Grenham Bay Care Limited

Grenham Bay Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 18 January 2019. The inspection was unannounced.

Grenham Bay Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Grenham Bay Court is registered to provide accommodation and personal care for 34 older people. There were 31 older people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. 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. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 17 June 2016 the overall rating of the service was, 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found that the service remained, 'Good'.

People were safeguarded from situations in which they may be at risk of experiencing abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. There were enough care staff to provide people with the care they needed. Background checks had been completed before new care staff had been appointed. Suitable provision had been made to prevent and control infection and lessons had been learned when things had gone wrong.

Care was delivered in line with national guidance and care staff had the knowledge and skills they needed to promote positive outcomes for people. People were supported to eat and drink enough to have a balanced diet. Suitable arrangements had been made to ensure that people received coordinated care when they used or moved between different services. People had been helped to access healthcare services. People were supported to have maximum choice and control of their lives. The registered persons had also taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible. Policies and systems in the service supported this practice. The accommodation was designed, adapted and decorated to meet people's needs.

People were treated with kindness, respect and compassion. They had also been supported to express their

views about things that were important to them. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that promoted their independence. Information had been presented to them in an accessible way so that they could make and review decisions about the care they received. People were supported to pursue their hobbies and interests. The registered manager and care staff recognised the importance of promoting equality and diversity. Complaints were promptly resolved to improve the quality of care. People were supported at the end of their life to have a comfortable, dignified and pain-free death.

The registered manager had promoted an open and inclusive culture in the service to ensure that regulatory requirements were met. People who lived in the service, their relatives and care staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered manager was actively working in partnership with other agencies to support the development of joined-up care.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Grenham Bay Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons 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 also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 18 January 2019 and the inspection was unannounced. The inspection team comprised two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. We spoke with 12 people who lived in the service and with six relatives. We also spoke with three care workers, two senior care workers, the chef, the maintenance manager, one of the housekeepers, the administrator and the senior group administrator. In addition to this, we met with the deputy manager, registered manager and the company's executive director. We also examined records relating to how the service was run including health and safety, the management of medicines, obtaining consent and the delivery of training. In addition to this, we examined the systems and processes used to assess, monitor and evaluate 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 three people who lived with dementia and who could not speak with us.

Good

Is the service safe?

Our findings

People felt safe using the service. A person said, "The staff here are very good to me and I feel completely safe in their company."

People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People were helped in the right way if they were at risk of developing sore skin or needed assistance to promote their continence. They also were safely helped if they experienced reduced mobility and needed assistance to move about. In addition to this, care staff used recognised ways to quickly identify when a person was in pain so that assistance could be provided. The accommodation was fitted with a modern fire safety system to detect and contain fire so that people could be kept safe.

Medicines were ordered, stored, administered and disposed of in line with national guidance. Senior care staff who administered medicines had received training and had been assessed by the registered manager to be competent to safely complete the task. We saw medicines being offered to people in the right way. We also noted that when possible people were assisted to manage their own medicines.

During our inspection visit enough care staff were on duty to enable people to promptly receive all the care they needed. Records showed that there had been the same number of staff on duty during the two weeks preceding our inspection visit.

Safe recruitment practices were in place to ensure that only suitable people were employed to work in the service. These included obtaining references and a 'police check' from the Disclosure and Barring Service to establish applicants' previous good conduct.

Steps had been taken to prevent and control infection. Care staff used disposable gloves and aprons when necessary and understood the importance of promoting good standards and hygiene.

Lessons had been learned when things had gone wrong. There were robust arrangements to analyse and reflect upon accidents and near misses so that action could be taken to reduce the chance of the same things from happening again.

Good

Is the service effective?

Our findings

People and their relatives were confident that care staff knew what they were doing and had their best interests at heart. A relative said "I've no doubts at all about the staff because I can see that my relative is very well cared for and settled."

The registered manager had assessed people's needs and choices before they moved in so that care achieved effective outcomes in line with national guidance. Care staff had received introductory training before they provided people with care. Care staff had also received on-going refresher training and guidance to keep their knowledge and skills up to date. The subjects included how to safely assist people who experienced reduced mobility and how to support people who lived with health care conditions. In addition to this, care staff had been supported to obtain nationally recognised qualifications in health and social care. After our inspection visit, the registered persons sent us evidence to show that a person living in the service had been invited to give feedback about the performance of a care worker. This had been done to contribute to the member of staff's annual appraisal.

Care staff knew how to care for people in the right way. This included helping people to promote their continence. It also included helping people who lived with dementia if they became distressed so they did not place themselves and others around them at risk of harm.

People and their relatives were complimentary about the meals provided in the service. Relatives were provided with a meal free-of-charge if they wished to dine with their family member. There was a choice of dish available at each meal time and at lunchtime there was a four-course meal. People could choose to eat their meals in the dining rooms or in the privacy of their bedrooms. In response to suggestions the service had introduced 'themed food nights' offering a selection of traditional and overseas cuisine.

When necessary care staff provided people with individual assistance to eat and drink. In addition to this, people who lived with dementia had been provided with colour-coded crockery that was easier for them to recognise and use. Care staff specially checked how much some people were eating and drinking to make sure they were having a balanced diet. Advice from healthcare professionals had been sought and followed if people were at risk of choking. This included specially preparing food and drinks so that they were easier to swallow.

Suitable arrangements were in place so that people received coordinated care and had prompt access to healthcare resources. This included the registered manager liaising with a people's relatives if transport arrangements needed to be made for the person to attend a hospital appointment or if a doctor's appointment needed to be made on their behalf. Also, there were electronic hospital transfer packs that passed on important information to hospital staff about people's care needs.

