Four Seasons (Granby Care) Limited

Granby Court

Inspection report

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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

Overall summary

This inspection took place on 23 September 2015 and was unannounced.

At our last inspection on 5 June 2013 the provider was meeting the regulations that were assessed.

Granby Court provides personal care and accommodation for up to 48 older people. The service is located within a converted hotel. Accommodation is provided over three floors accessible by a passenger lift.

All bedrooms are single occupancy and have en suite facilities. The home is within walking distances of Harrogate town centre and local amenities. On the day of the inspection there were 37 people living at the service.

There was a new manager in place who was in the process of applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 and their relatives told us they felt safe at Granby Court. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They had received appropriate safeguarding training and there were policies and procedures to support them in their role.

The service had systems in place for recording and analysing incidents and accidents so that action could be taken to reduce risk to people's safety. Risk assessments were completed so that risks to people could be minimised whilst still supporting people to remain independent.

There were enough qualified and skilled staff at the service and staff received on going training and management support. Staff had a range of training specific to the needs of people they supported.

The service had policies and procedures in place for the recruitment of staff to help ensure that people were protected from unsafe care.

People received their medicines at the times they needed them. The systems in place meant medicines were administered and recorded properly and this was audited regularly by the service and the dispensing pharmacist. Staff were assessed for competency prior to administering medication and this was reassessed regularly.

People had their nutritional needs met. People were offered a varied diet and were provided with sufficient drinks and snacks. People who required special diets were catered for.

People had good access to health care services and the service was committed to working in partnership with healthcare professionals.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff.

Staff were patient, attentive and caring; they respected people's privacy and upheld their dignity when providing care and support.

People were provided with a range of activities in and outside the service which met their individual needs and interests. Individuals were also supported to maintain relationships with their relatives and friends.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The manager and staff understood the requirements and took appropriate action where a person may be deprived of their liberty.

People's needs were regularly assessed, monitored and reviewed to make sure the care met people's individual needs. The provider was in the process of amending the current care plan format in order to ensure the information was more easily accessible and person centred.

People knew how to make a complaint if they were unhappy and all the people we spoke with told us that they felt that they could talk with any of the staff if they had a concern or were worried about anything.

Staff and people who used the service spoke positively about the new manager. They told us in the short time they had been employed at the home they were was supportive and encouraged an open and inclusive atmosphere. People, their relatives and staff were provided with opportunities to make their wishes known and to have their voice heard.

There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these.

<Summary here>

Summary of findings

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

People told us they felt safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. Staff knew how to minimise risks whilst supporting people to live their life as independently as possible.

Appropriate checks were completed as part of staff recruitment this helped reduce the risk of employing unsuitable people. There was enough staff to provide the support people needed.

People's medicines were managed safely and they received them as prescribed.

Is the service effective?

Good

Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Is the service caring?

Good

People were comfortable and relaxed in the company of the staff supporting them.

The relationships between staff and the people they cared for were friendly and positive. Staff spoke about people in a respectful way and supported their privacy and dignity.

Staff knew people well because they understood their different needs and the way individuals communicated.

Is the service responsive?

Good

The provider was in the process of implementing a new care plan format which would make information more accessible.

People using the service had their care needs met and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

People were involved in activities they liked, both in the home and in the community. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

Summary of findings

Is the service well-led?

Good

There was a new manager and people spoke positively about them and how the service was run.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

People who used the service and their relatives were encouraged to express their views about the standards of care.

Various quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Granby Court

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. The manager had also completed a Provider Information Return (PIR).The PIR 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.

This inspection took place on 23 September 2015 and was unannounced.

The inspection was carried out by one 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.

We spoke with seven people who used the service, the manager, operations manager and seven members of staff during the course of our visit.

We looked at four people's care records to see how their care was assessed and planned. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

We contacted the local authority commissioners and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one had any concerns.

Is the service safe?

Our findings

We spoke to people who used the service who told us they felt safe. One person told us "I feel safe and secure and the people looking after me have become friends of mine."

