

Mrs Brenda Tapsell

# The Granleys

## Inspection report

21 Griffiths Avenue  
Cheltenham  
Gloucestershire  
GL51 7BE

Tel: 01242521721  
Website: [www.thegranleys.com](http://www.thegranleys.com)

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on the 4 January 2017. The Granleys provides accommodation and personal care for up to 17 people with a learning disability and a sensory or physical disability.

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.

We undertook this focused inspection on 4 January 2017 to check that they had followed their plan and to confirm that they now met legal requirements in relation to breaches of regulations 15 and 19. We also looked into concerns we had received in relation to infection control systems and food safety. This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Granleys on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At the last inspection, the service was rated Requires Improvement. The rating was displayed incorrectly in the home. The website had not displayed the rating for the home. The website was taken down on 5 January 2017.

At the unannounced comprehensive inspection of this service on 27 September 2016 breaches of legal requirements were found. After this comprehensive inspection, we asked the provider to take action to make improvements to:

- recruitment checks for new members of staff and we found these improvements had been met,
- Infection and control systems within the home; these actions needed further improvement.

The Department of Health's guidance on the prevention and control of infection in care homes had not been followed. A cleaning schedule was not in place providing clear guidance about the standard expected to maintain the cleanliness of the environment, equipment and fixtures and fittings. An annual statement had not been produced to summarise infection prevention and control measures in the home. Poor practice continued such as placing soiled laundry bags on the laundry floor and rubbish bins without lids.

Some improvements had been made in response to issues raised such as a shower room being refurbished, people's rooms and bathrooms being cleaned daily and improved standards around food safety management. Recruitment checks required by law had been carried out for new staff.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe. We found that sufficient action had not been taken to improve infection control systems. People did not benefit from good infection prevention and control procedures.

People were protected against the risks of unsuitable staff being appointed because robust recruitment checks were in place.

**Requires Improvement** ●

# The Granleys

## **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 focussed unannounced inspection on 4 January 2017 was prompted in part by information received by the Care Quality Commission about concerns about infection control and food safety systems. It was also done to check that improvements to meet legal requirements planned by the provider after our 27 September 2016 inspection had been made. One inspector inspected the service against one of the five key questions we ask about services: is the service safe? This was because the service was not meeting some legal requirements.

Prior to this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We had also received information from the local environmental health agency and commissioners of this service.

As part of this inspection we spoke with three people. We spoke with the registered manager, two staff and a cleaner. We walked around the environment. We reviewed infection control and food safety records and recruitment records for four new staff as well as staff training records. We observed staff working in the kitchen.

## Is the service safe?

### Our findings

At our inspection of 27 September 2016 we found people who lived in the home and others were put at risk due to poor infection control measures. The provider sent us an action plan telling us how they would address these issues. In November and December 2016 we received further information which indicated measures had not been taken to improve infection control issues. Concerns were shared with us and local agencies about the lack of laundry facilities and problems with the cleanliness of toilets and the kitchen. A visit by a local environmental health officer resulted in a downgrading of the home's food safety rating from five stars to two stars.

At our focused inspection on 4 January 2017 we found the provider had not followed their action plan to meet shortfalls in relation to the requirements of Regulation 15 described above. Infection control measures were not in place in line with the Department of Health's (DoH) Code of Practice on the prevention and control of infections (The Code). The registered manager had been prompted at the inspection on 27 September 2016 to access a copy of The Code. She said she had viewed this on the DoH website. Nevertheless, an annual statement required by The Code had not been produced. This should contain a brief summary of outbreaks of infection, infection audits, risk assessments, policies and procedures and staff training. The last infection control audit had been completed in May 2016.

At this inspection we found soiled laundry had been put into red bags for washing and left on the laundry floor; one of these was open. The Code states, "Items should be sealed in a red water-soluble bag immediately on removal. This primary container should then be placed in an impermeable or nylon/polyester bag." The laundry floor had been damaged when new equipment had been installed and the floor was no longer washable. Other laundry had been left on the floor outside of a person's room. We checked later and this was still on the floor. The utility area and the area where medicines were stored were cluttered and dirty. Waste paper bins in the utility and toilets did not have lids. There were large quantities of black refuse bags outside, near to the laundry area, containing items waiting to be recycled. The cleaner said they did not have a cleaning schedule which defined cleaning tasks and their cleaning frequencies. A cleaning rota was in place but the registered manager said she had not yet discussed this with the cleaner, who was concentrating on spring cleaning bedrooms and the daily cleaning of bathrooms and toilets. The fridge in the kitchen needed defrosting and the registered manager said there was no cleaning schedule in place to routinely defrost fridges.

Infection control systems did not promote the standard expected to maintain aspects of cleanliness in the environment, equipment and fixtures and fittings. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had access to improved facilities and a cleaner environment due to some changes which had been made. A new cleaner had been appointed and was spring cleaning people's bedrooms. Toilets, bathrooms and shower rooms were clean on the day of our visit. The shower room on the first floor had been refurbished. A new washing machine had been provided and the laundry walls cleaned. The laundry floor was due to be repainted providing a washable surface. The registered manager shared a report with us,

issued by the food standards agency and the action she had taken to meet their requirements. Staff spoken with had a good understanding of food safety systems. The kitchen was clean and staff were using the safer food better business record (a recording system promoting safe methods for food safety) to evidence checks being completed when preparing, cooking and storing food. Items in fridges were labelled with their use by date and staff knew to dispose of them when these had expired. Staff said they had completed food safety training and training records confirmed food safety and infection control training were being provided for staff.

At our inspection of 27 September 2016 we found people were put at risk because all of the information required for new staff had not been obtained prior to employment. The provider sent us an action plan telling us how they would address these issues.

At our focused inspection on 4 January 2017 we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 19 described above. Records for new staff confirmed any gaps in their employment history had been looked into and the missing information obtained to provide a full employment history. When people had worked previously in care positions the reason for leaving this employment had been sought. When it was difficult to obtain references this was evidenced and additional personal references had been acquired. New staff had not been appointed until a satisfactory Disclosure and Barring Service (DBS) check had been obtained. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that was reasonably considered relevant to the post.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The registered person had not ensured that the premises and equipment were kept clean or that standards of hygiene were being maintained. Regulation 15 (1)(2)

### **The enforcement action we took:**

A warning notice was issued for a continued breach of Regulation 15.