

Care Unlimited Group Ltd

Grennell Lodge Nursing Care Home

Inspection report

69, All Saints Road, Sutton SM1 3DJ

Date of inspection visit: 3 June 2015

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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 

Overall summary

This was an unannounced inspection that took place on 3 June 2015. 83 -87 Grennell Lodge provides nursing care, personal care and support for 32 older adults with mental ill health. At the time of this inspection there were 24 people living in the home. At the last inspection on 30 May 2014, the provider was not meeting the regulation in relation to respecting and involving people who use services. We found that people's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care. We judged this had a minor impact on people who used the service and asked the provider to take action. The

provider sent us an action plan detailing how they intended to meet this standard. During this inspection we found that the provider had taken action to meet the regulation.

The service did not have a registered manager in place at the time of this inspection as the previous registered manager left the service in February 2015. A new manager had been recruited and was in place at the time of this inspection. They told us they would be applying to the Care Quality Commission (CQC) to become a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and the associated Regulations about how a service is run.

People, their relatives and health and social care professionals told us they felt people were safe living at Grennell Lodge. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury.

There were sufficient levels of trained and well supported staff to meet people's needs. Relatives told us that staff had built up good working relationships with people. Staff were familiar with people's individual needs and the choices made about their care.

People received their medicines as prescribed and staff knew how to manage medicines safely.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and the service had ensured the local authorities had carried out the appropriate assessments for all the people who might have been deprived of their liberty for their own safety and protection. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had a varied and nutritious diet and choice of meals. They were supported to have a balanced diet which helped them to stay healthy.

Staff supported people to maintain health through regular monitoring by healthcare professionals.

Care plans were in place which reflected people's specific needs and their individual choices. People and their relatives were involved in developing and regularly reviewing care plans and we saw people were supported to make decisions about their care and support.

Relatives told us staff listened to what people said they wanted and staff respected their wishes. Relatives said they thought this helped people to feel they mattered.

We saw people had the privacy they needed and they were treated with dignity and respect at all times.

There were no restrictions on when people could visit the home and family members and other visitors told us they were made welcome.

People using the service and their relatives and other professionals felt any complaint they might need to make would be listened to and acted upon appropriately. There was an effective complaints system in place.

People and their relatives said the manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment. Staff told us they were clear about their roles and responsibilities they had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service. People's views and those of their relatives were sought about the quality of care and support they experienced. The manager acted on people's feedback to improve the service.

Summary of findings

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 safe and people told us they felt safe

There were sufficient numbers of suitably trained staff to keep people safe and to meet people's individual needs. Staff recruitment checks showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People were protected from abuse and avoidable harm within the home as risks were identified and managed in ways that enabled people to be safer and still be as independent as possible.

The provider learned from accidents and incidents and put in place action plans to minimise any further occurrence.

People received their prescribed medicines to meet their health needs in a safe and appropriate way.

Good



Is the service effective?

The service was effective. Staff were suitably trained and they were knowledgeable about the support people required and about how they wanted their care to be provided.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected. Staff had received appropriate training, and had a good understanding of the MCA and DoLS. Relatives of people said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well. People were supported to maintain good health and have appropriate access to healthcare services.

Good



Is the service caring?

The service was caring. People were treated with compassion and kindness by staff who understood their needs in a caring and positive way.

People and their families were included in making decisions about their care and relatives told us they were made welcome.

Staff treated people with respect, dignity and compassion, and were friendly, patient and discreet when they provided care. People and their families were included in making decisions about their care and relatives told us they were made welcome.

Good



Is the service responsive?

The service was responsive.

Staff worked with people and their relatives to understand people's individual needs so they could be involved in their care and support.

There were systems in place to deal with complaints. People felt comfortable talking to the manager if they had a concern and were confident it would be addressed.

Good



Summary of findings

Each person had an individualised activity programme that included games and puzzles and outside activities such as going to church and shopping.

Is the service well-led?

The service was well-led. People said they thought the new manager encouraged feedback and sought to develop and improve the service for people. They said the manager was approachable, supportive, and caring toward people, relatives and staff.

Staff told us they felt well supported and enjoyed working in a positive environment. They were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service.

People's care and support was continually reviewed using effective quality assurance systems. The quality monitoring information was used to maintain current high standards and to identify and drive service improvement.

Good



Grennell Lodge Nursing 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.

This inspection took place on 3 June 2015 and was unannounced. It was carried out by a single inspector.

Before the inspection we looked at the information we held about the service. We looked at notifications that the

provider is legally required to send us about certain events such as serious injuries and deaths. On the day of the inspection we met with six people who were able to talk with us. We saw seven other people who used the service, however due to their complex needs they were unable to communicate verbally with us so we observed the way staff engaged with them. We also spoke with the new manager, a community psychiatric nurse and three staff members. We looked at five people's care records and five staff records and reviewed records that related to the management of the service. After the inspection visit we spoke on the telephone with two relatives of people living in the home; one local authority social worker and one care manager.

