

Alpha Care Management Services No. 3 Limited

Grenville Court Care Home

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 ●

Summary of findings

Overall summary

The inspection took place on 22 February and 14 March 2017 and was unannounced.

Grenville Court Care Home provides accommodation, care and support for up to 64 older people, some of whom may be living with dementia. At the time of this inspection there were 56 people living in the home.

There was a registered manager in post. 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.

At our last inspection in February 2016, we found the provider was in breach of seven of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of these regulations.

The provider and registered manager had ensured that the required improvements identified during the last inspection had been made. There were effective systems in place to make sure that all of the staff working within the home had the necessary skills to engage with the people living there effectively and safely. Regular assessments of staff's practice had taken place and any issues with current care practice that had been identified were being acted on in a timely way. These aspects helped ensure people were receiving good quality care that was responsive to their needs.

The principles of the Mental Capacity Act 2005 were being followed, particularly when making decisions for people who lacked the capacity to consent to their care. This meant that people's rights were being protected.

People received their medicines when they needed them. Staff were following the appropriate guidance where people were being given their medicines covertly (medicines that are hidden in food or drink without the person's knowledge). This helped ensure people received their medicines safely and as the prescriber intended.

There were enough staff working in the home to help ensure people's safety. Staff were recruited in a way that ensured proper checks were carried out, which helped ensure only staff who were suitable to work in care services were employed. Staff knew how to recognise different kinds of possible abuse and understood the importance of reporting any concerns or suspicions that people were at risk of harm appropriately. The registered manager also understood their role in addressing any issues.

Risks to people's safety were identified, recorded and reviewed on a regular basis. There was also written guidance for staff to know how to support people to manage these risks. Staff worked closely with healthcare professionals to promote people's welfare and safety. Staff also took prompt action to seek

professional advice, and acted upon it, where there were concerns about people's mental or physical health and wellbeing.

People enjoyed their meals and were provided with sufficient quantities of food and drink. People were also able to choose what they had. When people were identified as being at risk of not eating or drinking enough, staff followed guidance to help promote people's welfare and input would be sought from relevant healthcare professionals.

Staff had developed respectful, trusting and caring relationships with the people they supported and consistently promoted people's dignity and privacy. People were supported to choose what they wanted to do and when. People were also supported to develop and maintain relationships with their friends and families. People engaged in a number of activities both in and outside of the home and were encouraged to maintain and enhance their independence as much as possible.

The service was being well run and communication between the management team, staff, people living in the home and visitors was frequent and effective. People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were carried out in order to identify any areas that needed improvement, which were then acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were assessed and staff understood the action they needed to take to promote people's safety.

There were enough staff to support people safely and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People's medicines were managed safely and they received them as the prescriber intended.

Is the service effective?

Good ●

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

People were supported to maintain their mental and physical health and wellbeing and staff acted promptly to seek advice if people became unwell.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and promoted people's privacy and dignity.

People were able to make choices about their care and were encouraged and supported to be as independent as possible.

People were supported to develop and maintain relationships with their friends and families and visitors were welcome.

Is the service responsive?

Good ●

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were supported to choose what they wanted to do, how and where they wanted to spend their time.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good ●

The service was well-led.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were also carried out to identify any areas that needed improving.

Grenville Court Care Home

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.

The inspection took place on 22 February and 14 March 2017 and was unannounced. The first day of our inspection was carried out by three inspectors, including a member of CQC's medicines team.

Before the inspection we looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law.

Because some of the people who used the service were not able to tell us in detail about their care, 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 directly with us.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We met and spoke with six people living in the home and two relatives. We also spoke with a director of the organisation, the registered manager, four members of support staff and the chef.

We looked at assessments and plans of care for six people and checked how they were supported. We reviewed records associated with the employment of two staff, staff meeting minutes and staff training records. We also looked at the arrangements for storing, administering and auditing medicines and a sample of other records associated with the quality and safety of the service.

Is the service safe?

Our findings

Our last inspection took place on 18 February 2016. During that inspection we found that care and treatment was not always provided in a safe way and action was not always taken to mitigate risks. People's medicines were not always managed safely.

This had meant that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 22 February and 14 March 2017 we found that improvements had been made and the provider was no longer in breach of this regulation.

A member of CQC's medicines team looked at how information in the medicines administration records and care notes for people living in the service supported the safe handling of their medicines.

Medicines were being stored safely for the protection of people who used the service and at the correct temperatures. Records showed that people were receiving their medicines as prescribed. There were internal audits in place to enable staff to monitor and account for medicines. Errors that had been identified were reported to the manager and actions taken.

Staff handling and giving people their medicines had received training and had been assessed as competent in medicine-related tasks. During the inspection we observed that staff followed safe procedures when giving people their medicines.

