staff were patient and did not rush people, they offered an explanation and asked for consent before giving the medicines. They also waited until the person had comfortably taken their tablets and checked with them if they required another drink before leaving them and signing the MAR's.

We saw MAR's were completed correctly with no gaps. Most medicines were delivered in pre dispensed packs, and we saw these contained correct amounts of medicines. This meant medicines had been

administered as required. Some people had medicines to be taken 'as and when', also known as PRN medicines. We saw there was written guidance to help staff understand the dosage and how a person communicated they may need the medicine, including non-verbal indicators such as changes in body language or position. We checked stocks of these medicines and found they were correct.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was checked by two appropriately trained staff. The stock of controlled drugs matched the drugs register.

Staff applied cream and lotions to people when this was required. These are known as 'topical medicines'. There were records to show where on the body this should be applied and how often. The member of staff applying the topical medicines reported this had been done to the nurse on duty and a record was made on the MAR's to confirm this.

Unused medicines were returned to the pharmacy. This medication was recorded in a returns book for this purpose.

We saw audits of medication management were completed and staff who administered medication received appropriate training. Staff medicine competency checks had been carried out.

We completed a tour of the premises as part of our inspection. We looked at a number of people's bedrooms (with their permission), bathrooms, toilets and various communal living spaces and saw the home was clean, fresh smelling and hygienic. We saw personal protective equipment, alcohol hand rub and liquid soap was available to staff and people.

Staff we spoke with had received training in safeguarding and understood what they should look out for, and knew how and when to report any concerns. One staff member said, "I would not hesitate, report it and then know something would be done about it." Staff told us managers would act appropriately on any reports made, and staff were aware they could contact other agencies such as the Care Quality Commission (CQC) if they felt their concerns were not acted on. Staff training records we saw showed most staff had completed safeguarding training and further safeguarding training had been booked from March 2017.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw the whistleblowing procedures were available to staff if needed. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Is the service effective?

Our findings

At the last inspection we rated this key question as requires improvement. We had recommended that additional training with regard to end of life care would ensure a consistent approach in line with national strategies. We found at this inspection that action had been taken to address this and a new unit manager had been appointed who would lead clinical practice in this area.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We looked at the supervision schedule for 2016 and 2017 and a monthly supervision and appraisal schedule for January and February 2017. We found that the frequency of supervisions and appraisals was ad-hoc. However, since the appointment of the new managers a scheduled programme had been introduced and senior staff had been given responsibility for this to take place.

Despite some lapses in staff receiving structured supervisions, staff told us they felt adequately supported in their roles and were able to ask for advice and support as required. Staff we spoke with could see the benefits of this two-way discussion and saw it as an opportunity to identify training and development needs.

We looked at staff training records which showed staff had completed a range of training sessions in 2015 and 2016 however, many of the courses seen as compulsory by the organisation, also known as mandatory, were overdue and out of date. This had been identified as a priority by the regional manager and there had been a strenuous effort to make sure all staff were trained appropriately. An intensive training programme had started and we saw from the schedules of training this would be completed in the next six months meaning all staff would be up to date with their training. The regional manager told us they had a mechanism for monitoring training. The data included what training had been completed and what still needed to be completed by members of staff. It was clear that this was under control and systems were in place to address it.

We were told by the general manager that staff completed an induction programme. From the records we looked at we were able to see information relating to the completion of induction. The induction included classroom learning and time shadowing more experienced staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care plans we looked at contained a range of capacity assessments, for example, relating to decisions about

remaining at the service and the administration of medicines. Where people lacked capacity there was clear guidance about who would support them in making that decision. Where people lacked capacity to make a decision about where they lived, we saw DoLS were applied for appropriately.

Staff we spoke with told us they had received training in the MCA and understood what was meant by capacity. We saw they understood the circumstances when someone might need support to make decisions and what this meant in terms of referrals and best interest meetings. Consent was well documented in everyone's care plan. For example, where bed rails were in use or sensor mats. One member of staff we spoke with had good knowledge around when they should support people with decision making and when people had the right to make decisions even though these might be unwise. One staff member told us, "You should assume a person has the capacity to be able to make their own decisions unless you have reason to believe they do not."