The service had policies and procedures with regard to safeguarding adults and whistleblowing. Information the CQC had received demonstrated the manager was committed to working in partnership with the local authority safeguarding teams. The service had made and responded to safeguarding alerts appropriately. Staff we spoke with confirmed they had received training about safeguarding adults and were able to describe the different types of abuse. Staff knew about situations where people's safety may be at risk and were also aware of the reporting process for any accidents or incidents that occurred.

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. All of them had attended an interview and two references and Disclosure and Barring (DBS) checks had been obtained prior to the member of staff starting work. This process helped reduce the risk of unsuitable staff being employed.

We spoke with the manager about how they determined staffing levels and deployed staff. They told us they had a staffing dependency tool, Care Home Equation for Safe Staffing tool ("CHESS"), which they completed and this determined how many staff were required. The tool used a scoring system relating to the needs of individuals. The manager explained care staff were supported by ancillary staff such as hostesses who worked in the dining areas and supported staff in ensuring people were provided with regular drinks and snacks and served meals.

We reviewed staffing rotas and saw during the day there were six members of staff on duty, including either the unit manager or senior carer. They were supported by ancillary staff such as kitchen and housekeeping staff and the administrator. Overnight there were three members of staff on duty.

Staff told us there was a daily handover record sheet from night staff to day staff. The leader of the shift passed on relevant information about people's needs and planned event/appointments for the day. Staff were also allocated areas within the home to work and allocated break times in order to ensure there were always sufficient staff available. This helped make sure that people's needs were met. During our visit we noted that although staff were busy they had time to spend with people and that call bells were responded to swiftly.

We looked at how risks were assessed and managed. We saw completed risk assessments for example for weight loss, pressure sores, moving and handling and mobility. These were completed fully and identified hazards that people might face. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. For example one person was at risk of falling. A sensor mat was in place which alerted staff via a pager carried by one member of staff if this person attempted to get out of their chair and walk. This helped ensure people were supported to take risks as part of their daily lifestyle with the minimum restrictions. The manager had identified that provider's system for reporting incidents electronically sometimes meant there was a delay in them reviewing the information and agreeing any action. They had implemented a process which included a paper copy of the incident for their attention. This meant the manager or unit manager could review the incident and agree any action and implemented this in a timely manner.

There were also risk assessments in place relating to the safety of the environment and equipment used in the home. For example hoisting equipment and the vertical passenger lift. We saw records confirming equipment was serviced and maintained regularly.

There were emergency contingency plans in place to deal with adverse emergencies, for example power failure, and staff told us on call support was always available through the manager or senior staff. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. There was an up to date fire risk assessment for the home and practice evacuation drills were regularly held involving both people using the service and staff. People had specific risk plans on how staff should support them to leave the building in the event of a fire.

We walked around the building and saw grab rails and handrails to support people and chairs located in such a way that people could move around independently with places to stop and rest.

Is the service safe?

The home was clean and people made positive comments about the cleanliness of the home. We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place.

We spoke with the unit manager responsible for handling medicines on the day of our visit about the safe management of medicines, including creams and nutritional supplements within the home. Medicines were locked away securely to ensure that they were not misused. Daily temperature checks were carried out in all medicine storage areas to ensure the medicines did not spoil or become unfit for use. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines. Medication records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. On occasions where medicines had not been given, care workers had clearly recorded the reason why. Change of font here needs changing)

We saw controlled drugs were stored in a suitable locked cabinet and we checked stock against the controlled drugs register. The stock tallied with the record. We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered.

Staff were not permitted to administer medicines until they had completed medication training. The training included a written exam and observation of competency which meant people could be assured they received the medicines they were prescribed safely.

Regular audits were carried out to determine how well the service managed medicines. We saw evidence that where concerns or discrepancies had been highlighted, the senior care workers and manager had taken appropriate action straightaway in order to address those concerns and further improve the way medicines were managed within the home.

Is the service effective?