Is the service safe?

Our findings

People told us they felt safe living at Grennell Lodge. One person said, "The staff are kind to me, I've lived here a long time, it's my home now, yes I feel safe living here." Another person said, "Oh yes, I'm a lot safer here than I was at home, I kept falling over there." A relative told us, "My mum is much better cared for at Grennell Lodge than she was before; she's safer there." During our inspection we found there was a relaxed, friendly atmosphere in the home and a positive relationship between staff and the people they supported.

The provider had arrangements in place to help ensure people were safe and protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding adults at risk roles and responsibilities. They described how they would recognise the signs of potential abuse, the various types of abuse they might encounter and they knew how they could escalate any concerns they might have. One member of staff said because they had worked there for a few years they knew people living in the home really well. They said if someone became quiet or withdrawn they would speak with them and then with the registered manager or call the local authority safeguarding team if they had a concern. The manager told us any concerns or safeguarding incidents were always reported to the local authority and to the CQC.

Training records showed staff had recently completed safeguarding adult's training. We saw the provider had all the appropriate policies and procedures to help safeguard people including; whistle blowing, how to make a complaint, and the reporting of accidents and incidents.

People's risks were identified and well managed through individual risk assessments. Staff demonstrated a good understanding of the risk management strategies in place to prevent and/or minimise any identified risks for people. Staff told us they were required to read the risk management plans so they knew how to best support people. We saw evidence that they were also required to sign to say they had read these plans.

Where appropriate the risk assessments we saw had been drawn up together with the relatives of people and their

care managers. Care managers we spoke with confirmed this. Relatives told us they were invited to care plan reviews where people's needs, risk assessments and care plans were discussed with them.

The service had risk assessments and risk management plans in place to ensure identified risks in relation to other aspects of the service were minimised so people were helped to keep safe and staff protected. There was an up to date fire risk assessment and an environmental risk assessment carried out by the registered manager to monitor the identified risks. A range of health and safety policies and procedures were available to help keep people and staff safe. Records showed the gas, electricity and fire safety systems were maintained to a satisfactory standard.

We saw examples of how the service learned from accidents and incidents and put in place action plans to minimise any further occurrence. For one person who had had a number of falls in their bedroom there was a falls analysis and action plan. This set out actions the staff should take to minimise any further falls. The plan was called "To make things safer we agreed to"; thus demonstrating the participative nature of the plan developed with the person. Staff told us the plan had been successful in that the person had not had a fall since it was put in place.

From our observations at this inspection there were enough suitably qualified and experienced staff on duty to keep people safe and to meet their needs. Care managers and relatives said they thought there was sufficient staff on duty to meet people's needs. One of the relatives said, "Staff provide good help and there are enough staff on duty to deal with anything that arises." Another relative said, "Yes there are enough staff on duty to help people. They are very supportive and they are knowledgeable about people's needs." We spoke to staff about the rota and they told us they felt there was good staff cover to meet the needs of the people they supported. The manager told us that there were always two qualified nurses and four care assistant staff on duty during the day and two waking staff members, one a nurse, on duty at night and a sleep in member of staff. We examined the staff rotas and this evidenced what we were told by the manager.

Staff files we inspected showed recruitment checklists had been used appropriately to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These

Is the service safe?

included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People's medicines were managed appropriately so they received them safely. We found there were appropriate arrangements in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they were given to people safely. People's medicines were safely stored away in two locked metal cabinets. We undertook a medicines stock take check to

see if the stock of medicines held in one of the medicines cabinets was the same as that recorded on the medicine administration record (MAR) sheets. The check evidenced there were no discrepancies with the levels of medicines held in the cabinet and the MAR sheets. We looked at a random sample of MAR sheets. We saw the nursing staff had maintained these records appropriately and we found no recording errors on any of the MAR sheets that we looked at. Nursing staff told us they had received medicines training as part of their nurse training and their competence to manage medicines was assessed annually by the manager before they were able to administer medicines.

Is the service effective?

Our findings

People and their relatives expressed positive views about the service. All the people we spoke with said they were pleased with the support they received. One person said, "Staff are good. They are nice, they help me." Another person said, "its ok here, the staff are pretty good. On the whole I am happy with the support they give me." One relative said, "They know him really well, they wanted to know all about his history so they could know him even better. They always keep me updated. They are smashing staff."

