

Granville Court Care Home Limited

Granville Court Care Home Limited

Inspection report

Granville Court
19 Station Street
Maryport
Cumbria
CA15 6LT

Tel: 01900818513

Date of inspection visit:
06 March 2019

Date of publication:
18 April 2019

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

Granville Court is a residential care home. It can accommodate up to 12 older people. People have single bedrooms with ensuite facilities. One bedroom may be used as a double room, if appropriate. The home has suitable shared facilities and suitable outside space. The home does not provide nursing care.

People's experience of using this service:

People told us they felt safe and staff had received suitable training about protecting vulnerable adults.

The provider had good arrangements in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. Accidents and incidents were responded to appropriately.

People told us they had support from "lovely, kind staff". The registered manager kept staffing rosters under review as people's needs changed. We judged that the service employed enough staff by day and night to meet people's needs.

People and their relatives told us staff understood their needs. Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles.

People were happy with the arrangements for medicines support. Medicines were suitably managed with people having reviews of their medicines on a regular basis.

People saw their GP and health specialists whenever necessary. Staff took the advice of nurses and consultants. The staff team had good working relationships with local GP surgeries.

Staff carried out assessments of need and reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure that assessment and review of support needed was suitable and up to date.

People told us they liked the food provided. Nutritional planning was in place and special diets catered for appropriately.

Granville Court is an older property that has been modernised and adapted to meet the needs of the 11 people living there. The house was warm, clean and comfortable on the day we visited. The home had equipment in place to support care delivery.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that the staff were caring. We also observed kind and patient support being provided. Staff supported people in a respectful way. They made sure that confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service or their relatives, as appropriate, had influenced the content. The registered manager had ensured the plans reflected the person-centred care that was being delivered.

Staff could access specialists if people needed communication tools like sign language or braille.

People told us they enjoyed the activities, interests and hobbies on offer.

The service had a quality monitoring system and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

We had seen that the registered manager could deal with concerns or complaints appropriately. There had been no complaints in this service.

Records were well organised, easy to access and stored securely.

Rating at last inspection: Good (8 September 2016)

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our Well- Led findings below.

Good ●

Granville Court Care Home Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care 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 team were experienced in the care of older adults and people living with dementia.

Service and service type:

Granville Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that 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:

The inspection was unannounced.

What we did:

Before our inspection we reviewed the information we held on the service and completed our planning tool. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service.

We also reviewed the information we held about the service, such as quality monitoring reports and notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We spoke with social workers, health care practitioners and commissioners of care during our regular contact with them.

We visited the home and met the eleven people who lived there. We also met four relatives and friends. We spoke to them individually and in groups. We read five care files and related forms and documents.

We spent time with the registered manager and we spoke with three care assistants and the cook. We looked at three staff personnel files.

We walked around the home and spent time in the shared areas with people in the home. We saw some records related to maintenance and things like fire and food safety. We saw quality audits and discussed some of the policies and procedures with the staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems and processes and we found that staff understood how to protect people from harm and abuse. There had been no safeguarding concerns in the service.
- People told us they felt safe and trusted the staff to support and protect them.
- One person told us, "No worries. I feel safe...even at night I know someone will come if I ring the buzzer". Another said, "The staff come if you buzz but they pop in anyway to see me".

Assessing risk, safety monitoring and management

- The provider had good risk assessments and risk management plans. Risk was lessened because of the planning.
- People told us they had been asked about safety and risk. One person told us how they were helped to move around so the risk of falls was lessened.
- We saw good risk management in care files and spoke to staff who understood these.
- Good assessment and good planning had meant there had been no serious injuries in the home for some years.

Staffing and recruitment

- The provider followed good recruitment processes. There were sufficient staff to meet people's needs.
- People were happy with the staffing levels. One person said, "The staff are always about".
- We saw records and spoke to staff who confirmed all checks and references were made before they had cared for vulnerable adults. One person said, "The staff are lovely...and the new staff fit in with the others".
- Staffing levels met the assessed needs of people. Staff told us they preferred the new roster because working longer shifts meant they could, as one staff member said, "Give more consistency because I am here all day".

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. Detailed recording was in place and the registered manager checked on staff competency to administer medicines.
- Staff confirmed that they received training on managing medicines and that they checked the records before giving out any medicines.
- One person said, "They give me my pills and any medicines. They tell me what they are for if I ask. No, they don't run out. I always get them".
- People told us they saw the doctor to make sure they got the right medicines if their health changed.