Staff had supporting information available to them to enable them to give people their medicines safely and consistently. There was personal identification and information about known allergies/medicine sensitivities. There was also information regarding people's preferences for having their medicines given to them, such as from a spoon or in a medicine pot.

When people were regularly refusing their medicines the home had taken action to review their medicines with their doctor and pharmacist. For people lacking mental capacity to make decisions about their own care or treatment and who refused their medicines there were appropriate assessments in place. These showed they lacked mental capacity and the doctor's approval had been gained to give them their medicines crushed in food or drink (covertly). There was information available for staff to refer to about how and which medicines should be given to people in this way to ensure that staff gave the medicines consistently and appropriately.

There were care plans in place about people's medicines. When people were prescribed medicines on a when required basis (PRN), written information was available to show staff how and when to give people these medicines. This information also explained when the medicines should be given that were used to treat people's pain or psychological agitation, to ensure they were used consistently and appropriately. Additional charts were in place to record the application of prescribed skin patches and these had been

completed by staff and there were records for the removal of previous patches to ensure safety.

The home had systems and processes to help protect people from the risk of harm and abuse, and people said they felt safe living in the home. One person told us, "I feel very safe here thank you."

Staff were aware of the importance of protecting people from the risk of harm or abuse and were clear about their obligations to report any concerns or suspicions. Staff confirmed that they had completed training in safeguarding people and would not hesitate to report anything that they were concerned about. There was guidance available for staff, people living in the home and visitors, on how to contact to local authority's safeguarding team if they needed to. We saw that staff were confident and comfortable reporting their concerns to the manager. We also noted that the manager had contacted and cooperated with the safeguarding team when they needed to.

Staff understood the risks to which people could be exposed and took action to minimise them. Risks were identified and there was clear guidance in place for staff, to help minimise the risks for individuals. The risk assessments we saw covered a wide range of situations including falls, mobility, nutrition, hydration, the use of bed rails and behaviours that may challenge. Risk assessments were reviewed regularly, to enable people's support to be provided in a way that helped them to live their lives as safely as possible.

We observed staff using appropriate moving and handling techniques during this inspection and the manager confirmed that staff training had been updated in this particular area.

The risks to people from not eating or drinking enough were well managed. People's weights were being recorded appropriately, to ensure people were protected from the risk of malnutrition and people had regular access to drinks when they wanted them. Staff ensured the correct and complete recording of people's food and fluid intake and the registered manager ensured these records were appropriately maintained.

The registered manager and the maintenance person carried out regular checks on health and safety matters within the home. Any action needed to improve the safety of the home or equipment in use was taken in a timely manner.

There were enough staff to meet people's needs safely. One person's relative told us, "Yes, I think there's enough staff about; they're always around when you want them." The registered manager explained to us that they constantly reviewed the staffing levels, in line with people's needs and increased or adjusted the numbers of staff on duty as needed.

Robust recruitment processes helped to protect people from the appointment of staff who were unsuitable to work in care. The records we looked at showed that references were obtained and enhanced criminal records checks were carried out with the Disclosure and Barring Service (DBS). This helped ensure that appointed staff had nothing of concern in their backgrounds, regarding their suitability to work in care services. The records we looked at showed that this information was obtained before staff took up their appointments.

Is the service effective?

Our findings

Our last inspection took place on 18 February 2016. During that inspection we found that staff had not received appropriate support and training to enable them to carry out the duties they were employed to perform.

This had meant that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 22 February and 14 March 2017 we found that improvements had been made and the provider was no longer in breach of this regulation.

People received effective care because staff were knowledgeable and well trained. People felt confident that they received support from staff that had the skills and experience to meet their needs. New staff completed an induction programme, which included working alongside and shadowing more experienced staff to begin with.

Training records showed that staff had received training that was relevant to their role and that mandatory training was up to date. We saw that staff had completed training in areas such as safeguarding people, dementia awareness, fire safety, first aid, understanding mental health and de-escalating anxieties and behaviours that could challenge. Staff were encouraged to develop their skills and knowledge and told us they felt supported by the management team to identify and access further relevant training opportunities. We noted that staff were also required to complete an elementary English test.

Staff told us they received regular supervisions and appraisals, during which they received feedback on their performance and were able to discuss any concerns they had. We saw the manager's report, which showed staff supervisions were up to date and being held regularly.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

During our inspection on 18 February 2016 we found that care and treatment was not always delivered with the consent of the relevant person. The Mental Capacity Act 2005 principles had not always been followed. This had meant that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 22 February and 14 March 2017 we found that improvements had been made and the

provider was no longer in breach of this regulation.

During this inspection we found that the manager and provider were consistently working within the principles of the MCA, which ensured that people's rights were protected. People's consent was sought and nobody was being unlawfully deprived of their liberty.

