

Jesmund Care Limited

Grennell Lodge Nursing Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grennell Lodge Nursing Home is a residential care home providing personal and nursing care to up to 24 people. The service provides support to adults living with dementia. At the time of our inspection there were 23 people using the service.

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

People were kept safe. Staff demonstrated they knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe. People told us they were kept safe and that they felt safe.

Risk management strategies identified risks which included triggers for behaviours that may cause distress. Risk management plans together with care plans helped staff as well as the person involved to minimise risks.

The administration of medicines was managed in a safe way. There were policies and procedures in place for staff to follow and staff told us they found them useful in ensuring people received their medicines safely.

The service was following safe infection prevention and control procedures to keep people safe.

Staffing levels were good and appropriate to ensure people's needs were met in a safe, timely and consistent way. Staff were provided with the right training and support to make sure they could fulfil their roles appropriately.

There was evidence of collaborative working and good communication with other professionals in the health and social care sector.

People's health care needs were being met and they had access to healthcare services where needed.

People and their families told us the care they received was good and they were supported and treated with dignity and respect. We received positive feedback from relatives that reflected the caring, compassionate nature of staff.

Where people's abilities enabled them, they were involved in decisions about their day to day lives and staff respected people's choices. Examples of this was seen with menu planning and with the activities programme. An activities coordinator worked well with people to try to ensure there was a wide range of appropriate activities people could involve themselves in. People's dignity and privacy was respected.

People's diversity and their individual needs were respected by staff. The staff team knew people well and were able to provide appropriate care and support.

People were supported to maintain contact with relatives and friends.

Care and support plans were developed to ensure people's needs and risks were met appropriately.

People were supported to have as much choice and control of their lives as they could achieve. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Appropriate policies and procedures were in place to manage and respond to complaints and concerns.

There was a comprehensive and effective governance system in place.

People, relatives and staff were confident about approaching the manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development.

A wide range of comprehensive audits took place to ensure the quality of the service was maintained.

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

Rating at last inspection

The last rating for this service was good (published 27 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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?

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.

Grennell Lodge Nursing Care Home

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

This inspection was carried out by 1 inspector.

Service and service type

Grennell Lodge Nursing Home 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. Grennell Lodge is a care home with 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 not a registered manager in post. A new manager had been in post

for 3 months and had submitted an application to register. We are currently assessing this application.'

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 October 2023 and ended on 3 November 2023. We visited the location's service on 16 and 23 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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. We used all this information to plan our inspection.

During the inspection

We spoke with 1 healthcare professional, 7 people who used the service and 2 relatives about their experience of the care and support provided. We spoke with 2 members of staff, the 2 owners, 1 registered nurses, the chef and the laundry assistant. We reviewed a range of records, including 3 people's care records, 5 staff recruitment files, training and supervision information and other records relating to the service. After the inspection we spoke with 2 relatives about their experience of the care and support provided.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment. Staff were aware of the risks of abuse and what the signs and symptoms were to look out for. Staff told us they would report any concerns immediately to the managers. They were confident any safeguarding concerns would be dealt with effectively by the managers and they said they received effective training that had helped them with this.
- Our review of safeguarding concerns that were raised evidenced the provider had acted appropriately to protect people. This included making safeguarding referrals to the local authority, notifying CQC and taking action through its disciplinary procedures to ensure people's safety.
- People said they felt safe and were well supported by staff. Comments from people included, "They are very kind"; "Yes I am happy here, I feel looked after well and safe" and "It's ok here." The relatives we spoke with said they had never seen anything that concerned them and if they had any concerns they would raise them with either the nurses or one of the managers.

Assessing risk, safety monitoring and management

- People had risk assessments in place to manage risks such as the risk of falls or choking. Risk assessments had detailed information for staff to follow to minimise risks. People were protected from avoidable harm or danger because risks were identified and managed.
- Environmental checks were carried out to ensure people were safe in the premises, and people had personal evacuation plans in case of emergency situations.
- Body maps in people's files were completed so that staff could monitor pressure areas, bruises or redness on their skin.
- People at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included pressure relieving mattresses on their beds and cushions in their chairs.

