

Crosscrown Limited

Granville House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Granville House is a care home providing personal care and accommodation for up to 23 older people living with dementia, physical disabilities and sensory loss. At the time of our inspection visit there were 19 people receiving care.

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

Improvements had been made to quality assurance systems at the service. However, quality assurance checks were not all effective and had not identified some issues identified in our inspection, such as medicine errors and gaps in legionella risk management.

We were somewhat assured infection prevention controls were being followed.

People felt safe using the service. Staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults. However, not all staff had appropriate references.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spoke positively about the staff and the care they provided. Staff felt supported by the registered manager.

The registered manager was open and honest and worked in partnership with outside agencies. They were committed to making improvements to the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 March 2021) and there was 1 breach of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

At our last inspection of this service, breaches of legal requirements were found.

This inspection was carried out to follow up on action we told the provider to take at the last inspection, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement, based on the findings of this inspection.

We found evidence the provider has made some improvements in their governance systems, but other improvements were still required. Please see the safe and well-led sections of the full report.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Granville House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection Team

The inspection was carried out by 1 inspector and an Expert by Experience who visited the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience spoke with people and their representatives, to gather feedback on their experiences of the home.

Service and service type

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

Registered manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concern. We sought feedback from the local authority commissioners who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We looked at 6 people's care plans, 3 recruitment records and a variety of information relating to the management of the service. The inspector spoke with 7 staff including the registered manager, the operations director, 4 care staff including senior care staff and a housekeeper.

We spoke with 4 people who used the service and 5 representatives, about their experience of the care provided. We observed care and support in communal areas. We obtained feedback from a health professional who supported people at the service, about their experience of the care people received.

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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management

- Where risks had been identified, there were plans in place to inform staff how to manage those risks and minimise any potential impact. For example, risk management plans for people with diabetes contained guidance for staff to maintain people's health. However, one person's care plan for nutrition and hydration had not been fully updated following a recent period of weight loss. The registered manager took action straight away to update the person's records on the first day of our visit.
- At the time of the inspection it was not clear if the provider had taken actions to protect people from the risk of legionella bacteria, following tests in May and July 2022 which showed bacteria were present in the service's water system. A risk assessment carried out by an external company highlighted multiple areas of concern and recommended improvement actions. At the time of the inspection visit, it was not clear how the risks to people's safety had been managed. The registered manager provided evidence following our visit, to confirm how risks had been managed and actions taken to protect people in accordance with the legionella risk assessment during 2022.
- Checks on fire safety were carried out. However, fire door safety checks were not sufficiently detailed. We raised this with the registered manager who told us they would make improvements to the process.
- Some people had equipment to maintain their safety. For example, one person who was at high risk of falls, had a sensor mat in their bedroom to alert staff if they moved about. We saw staff responded quickly when the sensor mat was activated.

Using medicines safely

- People did not always receive their medicines as prescribed. One person required medicine to be given at specific times of day, to manage their health condition of Parkinson's. During the first day of our visit the person's afternoon dose was left on a table beside them by a staff member, for them to take themselves. The registered manager told us this was an error and the person should always be supported to take their medicines by staff. This presented a risk to the person's health. The registered manager took action straight away and identified this was an isolated incident. The staff member was provided with additional support and action was taken to reduce future risks reoccurring.
- Medicines were not always accurately accounted for. We checked the amount of 2 different types of medicines and the total amounts did not reflect the recorded total on the Medicine Administration Records (MARs). We raised this issue with the registered manager who assured us all stocks of medicines would be re-counted on the second day of our inspection.
- Medicines were stored securely and safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were somewhat assured that the provider was admitting people safely to the service. One person had been admitted to the home from hospital and staff had failed to establish their Covid-19 status on arrival. The person was tested by staff 18 hours after being admitted to the home. This was not in accordance with the provider's policy and put people at potential risk.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. The provider had recently updated their policy following changes to Government guidance. However, the registered manager was not familiar with procedures for safe admission to the home and requirement to continue to assess risks for people in relation to Covid-19. The registered manager assured us they would review current guidance and update people's records where appropriate.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place or had been applied for, to deprive a person of their liberty. The registered manager told us they were in the process of assessing one person who had recently been admitted to the home. Staff were able to tell us how they supported people in accordance with the MCA.

Visiting in care homes

- There were no restrictions around visiting. One person's representative told us there was, "No restrictions on my visiting."

Staffing and recruitment

- During our inspection visit there were sufficient staff to meet people's needs. A relative told us, "I come weekdays and weekends there's always plenty of staff."

- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. Pre-employment recruitment checks included reference requests and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found one staff member did not have a reference from their most recent health and social care employer.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person told us, "I would speak to the carer if I was worried."
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The manager understood their obligation to report their concerns and any potential allegations of abuse to the local authority and CQC.

Learning lessons when things go wrong

- The registered manager displayed a commitment to learning where things had gone wrong. They acted straight away during our visit to make improvements to the service to reduce risks to people.
- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care to keep them safe. Changes to people's care were shared with staff to reduce the likelihood of further incidents reoccurring.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems and processes to maintain oversight of people's care. The registered manager and the operations team completed regular quality assurance checks which had identified some areas for improvement. However, the checks were not fully effective because they had not identified issues we found during our visit, including gaps in legionella risk management and safe recruitment practices. Medicine audits had not identified errors in medicine stock counts.
- The registered manager was responsible for analysing accidents and incidents to identify patterns and trends and prevent reoccurrence. However, following the analysis of one person's fall, no action had been taken to mitigate their further risk of falls. Following our feedback, the registered manager took action to review the person's needs to ensure they were safe.

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

- People were happy with the service provided and praised staff. People knew who the manager was and had confidence in staff. A relative told us, "I have every confidence in the management... The quality of care is excellent from my perspective."
- Staff gave positive feedback about working at the service. They felt well supported by the registered manager and other senior staff. A member of staff told us, "The manager's door is always open" and told us they could approach them at any time with any concerns.

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

- The registered manager understood their obligations for reporting important events or incidents to relevant agencies, including the CQC.

- The registered manager understood their responsibility to be open and honest when things had gone wrong. They acknowledged the issues we found and took some immediate action during our inspection visit to make improvements where shortfalls had been identified.

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

- Relatives felt involved with their family members' care. One person told us, "They always have time for you to discuss anything".
- There were processes in place to capture the views of people, relatives and staff, such as meetings and quality assurance questionnaires. The results of the last survey carried out in April 2022, were on display in a communal area and we saw action had been taken to improve the service.

Working in partnership with others, Continuous learning and improving care

- The registered manager worked with other health and social care professionals and external organisations to improve people's experience of care. A health professional confirmed this and told us any concerns were referred to them and their recommendations were followed, to improve people's wellbeing.
- The registered manager worked closely with commissioners including the local authority, to make improvements to the service.