

Mr V and Mrs K Aravindhan

# Granada House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The unannounced inspection took place on 28 November and 2 December 2016. A previous inspection, 2 and 7 July 2015 found improvement was needed. We had found insufficient assessing and managing of day to day risks, poor infection control practices, recruitment had not been thorough, legal consent to care and treatment had not been gained, lack of respect for people, poor care planning and ineffective management. We issued requirements that the provider improve in these areas. The provider sent us a comprehensive action plan. This inspection found a lot of improvement but people remained at risk from hazards which should have been managed.

Granada House is a residential home providing care and accommodation for a maximum of 13 older people, some who have enduring mental health illness, learning disability, dementia and complex health conditions. There were 12 people using the service at the time of the inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Individual risks were understood and there were detailed plans in place where a risk was identified. Some risk assessment was a work in progress. These assessments were being coordinated with the updating of audit tools and were expanding the overview of where risk might exist. However, during our inspection people were at serious risk of harm from uncovered radiators, which were extremely hot. The risk had not been identified or managed until we spoke with the registered and deputy manager about it. Following the inspection visit it was confirmed that each person had this risk assessed and radiator covers were being installed to remove the risk from 21 December 2016.

Although staff were responsive to people's everyday needs they had not recognised that the change in weather had left parts of the home cold. Neither had they responded adequately when one person had told them they were cold. The registered manager was arranging additional heating for people by the end of the inspection and people were regularly asked if they were warm enough.

The premises was clean, staff used protective clothing to reduce the risk of cross contamination and areas of the premises which had required upgrading for safety, had been made safe.

People said they were happy living at Granada House and that the care they received was good. People were supported to live in the way they wanted to. Their care needs were well met. Any health care support people needed was well provided because the staff worked closely with health care professionals, who said the care workers knew people very well. They had no concerns.

People's safety was protected through the recruitment arrangements of staff, through which back ground

checks were completed before new staff were employed. There were sufficient numbers of staff for the number and needs of people using the service and staffing was flexible. Staff received training that equipped them for their work and they received regular supervision and a yearly appraisal. Staff felt well supported and said they could take any concern or question to the registered or deputy manager.

Medicines were managed in a safe way for people. People were protected from abuse because the staff understood what to do if they saw anything which concerned them. People said they had no concerns and had no need to make any complaints. A complaints procedure was available for their use.

People were treated with kindness. People said the staff were kind and helpful one commenting, "I love this home. All the staff are very pleasant, friendly and helpful". People said they were treated with respect and their privacy was upheld. There was friendly banter and when one person awoke upset staff quickly provided the assurance they needed to reduce their anxiety. The staff member had immediately recognised what was happening and what was needed.

People's views were sought throughout the day, through their care plan reviews and through yearly questionnaires about the service. Questionnaires were also sent to family members, staff and health care professionals. The results were followed up.

Comments about the food were mixed but mostly positive. The menu was varied but flexible. People said they could have anything they wanted and they were asked on a daily basis. Specialist diets were managed very effectively. A health care professional said, "I am impressed with their dietary monitoring. No concerns at all".

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The service had sought appropriate advice and was meeting people's legal rights in relation to MCA and DoLS.

People spent their time as they chose. There were few organised activities but some people went out on a regular basis and some said they were happy to stay in their rooms. A care worker said they made a point of spending time with each person in their room. There were lots of visitors to Granada House and interaction between people and the staff.

The premises was in a satisfactory state of repair and there were arrangements in place for unforeseen emergencies.

The deputy manager was in day to day control. They had been appointed since the previous inspection and were working on continued improvement at the home. This included risk assessment, audit and reviewing policies and procedures. The registered and deputy manager worked in cooperation with each other and both said the providers helped them to provide the care and environment people needed.

We found one breach of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People were at risk from extremely hot, uncovered radiators and some people were cold and this had not been dealt with in a timely manner.

People were protected through the arrangements for recruitment, staffing and protecting people from abuse.