Staffing and recruitment

- We saw there were good numbers of suitably recruited staff on duty to support people safely according to their needs. People, relatives and staff confirmed this.
- The provider's recruitment process was robust and included the necessary checks that showed candidates were appropriate to work in the care sector.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Medicines were managed safely. Staff followed procedures to make sure people received their medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained nursing staff who had their medicines competencies checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in the records.
- Medicines were kept safely in locked medicine cabinets. For medicines required to be kept in fridges, temperatures were recorded so staff could take appropriate action if outside of the required range.
- Where people had medicines prescribed on an 'as required' basis protocols were in place about when they should be used. This meant that the nurses were aware of why and when they should administer these medicines to people.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. The provider had effective policies and procedures that were in line with best practice guidance in place to prevent and control the risk of the spread of infection.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- Kitchen staff received food hygiene training and we saw food preparation was undertaken hygienically. The home's chef used coloured coded chopping boards for the preparation of different food types.
- People were protected from food poisoning by the safe food hygiene practices of staff. People and staff had information available to them in the kitchen about hand hygiene during food preparation.
- The housekeeping staff used a cleaning schedule to ensure all areas of the home were kept clean.

Learning lessons when things go wrong

- There were systems and processes in place to identify learning and share lessons when things went wrong.
- There was an up-to-date accidents and incidents policy in place and staff knew the procedures for reporting and recording accidents and incidents.
- The provider carried out an audit of accidents and incidents every month and had taken action to resolve issues identified. The audits included an analysis of accidents and incidents. Lessons to be learnt and updates were shared with staff in staff supervision and staff meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's risks, needs and choices were assessed in line with standards. Since the new ownership took over running the home in March 2022, the care planning process including the assessment of risks and people's needs had been reviewed, updated and digitalised. Staff could readily access [on laptop computers] all the necessary information that was set out in care plans, individual to each person. We saw people's healthcare and support needs were assessed and documented.
- People and their relatives told us their needs were assessed together with them and they received appropriate and effective care.
- Our review of the new care planning process showed care plans contained the information needed to support people according to their needs and preferences. Staff confirmed this information helped them to know how best to meet people's needs effectively.
- People's care plan reviews were regular and [where appropriate] families were involved in care reviews.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience to deliver effective care and support. People told us they thought staff at the service were well trained. Staff said they received good training that enabled them to provide effective care and support. Staff training included mandatory training such as safeguarding vulnerable adults, health and safety, first aid, fire awareness, manual handling, food hygiene and infection control.
- Staff told us regular refresher courses were provided for them. The manager said this was to ensure staff knowledge was updated in-line with best practice. When additional specialist training was required, the registered manager ensured this was provided. An example of this was for dementia care and dealing with behaviours that cause distress.
- Staff competency checks were carried out. We reviewed the records which evidenced staff skills remained at a good standard.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink where needed. People's risks around food and drink were assessed, such as for people who were supported to be fed through a percutaneous endoscopic gastrostomy [PEG]. PEG feeding is where a tube is surgically inserted into a person's stomach as a way of eating and drinking when doing this orally is limited.
- Everyday people were given choices of what they could eat and drink if they did not want what was on the menu. The chef told us they asked people what they would like on the menu and the menu plan was compiled from this feedback. People told us, "The chef comes round to ask us what would like to eat and we

are able to make choices", "The chef makes our meals the way I like it", "If I don't want what's on the menu I can choose something else."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to maximise the support people received.
- The manager told us they worked in partnership with district nurses, specialist palliative care nurses, pharmacies, GPs and social workers to meet people's needs. We saw evidence of collaborative working in people's care files.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments when required.
- Staff were provided with information about people's medical conditions and how they may impact on the person so they could support them effectively.
- The manager sought and acted on guidance from other professionals such as from the care home support team. They visited the home regularly.
- Healthcare professionals told us that engagement with the provider was good. Communications were effective and regular. People's health benefitted from good joint working and co-ordinated relationships with them.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider ensured consent to care and treatment was in line with best practice and the law. The manager had in place a DoLS tracker that ensured all the information necessary to keep track of people's legal status was in place. This helped the manager to ensure applications under the MCA were renewed as required.
- Staff understood the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their care plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service applied for DoLS where appropriate and undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were well-supported and treated with dignity and respect. This was echoed by the relatives we spoke with.
- We received positive feedback about the caring nature of staff and their compassionate approach. The impact for people and their relatives was reflected in their comments. They included, "The staff here really do care. It's like a big family and very caring"; "Staff care about what they do and about us"; "I'm in a good home"; "My [family member] is in the best place to get the care and support they need."
- People's individual needs, preferences and beliefs were respected by the service. Specific requirements were catered for where possible, such as ensuring people were supported if their religion meant they did not eat certain foods. People's diverse and cultural needs were respected, assessed and documented. Care plans included information about people's cultural requirements such as food/meal preferences and their spiritual beliefs.
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence:

- We saw staff interacting with people in a caring way while maintaining their privacy and dignity such as when moving a person into a wheelchair. The staff were kind and thoughtful, they explained to people what they were doing in a way that people understood.
- Staff told us how they promoted people's independence and respected their privacy and dignity, such as, covering a person when carrying out personal care, and ensuring doors and curtains were closed.
- We observed staff encouraging people to be as independent as possible such as at mealtimes.