Preventing and controlling infection

- People were protected from the risks of infection.
- The house was clean, fresh and free from any odours when we visited.
- One person told us, "My room is always very clean and so are my clothes and clean beds".
- Staff used cleaning materials and protective clothing like aprons and gloves to prevent cross infection.

Learning lessons when things go wrong

- The provider ensured that if anything went wrong this was used as a learning opportunity.
- The registered manager regularly updated the providers about progress and any issues were dealt with quickly.
- People told us the staff team always did their best and one relative told us, "They are quick to sort anything out. Only small things for us but they are dealt with quickly".
- The registered manager held reviews of care, house meetings and staff meetings where people and the staff could talk about what was working well and what could be improved on.

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.

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 provider ensured thorough and ongoing assessment was in place so that the care delivery was of a high standard.
- People in the home were all older adults and were living with the challenges of great age. Their needs and strengths had been assessed and staff understood their strengths as well as their limitations.
- We met people who told us, "They ask me all the time about what I need".
- We saw some examples of good written assessments and reassessments when people's needs had changed.

Staff support: induction, training, skills and experience

- People were well supported by staff who were experienced, skilled and suitably trained.
- Discussions showed us the staff had received training and had good knowledge of people's needs, preferences and wishes.
- Staff told us they received regular supervision and appraisal.
- People told us the staff were, "Very good" and they told us they trusted the staff to support them.
- People, staff and records showed us staff were given good support through induction and development to deliver care appropriately. One staff member said, "The manager makes sure we are working well and that we get good training".

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

- People received good quality food and staff ensured they received good nutrition and were well hydrated.
- We saw assessments and nutritional plans were in place when people had health needs. Staff understood the needs of individuals.
- People said, "The food is very nice, very filling" and "The food is very good, too good, I'm getting a tummy"
- Staff monitored people's nutritional intake and weight. Staff contacted specialists, like dieticians, if necessary.
- People were supported to eat a balanced, nutritious and well-presented meal. The cook came to ask people about their needs and preferences.
- The kitchen had a wide range of food available and meals were made 'from scratch'. Specialist diets were followed.
- One person who found maintaining a healthy weight difficult told us, "I like eggs and the doctor told them it was fine for me to have them every day to keep my weight up". This was reflected in their nutritional plan.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- The provider ensured good working relationships were made with health and social care professionals. People had good access to the services that ensured they had healthier lives.
- People told us they saw health and social care professionals, like community nurses, social workers and other professionals.
- We met a health care professional who told us, "Nothing to worry about here...such a good home. The staff work well with us and people get very good care".
- Two people said, "I see my GP if I need to, it's very good really" and "My Doctor was just in this morning to see me".
- People also told us they received chiropody treatment and saw the optician and the dentist.

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

- The team had made sure they used the available space as effectively as possible to make sure people were comfortable and safe.
- The home had been redecorated and renovated to provide a light and airy environment that met people's individual needs.
- The home had improved the bathing facilities. There was a bathroom on each floor that had been turned into a wet room. This had made access easier for people with limited mobility.

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was following this guidance in practice.
- Consideration had been given to mental capacity and no one had any unfair restrictions imposed on their liberty.
- We observed staff asking permission and helping people to make decisions.
- People had, where possible signed records to show they consented to care and treatment. The registered manager was aware of those relatives who had lasting power of attorney and had consulted and involved them in decision making.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider had suitable systems in place to gain people's views and to influence decision making.
- People confirmed they and their family members were involved in any decisions.
- We saw staff engaging well with people, asking them their views and taking into account their needs and wishes
- We saw 'best interest' review meeting minutes and notes on records showing people's views were taken into account and included in care planning and delivery.
- One person told us, "I am asked all the time about what I think and what I want".

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. Their private needs and wishes were respected.
- A relative told us, said "My relative is very happy here. This is the third home they have been in and it's by far the best".
- We observed discretion and appropriate support when people needed help with personal care or with managing their emotions.
- One person told us, "I have my meals brought into my bedroom, I prefer that, and my wishes are respected".
- Staff understood the need for privacy and they respected people's dignity. They knocked on doors, addressed people as they wished and were respectful and polite.