People received their medicines as prescribed and in a safe way.

The premises was in a satisfactory state of repair and there were arrangements in place for unforeseen emergencies.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People's dietary needs were met and people liked most of the food available. They were always asked for their meal preferences. People had drinks available at all times.

Staff received training which prepared them for their work. Staff received supervision and appraisal of their work and felt able to take any concern or question to the registered or deputy manager.

**Good** 

### Is the service caring?

The service was caring.

Staff understood people very well and had good relationships with them. People were treated with kindness and dignity. People liked the staff.

People's views were sought all the time and they had a lot of control over how they lived their lives.

**Good** 

### Is the service responsive?

The service was responsive.

**Good** 

People's care was planned with their involvement and regularly reviewed.

People chose how they spent their time. There were some activities but most people stayed in their room or went out. It was a sociable and friendly environment for people, with lots of visitors.

People said they felt no need to make a complaint but complaints procedure arrangements were in place should they wish to.

### **Is the service well-led?**

Some aspects of the service were not well led.

Quality monitoring arrangements had improved and those improvements were on going but some health and safety risks had not been identified.

The registered manager regularly sought advice and was proactive in improving the service.

There was a culture of openness and the service offered a friendly, homely environment for people. Staff liked working there.

**Requires Improvement** ●

# Granada House

## 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 28 November and 2 December 2016 and was unannounced. The inspection team was one adult social care inspector.

Before the inspection, we looked at information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We talked with seven people living at the service who were able to tell us their views of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans and records of care of three people and four medicine records.

We spoke with four staff members and the registered and deputy manager. We looked at records connected with how the home was run, including recruitment records, records of staff meetings, audits and survey feedback forms. We received feedback about the service from four health care professionals, North Somerset safeguarding adults team, North Somerset deprivation of liberty lead and the pharmacy serving the home.

# Is the service safe?

## Our findings

People told us they felt safe and cared for at Granada House. Their comments included, "I feel safe here. I like it here". Health care professionals said of the service, "No concerns at all".

The previous inspection on 2 and 7 July 2015 found the approach to risk management was not holistic, some poor infection control practice and the recruitment procedure was not always followed.

We found that people were at significant risk in their room, and this had not been assessed or managed. For example, radiators in people's rooms were not covered and were extremely hot. This could lead to a life threatening injury if a person came into contact with the radiator, (as described in the Health and Safety Executive guidance to health and safety in care homes, published 2014). One person with such a hot radiator was able to walk around their room but did not have a mental state whereby they would recognise the danger or be able to remove themselves from it. A second person had a condition whereby they were at increased risk from falling, furniture restricted their movements and could trap them, and their sensitivity to temperature was likely to be impaired. The deputy manager said that no risk assessments for the hot radiators in people's rooms had been completed but their improved audit was planned to begin in 2017 which included safety in people's bedrooms.

Risk assessments were completed for the two rooms before the completion of the inspection visits, but the risk remained and other people may have also have been at risk. The deputy manager confirmed following the inspection visits that the risk to each person was now assessed and two radiator covers were installed on 21 December 2016. All radiators were to be covered by 31 January 2017.

People's health and well-being were being put at risk because of the coldness in parts of the premises. At our first visit one person said that they were cold in their room and that a staff member had told them they would bring them an additional heater. Four days later we visited the person again and they had not been brought the heater. They said they had been unable to sleep because they had been so cold until a family member had brought them additional bedding the night before. On our second visit a different person said, "My legs are freezing". We observed that a back door was often open and we found we became cold in the lounge during the afternoon. The registered manager was arranging a freestanding heater for the first person who told us they were cold and they also put additional heating into the lounge. We had observed some people had chosen to have blankets over their legs. The registered manager agreed to discuss the home's temperature with each person using the service and to get room thermometers to monitor the home temperature. Following the inspection visits they confirmed that each person's temperature was being checked. This took the form of a check sheet for staff to ask each person if they were warm enough. They said that each person was now happy with the arrangement.