Our findings

People we spoke with were complimentary about the staff. Comments made included "My first impression of here was very positive. I signed up for a four week trial and after two weeks, felt very confident and happy. I liked the manner in which staff looked after the residents and me. So I didn't need a further two weeks to make up my mind." Another person told us "I have liked it here since day one. If anyone grumbles about here, they are not being fair. I have never regretted it for a minute I like the atmosphere. We couldn't have better staff, better accommodation, or better food."

People who lived at the service told us "I like their (staff) kindness and thoughtfulness. The staff are very helpful and I have got to know them personally. I think the staff are well trained and I am friends with them all" and "I like the staff, they are particularly good. They are friendly and also good at taking care of me."

We discussed with the manager the training arrangements for staff. They told us newly appointed staff completed a comprehensive induction which included face to face and e learning which included mandatory health and safety training such as moving and handling, first aid and safeguarding adults. Staff also completed a period of working alongside more experienced staff before they worked unsupervised. The registered manager showed us a training matrix which recorded the training staff had completed and a system which alerted them when staff were due for updates. Staff we spoke with told us there were good opportunities to attend training and it was relevant to their role. They confirmed that they had completed appropriate training courses for lifting and handling, fire precautions and dementia training.

The manager told us when they started at the service their priority was to evaluate the skills and experience of the staff team; to commence regular one to one staff supervision meetings and staff meetings. The manager said the purpose of this was to establish what the provider expected of staff in terms of their roles and responsibilities and to begin to build upon good team work. Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. Staff also completed an annual appraisal. This meant that staff were well supported and any training or performance issues were identified.

The manager explained that they or the unit manager completed pre admission assessments of people's needs. They said they involved other people in the process such as relatives and health and social care professionals, to ensure as much information was gathered as possible in order to determine whether they would be able to meet those needs. We reviewed four people's care plans and saw a pre admission assessment which detailed personal information about the person's needs.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty, these are assessed by trained professionals to determine whether the restriction is appropriate and needed. The registered manager told us they had a good working relationship with the local authority DoLs team and Community Mental Health Team. They told us at the time of the inspection they had made one application for a DoLs authorisation and were awaiting an outcome. We saw evidence of best interest decisions made for people as part of the care planning process.

When we spoke with staff they demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) with particular regard to day to day care practice ensuring people's liberty was not unduly restricted.

We spoke with people about the quality of meals available in the home. Most people we spoke with were happy with the standard of food. Comments made included "The food is excellent, well it suits me anyway." And another person commented; "The food is 'so so', it could be better. Staff do their best but they are understaffed only one person on at supper; service is better at lunchtime."

We observed lunch time in the dining room. Tables were nicely laid out and people did not have to wait overly long to be served. There was a nice chatty atmosphere, with light music playing in the background. One catering assistant was plating up the food, as well as serving it to diners and they had a view of all of the diners, as well as the diners having sight of them. There was also another catering assistant helping out. The manager told us there had been concerns about the quality of the meals. As a

Is the service effective?

result the catering arrangements would be moving to an external provider. The manager told us meals would be carefully monitored to ensure they were of a good standard.

Whilst we were at the home we noted that people had access to juice and water and that people were offered tea and coffee at regular intervals and we heard staff encouraging people to drink sufficient fluids.

For those people who were at nutritional risk we saw that the Malnutrition Universal Screening Tool (MUST) was completed which helped staff in determining appropriate action to take. For example those people who needed monitoring were weighed more frequently and their food and fluid intake recorded and monitored. If there were further concerns we saw in records that people had been referred to appropriate health professionals.

Staff reported good working relationships with local health professionals. People's care plans included information about people's access to chiropody, hearing specialists and opticians.

The local area operated a system where each service was linked to a specific general practitioner surgery, (although people living at the home had the choice to remain with the doctor they were registered with prior to admission). They held a surgery in the home every week and responded to emergency visits if required. People told us the access they had to their doctor was good. One person said "My GP visits every week but if I need to see him before then the staff will ring and ask for an earlier visit." Another person told us how a member of staff had noticed they were having problems with their leg and that they were trying to ignore it. They had advised the person to have the doctor in to look at it. They told us Initially they ignored their advice and but then asked for the doctor to be called in. They told us "I am very grateful to the staff for noticing the problem and for encouraging me to get something done about it."

