

Grandora Care Lodge Limited

# Grandora Care Lodge

## Inspection report

Grandora  
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Suffolk  
NR32 5BL

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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

About the service:

Grandora Care Lodge is a purpose built residential care home that was providing personal care for up to four people aged 65 and over. At the time of the inspection three people were resident.

People's experience of using this service:

People experienced a very individualised service that met their expressed needs in a personalised way. Due to the small scale of this service people were able to make suggestions and express wishes that were quickly met. People were able to lead a lifestyle of their choosing with good access to appropriate healthcare services.

People and their families were extremely complimentary about the care and kind treatment that was afforded to them. All people and families we spoke to were extremely happy with the care and support they received.

Management were responsive to suggestions and ideas generated from people and their families. A suggestion had been made for transport for people. The owner purchased an accessible vehicle and now people could access their community more readily, frequently and with ease due to their disability. This demonstrated how responsive the service was at listening to people who use the service.

The service was still relatively new and was developing systems that were specific to such a small service. There were basic systems in place to monitor quality and feedback was overwhelmingly positive from people and relatives. The registered manager was open to feedback from professionals and was keen to imbed practice and develop new ways of working if needed.

More information is in the full report

Rating at last inspection: This was the first ratings inspection since we registered the service on 14 February 2018.

Why we inspected: A routine inspection was required to rate this service, but we had also received information of concern that needed to be explored. No substance was found to this information and the service responded appropriately. The service is rated overall Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Grandora Care Lodge

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

Inspection team: One inspector carried out this inspection.

Service and service type Grandora Care Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with the three people who used the service and two relatives to ask about their experience of the care provided. We made observations of the premises and care provided.

We spoke with the registered manager and two care staff. We looked at records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service,

recruitment, policies, training and systems for monitoring quality.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. People told us that they felt safe and relatives trusted staff to do the right thing by their relatives when they were not there. There were systems and training in place that staff felt confident in using.

### Supporting people to stay safe from harm and abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Well known assessment tools such as MUST (Malnutrition Universal Screening Tool) and Waterlow (A pressure ulcer risk assessment tool) were used.
- Currently people were independently mobile and did not require equipment to transfer. However, equipment had recently been purchased as one person's needs were beginning to change. Falls risk assessment tools were used and in place for those at risk.
- Risk assessments relating to the environment were in place. This included evacuation plans and equipment relating to fire safety and water were regularly tested for safe use. Showers installed were healthcare showers with restricted temperatures.

### Staffing levels

- Staffing levels were appropriate to meet the needs of the people residing at the service.
- All staff spoken with said there were sufficient staff on duty. Our observations on the day found sufficient staff available to meet people's needs promptly. People did not wait long to be attended to.
- We examined four weeks rosters and found sufficient staff were rostered to meet people's needs. This included awake staff at night and a person on call in case of emergencies.

### Using medicines safely

- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
- People told us they received their medicines as they expected and as prescribed.

## Preventing and controlling infection

- ☐ The service was clean throughout and did not have an odour. A relative who visited very regularly said, "It's always clean." A person said that the cleanliness was always maintained and they especially liked that.
- ☐ There were cleaning schedules in place.
- ☐ The laundry equipment was due to be improved. The purchase of a washing machine with sluice function will increase systems to prevent infection spread.

## Learning lessons when things go wrong

- ☐ The manager was keen to develop and learn from events. They welcomed any support from external agencies with advice.
- ☐ There was a low incidence of falls and pressure ulcers were prevented and healed. These were monitored and actions taken to reduce such incidences.
- ☐ Accidents were appropriately recorded and actions taken to prevent similar occurrences.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- ☐ Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- ☐ Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "I believe the staff are well trained. They seem to recruit the right sort."
- ☐ Staff had received appropriate training to support older people. Our observations were that staff were confident and sensitive in how they supported people.
- ☐ Information supplied by the registered manager stated that staff had training in, moving and handling, first aid, fire safety and medication administration and therefore was able to keep people safe and appropriately cared for.
- ☐ Care staff had completed Skills for Care Common Induction standards or a Care Certificate. And most staff employed held a recognised care qualification or were working towards one. Staff received regular supervision and spoke highly of the support they received from the registered manager.

Eating, drinking and a balanced diet

- ☐ People received homecooked food that constituted a balanced diet.
- ☐ People were given choice of menu and were able to choose what they fancied at the given time. One person requested sausages and mash whilst another asked for haddock.
- ☐ The meal time experience was relaxed with people being offered choices of where they wished to eat their meal and what to drink.
- ☐ One person since coming to the service had gained weight as they had unintentionally lost weight prior to moving to the service. Advice was sought from appropriate health professionals in relation to nutrition.

Supporting healthier lives and access to healthcare

- ☐ People were routinely registered with healthcare professionals. A GP visited regularly or when required to ensure access to treatment and medicine.