These findings are a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff had a good understanding of individual risks relating to people's everyday choices, such as going out

into the community and associated with some people's medical conditions.

The premises were very clean, in an adequate state of repair and staff wore protective clothing appropriately to reduce risk from cross contamination. Previously frayed carpets had been replaced, there were now no trailing leads, people had call bells within reach and a new kitchen had been fitted. There were audits in place to assess individual risks to people's health and safety. These were being completed on a monthly basis and included checking risk from infection control.

Staff recruitment had improved because their systems were now followed to ensure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their previous employments. The registered manager said the length of employment history they took had been extended since our previous inspection. They had ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. For example, they had requested and received written references, including from the last employer. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

Accidents were closely monitored and action taken to reduce any risk. Staff had records of all accidents and incidents. Each month these were scrutinised for any trends, such as whether they occurred in the same place or at a similar time of day. Where one person had a pattern of falls medical advice had been sought and followed to protect the person and mitigate the risks.

The district nurse said that the staff protected people from skin damage and any equipment required was arranged. Staff said how they checked people vulnerable to skin damage and were able to identify concerns quickly. Staff had received training in the use of tools which identify people who are vulnerable to skin damage.

People were protected from abuse. Staff received training in the safeguarding of adults, which they said was regularly updated. Staff understood what constituted abuse and how they should respond to any concerns. They said they would inform the deputy manager or the registered manager in the first instance. They understood that they should take any continuing concerns to external agencies, such as the local authority, Care Quality Commission or the police. The registered manager understood their responsibility for protecting people from abuse and harm. Policies about safeguarding and whistle blowing were being reviewed at the time of the inspection.

There were arrangements in place should there be an emergency. For example, each person had a detailed plan of how they could be evacuated from the building if necessary and there was a summary of this on their bedroom door. All staff received training in first aid. Staff had the contact details of who to contact in an emergency and there was a rota available for out of hour's advice.

The service managed people's medicines in a safe way and medicine records were seen to be audited by the registered manager to identify any gaps in information. People said they received their medicines when they expected them. Medicines were stored securely with a recorded hand over of the medicine keys between shifts. Medicine records showed that medicines were recorded into the home and signed for when administered. Staff checked with the person's GP if there were any queries about their medicines.

Staff were managing some complex medicine routines, which involved adjusting the dosage. This was done as advised by health care professionals. There had been three recommendations from a pharmacy

inspection. Two of the three recommendations were completed and the third was nearly complete.

People using the service and staff said there were enough staff to meet people's individual needs and maintain their safety. The registered manager was able to adjust the staffing numbers as needed. An example was when one person exhibited behaviour which adversely affected other people using the service, one to one care support was provided from an additional staff member. A staff member said, "There is more than enough time to do what we want with the residents. There is never a stressful shift".

## Is the service effective?

### Our findings

The previous inspection on 2 and 7 July 2015 found that staff were not protecting people's legal rights through the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS). The staff had not received MCA and DoLS training and did not have a clear understanding about how to maintain people's rights. This inspection found staff had received training and had knowledge about MCA and DoLS. One staff member said, "If people show they are not consenting to the care we keep going back. It may be that at another time they will understand and will be able to consent".

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. The registered manager had a good understanding of how to protect people's legal rights.

People at Granada House had consented to their care where they were able to make an informed decision. Where people's representative had Lasting Power of Attorney (LPA) authorised, staff knew about that authorisation and where the information was kept for reference. This meant that the care provided was as the person had wanted. Where people did not have capacity and where there was no LPA in place, the people that knew the person best were involved in making best interest decisions on their behalf.

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 Liberties Safeguards (DoLS).

The registered manager recognised that some people at Granada House were not free to leave and were under constant supervision. They had consulted a North Somerset DoLS lead staff member. That person confirmed they had been asked for advice and concluded that the registered manager had misunderstood the advice given. When we informed the registered manager of this they made the two deprivation of liberty applications straight away.

