

Aspire: for Intelligent Care and Support C.I.C Granville

Inspection report

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Date of inspection visit:
29 November 2023
04 December 2023

Date of publication:
10 January 2024

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

About the service

Granville is a residential care home providing respite accommodation and personal care for up to 14 people. Respite care allows those with caring duties to take a break, while the person you care for is looked after by someone else. The service provides support to people with a range of health conditions, including people with a learning disability or autistic spectrum disorder. At the time of our inspection there were 7 people using the service.

Granville is a spacious, extended and adapted building, with its own grounds and outside space. There are 14 bedrooms, some with specialist equipment such as tracking hoists and profile beds. Communal areas include wet rooms, toilets, large lounges, a dining area and a sensory room.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right support: People and their relatives told us they felt safe and supported. Risks were assessed and managed to ensure people could safely participate in activities that they enjoyed. People had their own bedrooms and appropriate equipment required during respite stays was provided. 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. People were encouraged to do things for themselves, supported by a consistent team of staff who promoted their independence. People were able to receive visitors without restrictions in line with best practice guidance.

Right Care: People were supported to express their views and make decisions about their care. People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. People had access to health care professionals when they needed them. People's privacy, dignity and independence were respected and promoted. People were safeguarded from abuse and avoidable harm. Staff understood their responsibilities to raise concerns and report incidents and were supported to do so. There were sufficient numbers of suitable staff and the provider operated safe recruitment processes.

Right Culture: There was a positive and open culture at the service and systems were in place to provide person-centred care. People and staff were involved in the running of the service and the provider worked in partnership with others to achieve good outcomes for people. Systems had been implemented to enable the provider to assess, monitor and improve the quality of the services provided and the provider was focused on developing these further. Any learning was identified and acted on. People benefitted from

staying at a service that had an open and friendly culture. People enjoyed staying at the service and feedback we saw and received confirmed people enjoyed their respite stays.

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

Rating at last inspection

The last rating for the service was Good, published on 24 July 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Granville on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Granville

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 Health and Social Care Act 2008.

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

Inspection team

Granville is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Granville is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started 24 November 2023 and ended on 7 December 2023. We visited the location on 29

November and 4 December 2023.

What we did before the inspection

We reviewed information we had received about the service since their registration with us. We sought feedback from the local authority. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, head of service, service manager, team manager, 4 members of staff and a facilities manager. We met 4 people who were using the service at the time, 2 relatives and 2 social care professionals.

We reviewed a range of records. This included looking at care and support records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed further evidence requested and sent electronically by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question as good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- Staff completed training that enabled them to identify and report potential abuse.
- Care records showed that staff identified and reported potential safety concerns in line with local and national reporting requirements.
- There were policies and procedures in place to guide staff in keeping people safe.

Assessing risk, safety monitoring and management

- Risks relating to people and the environment were assessed and monitored closely to keep people safe. One person told us, "Staff check on me all the time; even at night."
- Risk assessments were in place to guide staff in supporting people safely both inside the home and outside in the community. An allocation tracker was used to help determine staffing levels, which were adjusted in line with people's needs.
- The provider had systems in place to deal emergencies. Personal emergency and evacuation plans (PEEPs) were in place and included details of how each person should be supported. These needed updating to reflect the specific equipment people required in the event of an evacuation.
- Building safety checks had been carried out in line with legislation. Environmental and equipment checks were regularly completed to ensure the premises and equipment were safe.

Staffing and recruitment

- There was a stable staff team to ensure people were supported consistently by staff who knew them. People benefited from an established staff team.
- There were enough staff to support people with their individual needs.
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager used a staffing tool to identify safe staffing levels and adjusted staffing levels when required. A sleeping night role was being removed from the service as the member of staff was rarely disturbed. People remained safe.

Using medicines safely

- We saw that medicines were managed safely. This included the; ordering, storage, administration, recording and disposal of medicines.

- Staff had received training in medicines administration and their competency to administer medicines was assessed, as per company policy.
- Any medicines prescribed on an 'as and when' basis (PRN) were recorded, along with a rationale for the administration. PRN protocols were in place to guide staff with this process.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices. Staff used PPE effectively and safely.
- The provider was promoting safety through the layout and hygiene practices of the premises, and their infection prevention and control policy was up to date.
- There were no restrictions on visitors to the service. On both days of inspection, we saw several relatives, friends and professionals coming and going from the home.