People told us they got a choice of a cooked breakfast and a hot meal for lunch and tea. We saw options were offered if people did not like what was on the menu. We noted there were ample supplies of hot and cold drinks, fruit and snacks available in the communal areas throughout the day. Drinks trolleys were taken round by staff designated to this role during the day. We saw the kitchen areas on each floor had a range of snacks, which included biscuits, milk, butter, bread and cereals. However, the main food provision was provided by the large industrial kitchen which was situated in the sister home which was adjoined to the service. People told us they were given plenty to eat and drink. Comments included, "Food is lovely here. The choice is very good." And, "It's satisfactory. If I don't like something I can tell a member of staff and they change it. It has never been a problem."

We saw the tables in the main dining room had tablecloths, place settings, water glasses, napkins and cutlery. The atmosphere in the dining room was relaxed as people chatted with each other and staff members. The food looked and smelled appetising. We saw staff were attentive, kind and gentle and ensured everyone was able to enjoy their meal. We also noted that for those people who took their meals in their rooms, a member of staff was allocated to do this and spent time with the person until they had finished all of their meal.

We saw detailed records for managing special dietary requirements, likes, dislikes and allergies had been completed for everyone living in the service. Records referred to people who had swallowing difficulties and the textures to be used when preparing their individual dishes. We noted that staff followed these instructions when providing meals.

People who were at risk of malnourishment were given fortified food and high calorific dishes to maintain their physical health. This included milkshakes and the addition full fat milk to puddings. People identified as being at risk of poor nutrition or hydration had their fluid and food intake monitored. However, weight monitoring records showed that some people constantly refused to be weighed or were unable to be weighed due to their complex conditions. Where this was the case other forms of monitoring weight loss or gain need to be implemented and this was discussed and agreed with the general manager during the inspection.

Visits by health and social care professionals were recorded in people's care plans, together with notes relating to advice or instructions given. We saw people had access to a range of visiting professionals including GPs, opticians, chiropodist, memory teams and dieticians.

Is the service caring?

Our findings

At the last inspection we rated this key question as requires improvement. This was because we observed some staff respond to people in a kind and caring manner on some occasions; however there were some occasions where people's privacy and dignity was not always respected. During this inspection staff were seen to respect people's privacy and dignity.

People who used the service and their visitors told us they were very happy with the care and support provided by staff members. They said staff were gentle, friendly and attentive. Comments included, "Staff are brilliant, they are so caring." And, "The staff make sure we are all looked after properly, don't worry about us."

Visitors we spoke with told us they came to the service at different times of the day and on a weekday and weekend and could not see any difference in the service. Staff were consistently "professional and enthusiastic to do their best."

Throughout our visit staff were attentive to people they were caring for and demonstrated they knew people very well, including people's visitors. Staff knew people by name, and some of the conversations indicated they knew their life stories and what interested them. People were comfortable around staff.

We noticed when one or two people were distressed; staff picked this up very quickly and responded in a kind and concerned way. We saw one person became distressed during the morning and demonstrated behaviour which could upset other people. A staff member immediately broke off from what they were doing and approached the person in a calm and respectful manner. They were able to quickly reassure the person and relax them, preventing their behaviour escalating and quelling a situation which could have caused the person to injure themselves.

The premises were spacious and allowed people to spend time on their own if they wished. We saw people spending time in the lounge areas, in their bedrooms and in the smaller seating areas. People looked well cared for. They were tidy and clean in their appearance, which was achieved through good standards of care.

We observed multiple examples of good practice from staff during the inspection. Staff knocked on doors and waited for approval before entering people's bedrooms. We overheard staff ask people discretely before providing any interventions such as personal care. Staff were seen to offer reassurance and reorientation when people were confused or distressed, and encouragement where people were attempting to do things for themselves. People told us they were treated with respect and their privacy and dignity was taken care of.

Staff we spoke with were able to tell us how they maintained people's privacy and dignity, and supported them to remain as independent as possible. One staff member said, "Coming into a service can take so much away from people so it is important for them to keep their independence for as long as possible. One

of our key principles is – make every moment matter. That is what we do here."

Is the service responsive?