People's health care needs were well met because the service ensured that appropriate health care professionals were contacted for advice and any necessary treatments. Those contacts included a diabetic specialist nurse, physiotherapist, podiatrist, district nurses and mental health specialists. Health care professionals said staff had good knowledge about the people in their care. One said, "The staff have done a fantastic job supporting (the person) with (their medical condition). The home has risen to the challenge". Another said, "The care always seems really good".

New staff received an induction to working at the home and were able to shadow an experienced staff member when new. The care certificate is a national training in best practice which was introduced in April 2015. This was available for staff but staff were encouraged to take national qualifications in care, which included the care certificate elements. All current staff were currently undertaking qualifications in care.

Staff said they were very happy with the amount of training they received. Some training was provided through a local scheme put in place to reduce admissions to hospital. A member of that team said, "Since the deputy has been in post they have implemented a lot of our training which has included (tools for assessing skin and diet). There had been a really good response from staff to the training and a lot of the staff attended".

Staff received training in all aspects of health and safety including fire safety, moving people safely, infection control and falls prevention. Training was provided in conditions which affected people using the service, such as catheter care, constipation and diabetes. Training which protected people from abuse and harm, or to uphold their rights, was also provided, such as safeguarding people from abuse and the Mental Capacity Act 2005 (MCA).

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. One staff member said, "It is very good, useful. A chance for staff to be able to raise issues". Staff confirmed that they felt supported by the management team. Appraisals were structured and covered a review of the year. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

People received a varied, flexible diet according to their preferences. Each person was asked each day if they were happy with the menu and would they prefer something different. People's comments about the food included, "I enjoy most of the food but not all", "Average but not excellent" and "The food is superb". The staff said, "People get everything they want".

Staff were attentive to people's dietary needs. They understood where one person sometimes preferred a sandwich at lunch time and they arranged for their main meal to be available later. Specialist diets were very well met and the staff had researched one person's complex dietary needs. A health care professional said, "I am impressed with their dietary monitoring. No concerns at all".

People were offered hot drinks on a regular basis and cold drinks were seen available in people's bedrooms and in the communal areas.

## Is the service caring?

### Our findings

The previous inspection on 2 and 7 July 2015 found that some people's privacy and dignity was not upheld. This inspection found that improvements had been made and people's privacy and dignity were upheld.

Without exception, people felt the staff were kind, caring and friendly. People said, "I couldn't wish for better (staff). They treat me alright. They are nice", "They are all kind. You can't fault them. They are all very friendly", "I love this home. All the staff are very pleasant, friendly and helpful" and "All the girls are very kind". A health care professional said how one person had initially found moving to the care home difficult but "they are very settled now".

Interactions between people using the service and staff were positive; catering staff fetched another cup of tea to a person who requested it, having finished the previous one. Care workers fetched a blanket to warm a person's legs and when one person awoke anxious and distressed, the care worker immediately went over and comforted them. The person quickly returned to being calm. One person was seen enjoying regular banter with staff members.

Privacy was upheld. People told us that staff always knocked before entering their room and ensured any care provided was in private.

People were able to express their views and these were sought and responded to regarding decisions about their care, treatment and support. The registered manager said that there were regular one to one residents meetings at which each individual was asked their views. People said their care plan was discussed with them one person saying they had asked for a different room and this had been arranged. Information was also received anonymously from people using the service and their family members through a yearly quality monitoring questionnaire.

Staff understood what a caring service looked like. They talked of supporting people's independence, spending time the way the person wanted, (such as smoking) and being available to comfort people when they needed it. There were a lot of visitors during the inspection. None chose to give us feedback but all were made welcome at the home and we observed a comfortable and relaxed atmosphere.

## Is the service responsive?

### Our findings

People confirmed they could do as they wished, including rising and retiring when they chose to. One person said, "I am free to come and go as I please. This place compares very well".