- People were referred to other healthcare professionals as required. One person had been supported through a recent cataract removal and was now benefitting from better sight. People were supported by staff to access healthcare appointments.

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

- The service had been purpose built. Each of the four rooms had floor to ceiling patio doors with views and access to a level access garden. Each room had private en-suite shower facilities. People were able to personalise their rooms with their own possessions and make their room their own.
- The whole premises used by people was on the ground floor and fully accessible.

#### Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- The registered manager understood their responsibilities in terms of making application for deprivation of liberty safeguards to the authorising authority and making notification to us about those applications being granted.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness, compassion, dignity and respect

- ☐ People consistently told us that staff were kind and caring. We observed some lovely practice by staff who emotionally supported people with compassion. One person told us, "Staff are amicable and kind. They are very good to me." Another person said, "I love being here. I get well looked after. There is always someone to talk to and listen to me."
- ☐ Our observations showed people displayed signs of well-being. One relative told us how they liked that the registered manager treated a person like her own mother and how another staff member painted their relatives nails just how they liked them.
- ☐ Staff knew people very well. One person spoke about how in the summer they helped out in the garden with daily watering of the plants. Another person spoke of how they liked to regularly go to the shops and this happened.

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

- ☐ People and their representatives were regularly asked for their views on their care and their plans. One relative told us they felt involved in their relatives care and were consulted regularly. Visitors were welcome any time.
- ☐ Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- ☐ People and their families routinely completed life histories and this enabled staff to develop meaningful relationships and have respect for people as individuals. Daily notes made by care staff showed clear respectful recording of care given.
- ☐ People were enabled to be as independent as possible and equipment such as suitable chairs allowed people to remain comfortable and stand easily.
- ☐ Relatives confirmed to us that people's privacy and dignity was always maintained. Our observations were that staff were mindful in their actions and how they spoke with people. One person told us, "I feel truly blessed to live here." They joked with us and said, "Yes they treat me with respect...they bow when they enter." and laughed.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

How people's needs are met

- ☐ People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Personalised care

- ☐ People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- ☐ People were enabled to follow a variety of interests and activities. People were able to choose each day how they spent their day. A relative said, "[Named the manager] takes my mum out and about where ever they fancy. They entered the village in bloom competition you know."
- ☐ For a remote village the service had a presence and participated where they could. People who lived at the service came from the surrounding rural community.
- ☐ All aspects of people's lives were planned and this included end of life care planning for some people. Peoples wishes were appropriately recorded and families were involved as appropriate with regards resuscitation. The registered manager agreed to develop these plans further to ensure all people using the service had been fully consulted and fuller plans were recorded.

Improving care quality in response to complaints or concerns

- ☐ There were known systems and procedures in place. These were known to people and their visitors.
- ☐ There were minimal complaints received. People and relatives said that they felt able to speak to the registered manager at any time. Staff were aware of resolving concerns at a lower level if possible.
- ☐ We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place.

# Is the service well-led?

## Our findings

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

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

Leadership and management. Provider plans and promotes person-centred, high-quality care and support

- ☐ Due to the size of this service people were provided with truly person centred individualised care that met their expressed needs. People and their families were keen to tell us of the quality of care provided.
- ☐ Staff consistently told us of the positive registered manager in place that was open and transparent and available to them when needed. Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager.
- ☐ The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. One staff member said how happy they were to work at the service.
- ☐ People and relatives told us the at the registered manager was visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone and their relatives very well. One relative said, "I would recommend this home to others." A person living at the service said, "I would rate this place as outstanding if I were you."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care

- ☐ The registered manager spoke of the challenges they had had since opening the service. These centred around finding sufficient and right staff of the correct calibre. Plans were to have a care manager in place to develop systems and ways of working for the service to establish itself. The appointed person at the point of registration had not remained at the service, but the registered manager was positive that a suitable replacement had been found. The registered manager was able to reflect and had learnt from the process.
- ☐ The registered manager had policies and procedures in place that had been purchased and was still developing these specific to the service. However, no negative impact had occurred relating to the lack of development in this area.
- ☐ Oversight of the service was ongoing and developing. There were some basic systems in place to monitor the quality of the service with regular audits of medicines in place. There had been no significant incidents relating to medicines management.
- ☐ Other systems in place included monitoring of incidents, accidents and falls. These were of a minimum with one fall being recorded. Appropriate actions were being taken to prevent another occurrence for the individual.
- ☐ Monitoring systems needed to be imbedded over time and developed to meet the needs of such a small service.

- Links were being developed with the local safeguarding team to ensure clear records were kept at the service. This was learning as a result of recent contact from professionals seeking clarification on matters.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The registered manager had good links with the rural community, other healthcare professionals and the local GP service.
- The service regularly sought the views of people through care plan reviews and through regular surveys. The feedback received has been positive and therefore confirms that the service provided is appropriate for people's needs.