The home was an adapted property with a purpose built extension. Some parts of the home were less accessible than others. The manager explained consideration was given to this during the preadmission assessment to ensure people's mobility meant they were able to access their bedrooms. We noted handrails to assist people to walk independently and appropriately fitted grab rails in toilet and bathrooms. One person told us the home had a beautiful garden which was underused and not developed enough; that not enough people knew about it, or used it. They were unsure whether people were supposed to use it, but had gone in there with their family in the summer. We had not been told of the garden when we toured the premises and we passed the person's comments on to the manager who confirmed they would investigate further.

Is the service caring?

Our findings

People who used the service told us they were happy with the standard of care and support they received and all the staff were kind. Comments included, "The staff are excellent, all of them. I am very lucky, I don't need much help, but the help with my bathing is good." And "Staff are very friendly they seem to be able to manage things. I get on fine with them."

We spent time in the lounge areas of the home. Staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. We observed a member staff kneeling down to be on the same level as someone and chatted to them about Coronation Street. The staff member bent their head and looked up so that they could have good eye contact with the person. They also held their hand in an easy and relaxed manner. We observed they had a good giggle together about the goings on in the TV programme.

We also observed a member of catering staff serving people with afternoon tea and coffee and cake. They were smiling and friendly with people and took care to find out what they wanted and how they liked their tea and coffee. When they placed it down they were careful to put it in their reach and checked with them that they could reach it.

People told us they valued their independence and appreciated staff acknowledged this. We saw one person struggled to get the ipod sound turned off their ipod and called to a member of staff. They promptly came over and turned it down for them and then showed them how they had done it. We heard them say "You will know how to do it yourself now- but if there's a problem just give me a shout."

We saw that staff treated people with respect. We also observed care been taken to ensure people's dignity was maintained for example covering people's knees with a blanket. We saw staff knocked on bedroom doors and awaited for a response before they entered. Discussions with staff showed a genuine interest and very caring attitude towards the people they supported. The manager told us they intended to appoint 'dignity champions' whose role it was to promote practice which maintained people's dignity.

Our observations indicated that people who used the service were able to spend their day as they wished. One person told us they preferred to spend the day in their room but came down to the lounge for some of the activities they were interested in. On a number of occasions we saw that staff explained to people what was about to happen and checked that people were in agreement with this. For example assisting people to move to the dining room when it was lunchtime. We saw people's bedrooms were personalised with their own furniture and possessions or family photographs.

People we spoke with all expressed satisfaction with the care they received and were happy and content in the home. However, people and their relatives who we spoke with said they were not familiar with their care plan,

People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

We were told people had access to an external advocacy service if required and details were included in the service's welcome pack and were seen on the noticeboard .The manager told us they promoted an open door policy for people who live at the service and their relatives. During the day we saw visitors coming and going; they were offered a warm welcome by staff. We spoke to two visitors who said they were very happy with the care their relatives received.

Is the service responsive?

Our findings

The manager explained the service was in the process of introducing a new format for care planning because the current format contained too many sections and it was difficult to find information in a logical chronological way.

We looked at four care plans and agreed with the view of the manager. Although care plans contained detailed information about people's needs the amount of cross referencing required from one section to another to gain a full picture of the person's needs was difficult. This meant unless staff knew people's needs well there was a potential that staff would find information confusing. For example in one care plan we saw information about a person's night time routine which contradicted information in another section. This had happened because staff had interpreted differently where the information need to be recorded, therefore updated changes had been recorded in only one section of the care plan. Staff we spoke with said the care plan document was cumbersome and time consuming to complete. Those care plans we did look at contained an assessment completed on admission which detailed people's needs and further care plans covering areas such as personal care, mobility, nutrition, daily and social preferences and health conditions. We could see that people's care had been reviewed his meant that the person's changing needs had been being monitored.