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

- People were supported to express their views so that staff understood their preferences, wishes and choices. This included where people may not communicate well verbally, or English was not their first language. The composition of the staff team included several staff members from different countries and this provided the team with the ability to translate for people when necessary in their own languages. The impact of this was to help people feel more included in the life of the home, increasing their sense of well-being and dignity.
- People and their relatives told us they were consulted about the care and support provided. One person said, "Yes staff do ask me what I'd like to do [in terms of daily activities and support] during the day." A relative said, "We are invited to review meetings and always kept up to date with our [family member's]

progress." This meant people's relatives were able to contribute more effectively to the care of their family member and this benefitted everyone including the staff team.

- We saw that staff communicated effectively with people. Their individual communication needs were assessed and documented in their care and support plans. This helped staff to support people appropriately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and preferences.
- People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Care plans provided staff with good and detailed information about people's preferences, their needs and the risks they faced.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were assessed and information to do with people's communication preferences and how staff might meet those needs were documented.

- Staff knew people well and were knowledgeable as to how they expressed themselves. We observed that staff took time to listen and engage with people during our inspection.
- The service provided information appropriately for people and their relatives as needed. Examples of this were seen with care plans and the complaints procedure which was in different formats as necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to maintain relationships with families and friends according to people's wishes and preferences. On the day of the inspection we spoke with relatives who confirmed this with us. Their comments included "We are made welcome by staff when we visit," "Staff always update me on my family member's progress, so I feel right up to date with their health and any changes in their condition."
- The provider recruited an activities coordinator who was creative in developing a wide range of individualised activities that people had expressed an interest in.
- Cultural and religious events were celebrated with special days such as for example for 'Divali'.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback

received would be used to develop and improve the services.

- People and their relatives told us they would talk with staff or the managers if they had any complaints.

End of life care and support

- Details for people's wishes to do with this were included in their care plans. Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist palliative care teams to make sure people were kept comfortable, dignified and pain-free.
- From our review of people's care plans we saw they, together with relatives, were supported to make decisions about their preferences for end-of-life care.

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 the last inspection this key question was rated good. At this inspection this key question had remained the same. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the new ownership and management arrangements came into place in March 2022, people and staff told us they felt the new leadership had created a warm and friendly culture within the service with a clear drive to provide high quality care. Comments we received from relatives and staff included, "The managers are really committed to providing a good service"; "The manager is very good, she is always here and never minds getting stuck in or providing advice and support for us all."
- People and staff told us the management approach created an open and empowering culture in which they felt able to contribute their thoughts and suggestions. They said they were encouraged to participate in the development and improvement of the service that people received and that this provided them with much improved job satisfaction.
- There was a good governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- Competency checks were carried out on staff to monitor the quality of the care being given.

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 manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- The ethos, vision and values of the service were led by the provider and the managers. People and staff told us the management team were very approachable. One relative told us, "Staff, the owners and the managers are very approachable."
- Staff shared the vision of the service to provide person-centred care and to put people first. People and professionals commented positively about the support provided.
- People received their care from a service that monitored standards and looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as if there was an increase in numbers of

falls or if staff training was due.

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

- People's assessments and care plans included their equality characteristics and individual preferences. The provider had considered people's gender, ethnicity, religion, culture, disability, medical conditions, likes and dislikes and personal interests when carrying out assessments and planning people's care and support.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.

Continuous learning and improving care

- The provider had effective procedures in place regarding reporting and learning from when things went wrong.
- The managers told us they carried out regular checks of the quality and safety of people's care. This included checks of the environment and equipment used for people's care and checks of medicines and care plans. Regular checks were also made of any accidents and also for people's health and nutritional status and any related incidents, such as weight loss, infection or skin sores. This helped to identify any trends or patterns to inform any changes that may be needed to improve people's care.

Working in partnership with others

- The provider worked in partnership with the local authority and other healthcare agencies such as social workers and commissioners. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.
- The management team worked in a collaborative way with other agencies. A range of care professionals described the excellent working relationships the staff had promoted for the benefit of people who used the service. One professional told us, "Staff provide a good family environment where people are cared for appropriately."