We saw that appropriate applications had been made to the local authority in order to obtain permission to deprive people of their liberty in their best interests. We noted that the applications were based on individual assessments and that considerations had been made for the least restrictive options to be applied.

Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

People enjoyed their meals and were provided with sufficient quantities of food and drink. One person living in the home told us, "It's always very good food here." We also heard another person say to staff when they had finished their meal, "That was really lovely; I enjoyed that a lot thank you."

People were able to choose what they had and we saw there were picture menus for people in the dining room. The cook had a good knowledge and understanding of people's dietary requirements and choices. On the second day of our inspection the cook told us how four people were on a soft diet, two people had chosen corned beef hash, four had opted for the cauliflower cheese, one person chose to follow a vegan diet and the remaining people had selected the chicken pie.

The cook also showed us how they had prepared two separate apple crumbles, in order to cater for people who were diabetic and that diabetic ice cream was also available. The cook explained that this meant that people could have the same options and not feel they were being treated differently just because they were diabetic.

We noted that people were supported to follow a balanced and appetising diet. However, when people were identified as being at risk of not eating or drinking enough, staff sought guidance and input from relevant healthcare professionals, to help promote people's health and wellbeing. Food and fluid charts were also properly maintained and people's weights were monitored on a regular basis.

People were supported to maintain good health and we saw that each person's care plan contained detailed information on their individual healthcare history and support needs. It was evident that a wide range of healthcare professionals were regularly involved to support people in maintaining good health such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists. Routine appointments were also scheduled with other professionals such as opticians, chiropodists, audiologists and dentists.

Is the service caring?

Our findings

Staff had developed respectful, trusting and caring relationships with the people they supported. One person's relative told us they felt that staff were very caring and kind in their approaches. Throughout this inspection we observed positive and caring interactions between staff and people living in the home. We also saw that staff gave their full attention when people spoke to them and noted that people were listened to properly.

For example, We observed a member of staff providing someone with reassurance in a gentle and caring manner when the person had become a little confused. We also heard another person ask someone how they were and when the person replied, "Terrible" the member of staff said, "Why; what's wrong?" On listening to person's response, the member of staff said, "Why don't we go in the lounge and have a sit down together." The person was happy with this and went to the lounge with the staff as suggested.

Discussions with people, plus our observations of staff interactions, demonstrated that most of the staff had a good knowledge and understanding of the people they were caring for. There was detailed information in people's care records about their preferences and choices, regarding how they wanted to be cared for and supported by staff. We saw that these choices were respected and that staff supported people with their preferred lifestyles.

It was evident from the information we looked at in people's care records that people living in the home and, where appropriate, their families had been fully involved in planning their own care. One person's relative told us that they had been involved in the development and review of their family member's care plan.

One person who lived in the home told us that staff always treated them with dignity and respect and said, "They [staff] always knock on my door before coming in." We observed that bedroom doors were knocked upon before staff entered. People were also discreetly prompted or assisted, when they required any support with their personal care needs. We heard staff using people's preferred names when speaking with them. We also heard staff using humour appropriately and the people in the home interacted with staff in a relaxed and comfortable way.

Visitors were welcome without restrictions and, where possible, people had regular contact with family members or friends. If people did not have any family, we noted that they would be supported to access an independent advocate if they wished.

People were encouraged and supported to be as independent as possible. For example, by being provided with assistive equipment for mobilising, such as a walking stick or a frame. We also saw that people were able to choose how and where they wished to spend their time and joined in any activities they wanted to.

Is the service responsive?

Our findings

Our last inspection took place on 18 February 2016. During that inspection we found that the care and treatment people living in the home received was not always appropriate or met their needs.

This had meant that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 22 February and 14 March 2017 we found that improvements had been made and the provider was no longer in breach of this regulation.

We saw that people had been fully involved in planning their care and received care and support that was individual to their needs. We heard staff engaging naturally in conversations with people, as well as checking whether any assistance was required. We also saw that when anybody did request assistance, staff were quick to respond.

People were supported appropriately during the mealtimes and people who required assistance with eating and drinking, received this on an individual basis.

A discussion with the manager and information in people's care records showed that each person completed an assessment, prior to their admission to the home, to help ensure their needs could be met. We saw that these pre-admission assessments were used to form the basis of people's care plans and risk assessments.

The contents of people's care plans were personalised and gave a full description of need, relevant for each person. We saw that each person's care records included people's priorities regarding the care they received and guidance for staff on how to deliver this. For example, one person made their own choices regarding what they wanted to wear and what they wanted to eat but needed assistance with personal hygiene.

People's risk assessments covered areas such as weights and nutrition, pressure areas, mobility, the use of bed rails, behaviours that may challenge and dependency. We saw that these were reviewed regularly and amended or updated whenever needed. The dependency assessments took all aspects of people's lives into consideration, such as their physical and mental wellbeing, pain management, medication, communication, personal safety, eating and drinking and personal hygiene.