The Mental Capacity Act 2005 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People had been supported to make decisions for themselves. When people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. When doing this the registered manager had consulted with relatives and representatives. This process was helped by a facility called 'the relatives' gateway'. This enabled family members to give their consent electronically when they were not present in the service. When necessary, the registered manager had made applications for DoLS authorisations to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

The accommodation was designed, adapted and decorated to meet people's needs and expectations. One of the corridors had been decorated with distinctive coloured borders. This had been done to support people who lived with dementia to locate their bedroom. In addition to this, quiet areas or 'pods' had been established so that people could enjoy spending time in a more relaxed setting.

There was an ongoing programme of improvements to refurbish older parts of the accommodation. As part of this work a new bathroom had been created that had special mood lighting designed to make bathing a relaxing and enjoyable experience.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff are very friendly and caring. They do their best to make it home from home." A relative remarked, "I get on very well with the staff and I never worry about my relative being here because I can see they're well in themselves."

We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in a quiet area of the lounge and chatting with them about news stories of the day. In addition to this, there was a 'talking therapist' who visited the service to speak with people about subjects that were of interest to them. Also, care staff had been supported to consider how to promote person-centred care through the use of a quizz-tool that was designed to help them reflect upon their work.

Care staff were considerate and recognised that people benefited from being supported to personalise their home. We saw that each person had been encouraged to decorate their bedroom with pictures and ornaments they had chosen. People who wanted to pull their own curtains had been supplied with remote controlled blinds to make it easier for them to do so. In addition to this, people had been provided with voice operated electronic devices in their bedrooms to enable them to speak with staff. People had also been supported to assist with the completion of household tasks if they wished to do so.

People had been supported to express their views and be as actively involved as possible in making decisions about things that were important to them. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager and deputy manager had encouraged their involvement by liaising with them on a regular basis. The registered manager had also developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

There was a 'dignity champion' who promoted the importance of ensuing that people's privacy, dignity and independence were respected. Care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. We also saw care staff knocking and waiting for permission before going into rooms that were in use.

People could spend time with relatives and with health and social care professionals in private if this was their wish. Care staff had assisted people to keep in touch with their relatives by post, telephone and visits. During our inspection visit, the deputy manager assisted a person to speak with their relatives who lived abroad by using a video social media platform.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. The service had been accredited by an external body as having suitable provision in place to manage electronic information in the right way.

Good

Is the service responsive?

Our findings

People and their relatives told us that care staff provided them with all the assistance they needed. A relative said, "I find the care staff to be very willing and quite literally nothing is too much trouble."

People received a wide range of practical assistance that met their needs and expectations. This included assistance with washing, dressing, changing their clothes and maintaining their personal hygiene. Care staff had consulted with people and their relatives about the care they wanted to be provided and had recorded the results in an individual care plan. These care plans were electronic records that could be accessed by people and their relatives. In addition to this, parts of the care plans presented information in an accessible way using graphics and diagrams. These arrangements helped people and their relatives to contribute to decisions about the care provided. The care plans had been regularly reviewed by care staff to make sure that they accurately reflected people's changing needs and wishes. When doing this care staff made use of the feedback people could give each time they received care. People could do this by entering their views directly into the hand-held devices that care staff used to access the care planning system.

Care staff recognised the importance of respecting people's individuality. A person said, "I feel I'm as treated as an individual here and the staff all know me really well." This included supporting people who wished to meet their spiritual needs through religious observance. Care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities.

People were helped to pursue their hobbies and interests. A person said, "I like taking part in the group singing and shopping trips." There were three activities coordinators who invited people to participate in a range of small-group activities such as playing board games and enjoying arts and crafts. They also provided individual assistance for people such as reading from the newspaper, hand care and chatting about subjects of interest. In addition to this, arrangements had been made for local school children to visit the service. This was so they could spend time with people who lived in the service and learn from their experiences.

People's complaints were promptly resolved to improve the quality of care. People had been informed about how to make a complaint. There was a procedure for the registered manager to follow when investigating a complaint. The registered manager said that one complaint had been received in the 12 months preceding our inspection visit. Records showed that the complaint had been investigated properly resolved to the satisfaction of the complainant. A relative said, "I feel confident to speak to the management if I had a complaint. I know they would sort it out as they are too caring not to."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The service was accredited by a nationally recognised scheme because suitable provision had been made to care for people in the right way at the end of their life.

Good

Is the service well-led?

Our findings

People considered the service to be well run. One of them told us, "I do think that this place must be well run because I always get the care I need." Relatives were also complimentary with one of them remarking, "I have already recommended it here. I walk out of here knowing my relative is safe. Nothing is too much trouble for the staff."

There was a registered manager in post who had promoted an open and inclusive culture in the service. Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service complied with regulatory requirements. Care staff were clear about their responsibilities and some of then had been given awards by an external body in recognition of their contribution to promoting good standards of care. There was a senior member of staff on call during out of office hours to give advice and assistance. Care staff had been invited to attend regular staff meetings to develop their ability to work together as a team. Furthermore, care staff had been provided with up to date written policies and procedures to give them up to date guidance about their respective roles. These measures had contributed to there being a settled and stable staff team.

Suitable arrangements had been made for the service to learn, innovate and ensure its sustainability. These arrangements had been accredited by an external organisation. Records showed that quality checks had regularly been completed to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way and that people's health and safety was promoted. In addition to this, people who lived in the service, their relatives and staff had been invited to make suggestions about how the service could be improved.

It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with commissioners so that they quickly knew when a vacancy had arisen so that people could be offered the opportunity to move into the service as soon as possible.