Learning lessons when things go wrong

- Incidents and accidents were investigated and appropriate action was taken to prevent further similar incidents from occurring.
- Following any incidents or accidents staff were involved in debriefing sessions. These served to reflect on staff practices and to see what could be done differently to help improve future service delivery.

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 our last inspection we rated this key question as good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service worked at a pace people were comfortable with to ensure smooth transitions both into and out of the service.
- Introductory visits were undertaken prior to people staying at Granville. On the first day of inspection, 1 person came to stay for tea and met with people and staff. This was to help them get to know others and make them feel comfortable prior to their first stay.
- Care was delivered in line with national standards and guidance such as Right support, Right care, Right culture. Staff empowered individuals to make their own decisions.
- Staff were knowledgeable about people's individual care and support needs. Conversations we had with staff showed they knew people well.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction process when joining the service. This involved both online and face to face training, and review of company policies and procedures.
- Staff had completed in-house training around supporting people with a learning disability and autism. The provider had also adopted the Oliver McGowan training, the standardised training developed to upskill the wider health and care workforce to provide appropriate care for people with a learning disability and autistic people. One member of staff had completed level 1 of the Oliver McGowan training. Ensuring support staff completed levels 1 and 2 of this training was a priority for the provider.
- Staff received mandatory training and additional training specific to the needs of people they were likely to support.
- Staff received supervisions, although completion of these had slipped. Reasons for this were explained. The service manager was scheduling these in to take place after the inspection. Staff we spoke with told us senior staff were helpful and supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet whilst living at Granville.
- There was detailed information in care plans and in the kitchen about people's likes and dislikes with regards to food.
- Catering staff were fully informed about any special dietary requirements, including any intolerances to foods linked to specific health conditions. For example, one person liked jacket potato, but this had to be without skin; similarly, they liked salad but could not have tomatoes.
- There was a separate freezer for gluten-free meals. This ensured people received the right foods based on

their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood the importance of working alongside other agencies to ensure that people's needs were met in a timely way.
- The service worked in collaboration with other health and social care professionals to ensure people received support that addressed their needs.
- People were supported to maintain their health and wellbeing whilst staying at Granville.

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

- The service had been well-adapted to meet the needs of the people staying there for a period of respite care. There were several communal areas, with a quieter lounge to the front of the house, a sensory room and an outside space.
- Some bedroom rooms contained equipment that people might need to ensure they received the right care, for example a ceiling-track hoist and a profile bed.
- People were able to bring their own things whilst staying at Granville. We saw some rooms were personalised with people's favourite things.
- Televisions in people's bedrooms were due to be upgraded. People would benefit from having larger televisions.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations Staff had received training in the MCA and understood the concept of consent. were being met.

- The service was working within the principles of the MCA.
- Staff empowered people to make their own decisions about their care and support. Staff told us people were able to make some choices and decisions.
- Records reflected if a person had a Lasting Power of Attorney (LPA) in place; an LPA is a representative who acts on a person's behalf in making decisions relating to health and welfare and finances.

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 our last inspection we rated this key question as good. At this inspection the rating has remained good. 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

- People were supported by staff who treated them with respect and equality. Staff were knowledgeable about the person's needs and what they liked to do. A family member we spoke with told us how their relative had developed following regular stays at the home, and said, "Staff have developed a wonderful rapport; it's a lifeline, it really is."
- Relatives trusted and praised the staff for the care and support they provided. A relative we spoke with said, "I'm overwhelmed how caring and considerate staff are; they've put us at ease."
- Staff received training in equality and diversity to ensure they understood the importance of respecting people's individual characteristics. One aspect of this included how to recognise and challenge discrimination.

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

- People were supported and guided by staff and helped to make informed decisions about their care and support.
- People's rights to have choice and control were respected by staff. People were encouraged as far as practically possible to make decisions for themselves.
- Where people could not express their views, involvement was sought from the person's circle of care, for example family, friends, school, and social and healthcare professionals. This ensured that any decisions made were in the persons best interests.