We saw that people living in the home mostly made decisions for themselves in respect of what they wanted to do and how or where they wished to spend their time. During this inspection we saw some people spending time in the communal areas or their own rooms and some engaging with relatives, visitors and staff.

On the first day of our inspection we saw a church service was being held in the lounge, which people could attend if they wished. People looked peaceful and content, listening to the different readings and the organ

being played. We also saw that many people joined in with singing hymns.

Other activities we noted that took place on a regular basis included morning 'seated' exercises, weekly trips to a local seaside resort, skittles, pottery classes, bingo, life skills, reminiscence, newspaper discussions, a gentlemen's club and a ladies' pampering afternoon.

People told us that they could make a complaint if they needed to and knew who to speak to. One person using the service told us, "I haven't got any complaints but I know I can talk to the manager if I ever do have any." People also told us that they felt that staff listened to them and took action to resolve any issues appropriately. The manager explained the procedure they followed for dealing with complaints and told us that any complaints would be recorded and investigated.

Is the service well-led?

Our findings

Our last inspection took place on 18 February 2016. During that inspection we found that CQC had not been informed of some notifiable incidents. This had meant that the provider was in breach of Regulation 18 of the Registration Regulations 2009.

At our inspection on 22 February and 14 March 2017 we found that improvements had been made and the provider was no longer in breach of this regulation. The registered manager fully understood their responsibilities and reported notifiable incidents to CQC as required.

Our inspection on 18 February 2016 identified that the provider's performance rating was not being displayed on their website. This had meant that the provider was in breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 22 February and 14 March 2017 we found that the provider no longer had an active website for Grenville Court Care Home but they assured us that they would display their rating correctly if and when this situation changed. This meant that the provider was no longer in breach of this regulation.

During our inspection on 18 February 2016 we identified that effective monitoring systems were not in place to ensure quality and safe care was provided. This had resulted in some people receiving poor care and being at risk of harm. A warning notice was issued in respect of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We subsequently undertook a focused inspection on 19 July 2016 to make sure that the provider had made the required improvements and was meeting the legal requirements in relation to the warning notice. Our inspection on 19 July 2016 concluded that effective systems had been developed to monitor the quality of care and the safety of people living at the home, and to reduce the risk of harm and poor care. The Warning Notice we issued had been complied with.

At our inspection on 22 February and 14 March 2017 we found that the provider had continued to maintain effective systems, in order to monitor the quality of care and the safety of people living at the home and reduce the risk of harm and poor care.

People we spoke with told us that they saw the manager a lot and that they were approachable. One person said, "[Manager] is very nice, we often have a nice chat." Staff also told us they felt supported well by the manager and management team. One member of staff told us, "[Manager] is the most supportive manager; any issues whatsoever you can go and see her and she will sort things out straight away."

We asked staff about the culture and values of the service. Staff told us that they worked well as a team and that staff and the management were very supportive of one another. One staff member said, "We want people to have a good quality of life. We work well together here; we want to support people to be as independent as possible."

Staff spoke positively about communication in the home and told us they were kept up to date and aware of any changes. A member of staff told said that communication between seniors and care staff had improved a lot recently, as had the daily handovers.

Staff told us that staff meetings took place and records we looked at confirmed this. Minutes from staff meetings showed that a range of topics and issues were discussed that related to the running of the service. For example, recruitment, training, people's care plans, the environment and maintenance.

There were a number of systems in place to identify and rectify any issues with the quality of the service when they arose. For example, we saw how medicines administration and management was monitored and the registered manager told us that they checked the medicines regularly and recorded this information formally. Our checks of the medicines showed they were well managed.

There were also processes in place for regularly auditing areas such as care plans, infection control and the overall maintenance of the service. The care plans and other records we looked at were all well maintained, up to date and secure. We saw that regular reports were compiled, which covered all aspects of the home. The manager maintained regular contact with the provider and we could see that there was a good level of oversight from this level. The manager, together with the staff team, were consistently working hard to ensure that the quality of service that people received was good.

People were regularly able to give feedback and discuss their thoughts and feelings regarding the service on an informal basis. Because the formal 'residents' and relatives' meetings were often very poorly attended, we noted that the manager made a point of going around the home and spending time speaking with people on a one-to-one basis. This gave people an opportunity to discuss aspects such as their activities, health and safety, any maintenance issues that they needed addressing and things they were happy with or unhappy with.

We saw that there was a formal process in place for gathering feedback from people through the use of questionnaires. These gave people further opportunities to put forward their views and opinions about the service and be part of its development.

The manager told us they were supported well by the provider, who visited the home regularly and also spent time talking to staff and people living in the home. Overall, an open and inclusive culture was demonstrated in Grenville Court Care Home, with clear and positive leadership.