Our findings

At the last inspection we rated this key question as good. At this inspection this rating was sustained.

Care plans contained pre-admission assessments. The information collected was used to determine whether the person's care and support needs could be met before they moved to the service.

Care plans were in place to show how a person's care and support needs would be met. These included plans covering areas such as capacity, social engagement, mobility, continence, skin care and nutrition. These records were easy to navigate and we saw they had a monthly review. Any changes in people's needs were documented in the reviews and this triggered an update to the existing care plan. For example, one person's nutritional needs changed and this meant the initial care plan was rewritten to include the new information. This meant staff always had access to the most up to date guidance relating to the person's care and support needs, risks associated with those needs and the methods by which risks would be minimised. Care plans evidenced people's involvement. Some people, who were able, had signed to say they agreed with the contents.

All appropriate staff had access to care plans and were involved in reviews, entering information and updating diary sheets and daily records. When not in use files were locked away.

People we spoke with told us they were satisfied the care provided reflected their needs and staff were vigilant and responsive if they spotted anything of concern.

We saw care plans contained a full audit and review by a senior member of staff as part of the quality assurance process. The audit included the actions identified and who was responsible for the action needed. A timescale was set and a check made that the necessary action had been taken.

We saw people living at the service were offered a range of social activities and a programme of activities was on display in the foyer. People told us they enjoyed the activities. We saw activities included quiz sessions, knit and natter groups, bulb planting, films on show in the mini cinema and pet therapy. Where people were unable or chose not to get involved in group activities one to one time was also available. However, we concluded that this was restricted due to a shortage of staffing hours worked by the activity coordinator lead. This had been identified by senior managers and two additional staff had been appointed to undertake this role and there was an expectation that more focused one to one activities would become a daily event.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We saw the complaints procedure was displayed in the foyer and a copy was included in a folder in each bedroom. We saw complaints were fully investigated and resolved where possible to their satisfaction. This showed people's concerns were listened to, taken seriously and responded to promptly. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

We also saw numerous cards and letters paying compliments to the service and thanking staff for their support and care. These included, "My relative was always treated with such love and dignity." Another person wrote, "We really like what we have seen, the staff are lovely." And, "Excellent help and attention."

Is the service well-led?

Our findings

At the last inspection we rated this key question as requires improvement. This was because we found the systems in place for monitoring and reviewing had not been sufficiently effective to maintain the quality of the service. At this inspection we found action had been taken to make sure the service was continually monitoring and assessing the quality of the service and making improvements.

Staff we spoke with said communication and support within the home was good and had an improving trajectory. Staff said the new managers maintained a visible presence and often spent time with them and people who used the service. One member of staff told us, "I love working here; the staff team are great, really nice people." And, "There's an open door policy. If you have an issue you can talk to the manager in confidence." One member of staff told us about an initiative which focused on bringing teams together and enforcing the provider's values. They went on to say how well it was working and staff were enthusiastic and committed to making it work.

People and visitors we spoke with said staff were friendly and the management team, were visible and around the home.

Since the last inspection there had been a series of changes, with three different managers in post during that time. In November 2016 a newly appointed general manager had taken up her post, followed by a unit manager in January 2017. Staff told us that since their appointments improvements had been made and that this had had a positive impact on the service overall. One member of staff told us, "It has been tough, really hard. But the new manager means business, she manages and that is what was needed. She also thanks staff, which is important." The general manager was in the process of registering with the Care Quality Commission and was waiting for a Fit Person interview, which is the final part of the registration process.

Notifications had been sent to the CQC by the service as required by legislation.

We saw staff meetings were taking place and additional meetings had been scheduled.

We saw a monthly programme of audits was in place. This included medication, falls, care plans, safeguarding and tissue viability.

The regional manager carried out monthly visits to the home. These included an overview of the home, care compliance, feedback, resident involvement, recreation and activities, dining experience and health and safety. Actions were identified and dates of completion were recorded.

A series of relatives meetings had been planned. Relatives had also been consulted and contacted regarding the extensive refurbishment which was part finished at the time of our inspection. People had the opportunity to give their views about the service and told us that the manager was keen to hear their views and suggestions.