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

- People were treated with respect and their diverse backgrounds and culture were taken into consideration.
- We saw people having caring and affectionate, yet professional, treatment.
- People said, "The girls are marvellous, you couldn't ask for better, so kind" and "The girls are lovely, just lovely" and "The staff are so very kind here".
- Humour and kindness were in evidence and as one team member said, "For some people it's all about TLC [tender loving care] especially at the end [of life]".
- Equality and diversity was part of induction and ongoing training. Staff treated people with dignity and were non-judgemental and accepting of difference.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider ensured person-centred care was provided and people's needs and wishes were met, wherever possible.
- We saw care plans were detailed and up to date. A relative said "We do the care plan together and sign it to say we agree".
- Staff could talk, in-depth, about the content of care plans, the person's life history and their needs and strengths. One team member said, "It's marvellous the lives people have lived, that's one of the best bit of the job...".
- People and their relatives told us that needs were assessed on an on-going basis and changes made. A relative said, "[The registered manager] has updated the care plan because [my relative's] needs have changed a lot".
- Staff knew people's abilities, their life stories and interests and we noted they based their interactions on this knowledge.

Improving care quality in response to complaints or concerns

- The provider had a suitable approach to concerns and complaints and understood that managing complaints could lead to change and improvement.
- People and their relatives had access to the complaints procedure.
- There had been no formal complaints. A relative said "We can always talk to someone in the office, we have no worries or concerns about this home".
- Informal issues had been followed through and appropriate changes made to daily life and to the environment when people had suggested changes. One visitor told us, "I just had to mention it to the manager and it was sorted...was something and nothing but our opinion was taken into account".

End of life care and support

- End of life care was well managed and staff had suitable training and a good understanding of the needs of the person and the family.
- We found that, working with community nurses, staff had given end of life care with care, empathy and practical support. Families could stay in a flat on the upper floor if a person was in the last stages of life.
- People and, where appropriate, their families had conversations with the registered manager about future wishes, fears and hopes for the last stages of life.
- People were supported through grief and helped with the ageing process and with any health care issues that were life changing or life limiting.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility.

- The registered manager ensured that care and support was person-centred, of a good quality and appropriately planned.
- People told us they were always given full information in a way they understood.
- Visiting relatives told us they were, "Kept well informed" about progress or problems. One visiting relative said, "We can always find someone in the office if we need them".
- The registered manager ensured she was aware of anyone who had an advanced directive or had given power of attorney to a relative. She made sure she followed any instructions of this type.

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

- There was clarity in the service about roles and responsibilities, managing risk and complying with legislation.
- The service was owned by a company consisting of four people; one of them is the registered manager.
- The registered manager was appropriately trained and experienced in care and management and continued to update her knowledge and skills. She had a very good understanding of her legal responsibilities and ensured the home was compliant with legislation.
- Visitors told us they understood how the home was managed and told us, "The staff know what is going on and can answer any questions. The manager deals with things like finance and referrals to health".
- Staff told us they respected the registered manager and that they were very clear about the quality standards expected of them. One team member said, "I love coming in to work here...it is so good here, you get time to do all the things you should. The manager is very good, very supportive, you could go to her with anything".

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

- The service had an open and equitable approach to all individuals and had strategies for consultation and involvement.
- People, and their relatives, confirmed they had surveys, attended house meetings and reviews and were encouraged to comment on quality.
- People and their visitors knew the registered manager well because, as one visitor said, "She is always out and about and does some care to make sure things run the way they should".

- The home is situated in the centre of Maryport and lots of visitors 'drop in'. People go out into the community where possible. Local groups visit from schools and churches.

Continuous learning and improving care.

- The service constantly sought to learn about good practice and to improve the delivery of care.
- Staff were keen to learn and to help people to get the very best care and support. The registered manager talked to us about the ways she kept up with good practice by attending conferences and courses and by doing research into care delivery.
- Questionnaires and meetings were used to gauge quality and how to improve care delivery. One relative said, "We have done questionnaires, we do them with our relative". Another relative said, "They do listen to people in the home or, in my case, to relatives as my relative is very frail now".
- Staff confirmed records were audited and the registered manager made sure things like training, care planning, cleaning and catering were always of a high standard.
- Changes were made to ensure that, as people became frailer, the environment and the staffing levels changed to meet need. For example, both bathrooms were now easy to access for people with mobility needs.

Working in partnership with others.

- The service had built good partnerships with health and social care practitioners.
- Visiting health care professionals told us, "Absolutely fine...we all work well together".
- One person told us, "I see my doctor, the nurse and the man at the hospital [consultant]...The staff help me with anything I need".
- A social work manager told us, "Any contact I have with them is very positive and I know they use occupational therapy and the dementia support team appropriately. Nice little home and the manager is very competent".