We looked at staff records and found there was an appropriate programme of induction for new staff that covered their roles and responsibilities and the home's key policies and procedures. A relative told us, "The staff seem to be knowledgeable and well trained." We found staff had received appropriate training and had the knowledge and skills necessary to meet the needs of the people they supported. Staff told us the training they had received was helpful and assisted them with their work. One staff member said, "I found the induction helpful to me. It set me up for the work to come and staff have continued to be helpful when I have needed advice, especially in the early days when I started work here."

Training records for staff we saw evidenced that all staff had completed their training programme. The manager explained there was a regular training programme provided for staff. This covered the essential areas of knowledge, skills and competencies the provider thought staff needed, to do their jobs effectively. In addition to this we saw that additional training had been provided for staff in person centred care planning, mental health awareness, understanding dementia, the Mental Capacity Act 2005, epilepsy and autism.

We found that staff had not received regular formal supervision or appraisal of their work prior to February 2015 when the manager started to implement a programme of regular supervision and appraisal for staff. Staff confirmed this with us. From the records of five staff, we saw that they had had little or no supervision in 2014. They had also not received an appraisal of their work in 2014. We saw evidence that the new process was being implemented and staff confirmed this.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty for their own protection in a safe and correct way. We spoke with the manager and staff and from those discussions we saw they understood their responsibility for making sure people's liberty was not unduly restricted. A number of DoLS applications had been made to the local authority regarding certain restrictive practices, such as the use of a key pad on the front door that prevented people from leaving the home unassisted. The applications showed the provider was following the DoLS requirements. The provider had arranged training for staff in understanding the requirements of the MCA and DoLS. We received appropriate notifications from the provider about the DoLS applications.

People were helped to understand and to express their views about their care and support. People's consent was sought before staff provided care and support and staff respected people's decisions. Staff always considered people's mental capacity to make specific decisions. Where people lacked mental capacity the service followed the Mental Capacity Act 2005 (MCA) code of practice to help protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Where a person was assessed as not having the capacity to make a particular decision, a best interest's decision was made with input from their relatives and/or health and social care professionals as appropriate. We saw minutes of best interests meetings and assessments carried out by independent mental capacity advocates (IMCAs) for people that evidenced this.

People were supported to have a healthy and balanced diet. Relatives said they thought people enjoyed their meals. One person said, "The foods pretty good here, we can choose what we want to eat." Another person said, "It's ok, it suits me." One relative said, "They get good help with maintaining a healthy diet. He's actually put weight on and that's a real success." The chef told us they consult people about what they would like to eat before they construct the weekly menu. They said, "I talk to them all on a Sunday and ask them what they would like to eat. They can choose more or less anything they want. I have to take into account people's care plan information about their nutritional needs and preferences. Actually they can change their

Is the service effective?

minds on the day as long as we have it here in the kitchen we'll give it to them." The manager said they always tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet.

A food record was used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer and different people had different things to eat at each meal, demonstrating that choices were offered. Staff told us some people had special dietary requirements and diet plans had been drawn up together with the dietician and the doctor to ensure their needs were met.

People were supported to maintain good health and have appropriate access to healthcare services. Our inspection of care files confirmed that people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers were always recorded in their health action plan. We noted that each person had a hospital passport that could accompany them if they needed to go to hospital. We saw it contained all the necessary information about the person to inform health professionals about their needs.

Is the service caring?

Our findings

People told us they received good care at Grennell Lodge. One person said, “The staff are kind to me.” Another person said, “yes the staff are caring, they’re ok with me.” Relatives also spoke positively about the staff at Grennell Lodge. One relative said, “I am very happy with the care she is receiving.” Another relative said, “They are absolutely fantastic with him, it gives me peace of mind to know he’s being well cared for.”

We observed that staff treated people with kindness and compassion. One staff member said, “You’ve got to love working with people to work here. I do love working here.” Our observations and discussions with staff showed they had a good knowledge and understanding of the people they were supporting. On a number of occasions we observed people receiving one to one attention from staff who demonstrated their concern and interest in them. We saw a staff member playing dominoes with one person, patiently waiting for the person to move their piece, talking to them throughout, explaining what they were doing or about to do.

People were supported to express their views and wherever possible make decisions about their care and support. Relatives told us staff listened to what people said they wanted and staff respected their wishes. Relatives said they thought this helped people to feel they mattered. Our observations confirmed this.

Although some people were not always able to express their preferences verbally with regards to their care and support, the service had worked with people to build up a picture of their likes and dislikes. One relative said, “They wanted to know about their history, what they did when they worked, details of their home and family etc. They did this because they said they wanted to understand our relative better than they already did.” One member of staff told us that over time they had come to understand those people who did not speak much through their body language. The manager said they had discussions at care planning meetings and reviews as well as on more informal occasions with people’s relatives about their family member’s wishes and preferences. These preferences had been recorded clearly in their care plans.