Respecting and promoting people's privacy, dignity and independence

- Care plans were geared towards what people could do and how staff could help them to maintain their independence safely.
- Staff understood the importance of promoting privacy, dignity and independence when providing care, and outlined examples of how they did this
- Staff had a good understanding of promoting independence for people. They encouraged people to develop and improve. A relative told us how their family member had grown since being at Granville and told us, "[Person's name] is talking more; staff encourage this. We can see how at ease [person's name] is; their confidence is growing."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has remained 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

- People and their families were encouraged to be fully involved in the development of person-centred support plans. People received personalised care which met their needs and preferences.
- Support plans were discussed to ensure they remained valid, any changes were made and progress was reviewed. Staff felt able to raise questions or concerns.
- Positive Support Plans were in place for people with complex needs. These outlined distraction and de-escalation techniques to be used by staff. Staff were alert to people's nonverbal communication cues that may indicate distress.
- Clear communication channels were in place, for example handovers, team meetings and service reviews involving the person receiving care. Staff were fully informed about people's support needs.

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the importance of the Accessible Information Standard and there was a policy in place to support this.
- Staff understood how to communicate with people effectively and this was observed during the inspection. Staff were able to explain how they would respond to people's different communication needs.
- One member of staff confidently demonstrated the tools at their disposal to aid successful communication with people. The service met the accessible information standards.

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

- People were supported to engage in a wide range of activities in the service and the local community in accordance with their wants and needs. The service recognised the importance of people developing new connections and friendships, as well as maintaining existing ones.
- People were supported to stay in regular contact with friends and family whilst staying at Granville. A relative told us they visited at weekends and told us, "They've never once put me off."
- People were encouraged to take part in activities and hobbies they liked to pursue when living at home. When children were on respite, arrangements were made for them to continue to attend school. This enabled people to continue with routines that were important to them.
- Staff were committed to supporting people to ensure the service worked well for them. Staff spent time

with people on a daily basis. People we spoke with told us about recent events that had gone on, such as bonfire night party, a strictly come dancing evening and a night out at a pantomime. A coffee morning took place on the first day of our inspection. People and their visitors made Christmas wreaths.

Improving care quality in response to complaints or concerns; End of life care and support

- There was a policy and process in place for managing complaints, although the service had received no complaints.
- Relatives we spoke to were extremely positive about the service and had no concerns.
- There was no one receiving end of life care at the time of this inspection. It was not envisaged that people at the end of their lives would stay at Granville.

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 our last inspection we rated this key question as good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, service manager and senior staff on site had effective oversight of the service. There were systems in place to keep people safe, protect people's rights and provide good quality care and support.
- Governance processes were effective and gave the provider good oversight of the service. Audits were carried out by management and there was evidence of actions taken in response to these audits. The registered manager and service manager took on board feedback from the inspection process and implemented changes.
- A new service manager had been appointed in June 2023. They were working closely with the registered manager with the intention of applying for and taking on this role.
- Managers were supported and assisted by members of the provider's wider team, including a dementia lead, quality lead and an autism co-ordinator. Specialist expertise was available.

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

- People experienced positive outcomes and support was extended to the families of people living at the home. A relative we spoke to told us, "Communication is good; if I had any problems I would speak to [staff member]."
- Team morale was good; staff told us they enjoyed working as a small, close-knit group.
- Staff felt supported by their colleagues, the registered manager and other senior members of the team.
- Staff felt confident in raising concerns should they need to and told us concerns would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The service valued feedback from people, their relatives and stakeholders. The service had recently improved capturing feedback from people after a short stay.
- Examples we saw of recently completed parent / carer feedback forms were positive and reflected our inspection findings. Managers were looking at other ways to strengthen capturing and gathering feedback.
- The provider invested in staff by providing them with training to meet the needs of people accessing respite care at Granville.
- Supervisions gave staff the opportunity to raise any concerns about people living at Granville, and to talk

about their own well-being. One aspect of the supervision included how any learning and development had been put into practice.

Working in partnership with others

- Management were visible in the service, approachable and listened to what people and staff had to say.
- Staff worked effectively with other organisations such as health and social care professionals and the local authority.
- The provider was working with social work professionals to ensure people on emergency, longer-term placements were having their needs met.
- Feedback we received from professionals we spoke with was extremely complimentary. Professionals described the service as being 'extremely responsive', and told us how positive and engaging a person was due to their placement in the home.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was slowly introducing a new electronic care system to be used by staff. Information contained within the system was basic at the time of this inspection, but staff also had access to paper records.
- The registered manager understood their responsibility regarding the duty of candour, and the need to be open and transparent when things go wrong.
- The provider was keen to diversify for the benefit of people accessing Granville in order that people on longer-term stays could have continuity of care over the Christmas period.
- The service was introducing opportunities for people to undertake the Award Scheme Development and Accreditation Network (ASDAN). These are nationally approved qualifications, based around the development of people's personal, social and employability skills.