We did review the new care plan format and could see the way it was set out would be easier to follow and reduce the risk of there being confusing information. When we spoke with staff they were all knowledgeable and able to provide detailed information about individual's needs and this reduced the risk of providing inappropriate care. This was reflected in our observations of staff throughout the day.

There was a handover meeting at the change of shift; where staff received written and verbal reports of each person. Changes to people's needs were made known so staff were able to provide appropriate care.

There was a full programme of activities on offer supported by three activities organisers. We spoke to these members of staff. They talked about their role in extremely positive terms and demonstrated that they were more than prepared to go the extra mile to do a good job so that the people who used the service would benefit. They all said that they really enjoyed spending what they said was real, quality time people. They all agreed that the best way to find out what people wanted was by talking to them. They also said they used their own time to research ideas on line and use extra time to prepare for activities.

We observed a seated exercise class; a member of staff reading the daily paper to a group who were discussing the news and a knitting group. One person told us "There are lots of opportunities to go out including a visit to Nidd hotel this afternoon." Someone else commented "There is always something available, great freedom of choice." And another person told us "I will take part in activities I like. It's very easy come easy going here .They do come when I need them."

Information about how to make a complaint was available. People we spoke with knew how they could make a complaint if they were unhappy and said that they had confidence that any complaints would be responded to. The manager told us they met with people who used the service regularly and encouraged people to raise any concerns in order they could be addressed quickly and efficiently.

The provider completed an annual survey of people who used the service, their relatives, staff and other professionals to gather feedback on all aspects of the service provided including care, privacy, staffing, activities, food, quality of life, laundry and the environment. Results were published and with appropriate action plans put in place in response. We saw the results of the most recent survey and noted comments about the flooring in the lift had been responded to and new flooring installed.

Is the service well-led?

Our findings

The new manager started in post five weeks prior to the inspection. They told us they had previous experience of managing care homes and in particular to support services to make improvements. The manager was in the process of applying for registration with the commission.(CQC)

People who lived at the home and their relatives told us they knew who the manager was and saw him regularly around the home; they confirmed he was approachable and responded to concerns and queries. One person commented, "I think he (the manager) is a very clever man and I want to work with him. He talks a lot of sense; he needs some room and time to stamp his authority." Another person said, "There is a new manager, he has made a difference already."

The staff we spoke with were all complimentary about the manager. Staff told us the manager was very approachable and supportive and felt he had already made a difference and was recognising and addressing low morale. They said he was fair and addressed issues directly with staff but also acknowledged when staff had worked well and provided good care and support.

Staff meetings had been held at regular intervals, which had given staff the opportunity to

share their views and to receive information about the service. Staff told us that they felt

able to voice their opinions, share their views and felt there was a two way communication

process with managers and we saw this reflected in the meeting minutes we looked at. They said the manager offered an open door and was fair and honest with them.

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the manager had a regular presence in the service. They told us the manager spent time in the home talking with and working alongside staff.

During our inspection we spoke with the manager about people who used the service. They were able to answer all of our questions about the care provided to people showing that they had a good overview of what was happening with staff and people who used the service. They told us they were proactive in developing good working relationships with partner agencies in health and social care. The feedback we received from these agencies supported these statements.

The manager was knowledgeable and experienced. From evidence gathered through this inspection we could see they placed a lot of emphasis on people receiving high quality care. They told us they aimed to invest in the staff team to deliver this and hoped staff felt valued and supported.

The manager spoke enthusiastically about developing care and support for people living at the service and ensuring the care people received was personalised. They had in place an action plan which included involving people who used the service in future improvements to the service.

The manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with the provider and talking to people and their relatives. Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, firefighting and detection equipment. There were also care plan and medicines audits which helped determine where the service could improve and develop.

Monthly audits and monitoring undertaken by regional managers helped managers and staff to learn from events such as accidents and incidents, complaints, concerns and whistleblowing. The results of audits helped reduce the risks to people and helped the service to continuously improve.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team, police, deprivation of liberty team, and the health protection agency. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.