We saw people had the privacy they needed and they were treated with dignity and respect at all times. Staff knocked on people’s doors before they went in. We observed that staff asked people what they wanted to eat and what activities they wanted to do. Relatives told us that staff enabled people to decide for themselves first wherever possible about their lives.

Relatives said they were always made welcome and there was no restriction to them visiting. Staff told us that people were supported and encouraged to keep in contact with their relatives and friends. We heard how special events, such as birthdays, were celebrated, and families and friends were invited.

Is the service responsive?

Our findings

Relatives told us they were happy with the service their family member received at Grennell Lodge. One relative said, “It’s good, they are helping him to eat much better. He’s put weight on since he’s been there.”

Health and social care professionals involved with people’s care were also positive about the service and said people received support that met their individual needs. One care manager said, “They have done a good job with my client, they have met his complex needs sensitively and the staff deal well with any behaviour that challenges.” A community psychiatric nurse said about another person, “They do know him well, the support he gets here has helped him to progress.”

At the last inspection on 30 May 2014, the provider was not meeting legal requirements in relation to making sure that people’s views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We asked the provider to take action so they met the relevant legal requirement. The provider sent us an action plan detailing how they intended to improve. During this inspection we found that they had made the necessary improvements. People had person centred care plans that enabled them to express their wishes and preferences and relatives were also involved in the care planning process. Two relatives told us they were invited and involved with their family member’s care plan reviews and said they took an active part in acting as advocates in promoting the views of the people concerned.

We looked at people’s care plans and saw each person had regular assessments to check whether their needs were changing. This included monitoring of their health conditions. Relatives told us that they had given feedback about their family member. Care plans and support guidelines were in place for each person whose file we inspected. An example of a support guideline we saw for one person covered their personal care for washing, dressing and general grooming. The guideline took account

of the person’s expressed wishes and was sensitive to ensure their dignity and privacy was preserved as much as possible. Staff told us these plans helped to enable people to have as much independence as possible in as safe a way as possible. Care managers told us these procedures had been agreed at care planning meetings and were recorded on people’s files.

We saw each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. Each person had an individualised activity programme. This included activities based in the home such as playing games and doing puzzles and outside activities such as going to church and shopping. Relatives and staff told us they thought that the range of activities were good and varied. We saw each person’s programme was set out for them, in pictorial form if needed by the person concerned and one person told me how much she enjoyed each day’s activities and which her favourite days were.

Relatives told us they were confident if they raised a complaint it would be dealt with appropriately. One relative told us, “The manager and staff respond positively to any suggestions or comments I’ve ever made.” A health care professional said, “If I had a concern or complaint I’d talk to the manager straight away. I feel confident they would listen and do their best to put it right.”

During our tour of the premises we saw notices displayed on a notice board in the reception area that clearly described the complaints process. We saw a clear complaints policy and procedure that enabled people and others to make a complaint or a compliment. Staff were aware of the policy and how to assist people with the process if required to do so. Staff said, “We record any complaints we get and they are reviewed by the manager.” We saw the log book where the manager told us complaints are recorded; no entries had been made since the last inspection.

Is the service well-led?

Our findings

People and their relatives were positive about the service when we spoke with them. One relative said, “I’m really happy with the care my relative is getting. They are absolutely fantastic with him.”

Another person’s relative said, “I am happy, the new manager is good and I feel he does listen to what we say. Actually he is very approachable and we feel well supported by him and the staff.”

Staff told us the new manager was accessible when needed and supportive of people in the home and the staff. One person said, “He listens and provides good advice. If he says he’s going to do something he does it.” Another person said, “He’s an open, accessible manager who is good at their job, he is experienced and caring.”

The manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. He said he wanted to provide effective leadership in a supportive way. Staff said matters raised were taken seriously when they were discussed. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered to a good standard. Daily handover meetings helped to ensure that staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

There was a clear staffing structure in place to ensure a senior member of staff was always available to provide supervision and support to others.

There was a quality assurance system to check policies and procedures were being implemented effectively and to identify any areas for improvement. We saw details of a staff survey that had been carried out in March 2015. The results of which had been analysed to identify areas where the service performed well and areas for improvement so that appropriate actions could be taken where required. The manager told us other surveys were to be carried out this year including one for people living in the home.

The manager carried out a programme of monthly audits and weekly safety checks. The manager reviewed care records to ensure they were maintained appropriately. This included checking whether documents such as people’s health action plans, support plans and risk assessments were reviewed and whether house meetings, staff meetings and one to one meetings with staff were taking place. The manager told us that each person’s care plan was being reformatted in the style we saw at this inspection. He said that every person’s needs and risk assessments and their care plans would be reviewed and set out in the new style. We found the care plans in the new format to be effective and clear. This will help staff, people and their relatives to better understand the care objectives set out for people.