Care plans are a tool used to inform and direct staff about people's health and social care needs. Our previous inspection on 2 and 7 July 2015 found that care plans lacked information to provide guidance to staff. This inspection found that care plans contained detailed information about people and how their needs were to be met. We also found that staff were able to answer any question we posed about people's care. Health care professionals had also commented about how well staff knew the people in their care.

Some people chose to go out into the community each day alone or with family and some people chose to spend their time in their room. People told us they were happy with this arrangement and they knew they could join other people in the lounge or dining room if they wished. Staff had information recorded about people's lives and interests but most people were able to tell staff how they wished to spend their time. One person said how much they had enjoyed a Halloween party and were looking forward to the Christmas party. There was always a staff member or person about for people to chat with.

A staff member said they made a point of visiting people who stayed in their room to "chat and reminisce" with them. People's rooms were homely and people said they were comfortable and happy with their belongings around them. We saw that people made use of the gardens.

Each person using the service had a key worker. Their role was to help people, for example, to tidy their wardrobe and drawers and ensure they had what they needed. One person said they liked to dust their room themselves but they could always ask for any additional help and it was provided.

People said they were confident that any concern or complaint would be dealt with. There was a complaints and compliments book at the entrance and people had used it. A complaints procedure was also available by the entrance and given to each person on admission. The procedure set out timescales for dealing with any complaint and included the contact details for the Ombudsman if a person was unhappy with the outcome. There had been one complaint recorded and this had been investigated and dealt with appropriately.

## Is the service well-led?

### Our findings

The registered manager also manages another residential home in the area and so works between the two buildings, which are in close proximity. They delegated the day to day management, care and support at Granada House to a deputy manager.

The previous inspection on 2 and 7 July 2015 found that the systems in place for quality monitoring did not ensure a safe or effective service for people. This inspection found that people felt safe and were happier with the service, health care professionals were very happy with the service and quality monitoring had improved. However, not all risk had been identified and mitigated because some people were at risk of burns from radiators and some people were cold over several days. The deputy manager had improved their audit arrangements to make them more comprehensive, but those to include the environment were due to start in early 2017. The deputy manager said they would bring the introduction forward at a quicker pace. Current quality monitoring included accidents and incidents, medicine management, the standard of records and staff practice.

The culture of Granada House was one of shared, friendly living. People and health care professionals considered Granada House to be a "homely home" and the service was run with as little restriction as possible. One staff member said, "It is like you are coming into (people's) home."

The deputy manager was finding ways in which to increase efficiency. For example, they had good systems for ensuring people's health care tests and treatments were not missed. Policies and procedure were under review to check they complied with new legislation. Where recommendations had been made toward improvement, from the local authority and pharmacist, an action plan was being followed to meet those recommendations. They regularly sought advice from health and social care professionals, an example being from the Deprivation of Liberty safeguarding team.

Staff felt the home was well led. Their comments included, "The (deputy manager) is a very good manager. On the ball with everything and very approachable". There were regular staff meetings at which information was shared, including how staff could improve their practice. A meeting held in July 2016 discussed staff uniform, documentation of care plans and medicine records and the key working scheme. Staff also received letters when there was a change which might affect their contract of employment. For example, the requirement to wear protective clothing to prevent cross contamination. This showed that staff were clear about the standard of practice expected of them.

Information was received anonymously from people using the service and their family members through a yearly quality monitoring questionnaire. The results showed people and their family members were happy with the service. Staff and health care professionals had also returned questionnaires early in January 2016 and most responses were positive.

The registered manager said anything they identified as needed they would research and the provider would make available. Those improvements included maintaining the building in a safe and pleasant state

with new carpets. A new kitchen had been installed.

The registered provider visited every two to three weeks. Their visit included speaking with people using the service, staff and checking records. The registered and deputy managers said there was a good working relationship.

The registered manager had notified the Care Quality Commission (CQC) about a number of important events, which the service is required to send us by law. This enabled us to effectively monitor the service or identify concerns.