Mrs Brenda Tapsell

The Granleys

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection which took place over two days on the 28 and 29 September 2016. The Granleys provides accommodation and personal care for up to 17 people with a learning disability and a sensory or physical disability. At the time of the inspection there were 16 people living there.

The Granleys has a registered manager who returned from long term planned leave on 26 September 2016. 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. During the absence of the registered manager cover had been provided by a representative of the provider and the deputy manager.

People's health and wellbeing was potentially being put at risk due to poor infection control procedures. The cleanliness of the laundry, a shower room, toilet and en-suite toilet had not been maintained. Other issues also needed addressing such as cobwebs, sticky door handles and bins without lids. Recruitment and selection procedures were not as robust as they could have been. Not all of the recruitment checks needed had been completed. People's care records had not been maintained consistently with discrepancies between care plans and risk assessments. People's care and support with respect to their age and disability was not always promoted. Some activities were not age appropriate and staff were heard talking to people as though they were children.

People said they liked living at the home and were happy with the service they received. There were systems in place to keep them safe from harm. Accidents and incidents had been recorded and followed up. Staff worked closely with health care professionals to follow up any changes in people's needs. People were supported to stay healthy and well through their diet and access to health appointments. People enjoyed activities in their local community, using the library, church and leisure facilities. They were encouraged to be independent helping out around their home, cleaning, cooking and shopping.

People had positive relationships with staff who treated them with kindness and care. Staff understood their needs and raised concerns about their health and wellbeing. People's medicines were administered safely. Staff had access to training and refresher training had been booked. They had individual support meetings with management and found them to be open, accessible and approachable. There were enough staff to meet people's needs with some flexibility to adjust numbers according to people's commitments.

People and staff were able to speak with the registered manager about any concerns or issues. Quality assurance systems were progressing and starting to provide evidence of improvements being made to the service. A complaints process was in place. The registered manager addressed some issues we raised with them during the inspection and was keen to drive through improvements to the quality of care provided.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Requires Improvement

The service was not safe. People were not protected against the risks of unsuitable staff being appointed because all the information required prior to employment had not been collected. People's health was put at risk due to poor infection control measures.

People's rights were upheld and staff understood their responsibilities in identifying reporting abuse. There were sufficient staff to meet people's needs.

Medicines were administered satisfactorily.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to training and individual support. Refresher training was needed and had been booked for staff.

People's consent was sought in line with the essence of the Mental Capacity Act 2005. People deprived of their liberty had the appropriate authorisations in place.

People were supported to be healthy through a balanced diet. Their nutritional needs had been assessed and reflected their individual dietary requirements.

People's health care needs were promoted and changes to their needs had been responded to by staff.

Is the service caring?

Good

The service was caring. People had positive relationships with staff and were treated with kindness and understanding.

People had access to advocacy and kept in touch with those people important to them.

People were supported to be independent.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care and support did not always reflect their age and disability.

People took part in activities based on their interests and lifestyle choices.

People's care reflected their assessed needs, their likes and dislikes and routines important to them.

People had access to a complaints system.

Is the service well-led?

Requires Improvement

The service was not as well-led as it could be. Statutory notifications must be submitted to CQC without delay. Quality assurance systems need to be embedded to provide evidence of on going improvements to the service.

The registered manager recognised the challenges of staff turnover and the impact this had on people and staff. Staff found the registered manager supportive and accessible.

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.

The inspection took place on 28 and 29 September 2016 and was unannounced. One inspector and an expert by experience carried out this inspection. Before the inspection, the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also 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.

Concerns had been raised with us prior to the inspection about the staffing levels, training of staff and the quality of care provided. We looked into these during this inspection.

As part of this inspection we spoke with seven people using the service and two visitors. We spoke with the registered manager, a representative of the provider and five care staff. We reviewed the care records for six people including their medicines records. We also looked at the recruitment records for four staff, staff training records, complaints, accident and incident records and quality assurance systems. We observed the care and support being provided to people. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from local authority commissioners.

Requires Improvement

Is the service safe?

Our findings

People were put at risk of receiving inappropriate care and support by shortfalls in the recruitment and selection processes. When staff had worked previously with children or adults in adult social care the reason they left this employment had not been looked into. The recruitment records for two new members of staff were missing references which electronic systems indicated had been received. The registered manager said they would request these again. Some of the checks required by law when appointing new staff had not been carried out. This could potentially put people at risk of receiving inappropriate care and support.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed she would not appoint new staff until checks had been completed. Application forms had been submitted and any gaps in employment history had been explored. Staff were only appointed after a full disclosure and barring service (DBS) check had been received and references had been returned from at least two former employers. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Staff confirmed they shadowed existing staff for at least two weeks prior to working on shift and this could be extended if needed. New staff completed an induction programme.

People were supported by sufficient staff to meet their needs. The registered manager and representative of the provider described the challenges of four staff leaving suddenly during the summer and having to recruit additional staff. Rotas confirmed two staff worked incredibly long hours without days off during July 2016. One member of staff said since additional staff had been recruited they no longer worked long hours and had days off each week. Rotas confirmed this. The registered manager said they had a minimum of three staff each shift and used an extra member of staff flexibly to provide support according to people's commitments. A part time domestic was employed and there was a vacancy for another domestic. A maintenance person worked part time in the home.

People's health was potentially put at risk due to poor infection control procedures. The registered manager had discussed with the domestic developing a cleaning schedule when the vacancy for a second domestic had been filled. During a walk around the building we found several areas of concern. The laundry was cluttered and dirty. A red bag containing soiled laundry had been placed on the floor. We checked the laundry on the second day of our inspection and although it was tidier it was still dirty. A shower room on the first floor was in a poor condition with mould around the base, a stained and water logged floor and a dirty shower curtain. A shared toilet on the ground floor had a strong odour and a person's en-suite toilet was stained with dried faeces. All of these areas were checked again on the second day and found to be in the same condition. We also noted that waste paper bins in toilets did not have lids and table cloths in the dining room were in a poor condition. Door handles and door surfaces around the home were sticky. People's wellbeing was put at risk because they did not have access to a clean environment.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An infection control audit had been completed in May 2016 confirming staff had completed training in infection control and there had been no infections in the home. This was in line with the Department of Health's code of practice on the prevention and control of infections.

People's care documents did not always provide a consistent record of the risks they faced. People were supported to take risks to maintain their independence. Hazards had been identified in their care records and actions taken to reduce these had been highlighted. Risks had been identified as low, moderate or high and care records had been colour coded (green, amber and red) so staff could instantly see the risks to people. However, the level of risk highlighted in the care plan had not been replicated in the risk assessment. For example, a mobility care plan stated the person was at high risk of falls but their risk assessment recorded them as being at moderate risk of falls. The person had two falls in September. This could lead to people receiving incorrect care. The registered manager said they would address this. Staff described how they supported people to stay as safe as possible. Equipment had been provided for moving and handling tasks such as handling belts, stand aids and hoists. A person was observed being moved using poor moving and handling techniques during part of the inspection. This was not however repeated during again during the inspection, promoting the person's safety. Guidance was given to staff about how to support people to stay safe. For instance, during moving and handling tasks they were guided to "use the walker" and "do not rush". If two members of staff were needed to keep people safe this was highlighted in their risk assessments.

People were safeguarded from the risks of potential harm due to emergencies. Each person had a personal evacuation plan in place which described how they would leave the building in an emergency. People took part in fire drills which recorded their reactions and whether they needed additional support. On-call systems were in place should staff need help or support out of normal working hours. They said the management team were always available for advice or physical support. There were systems in place to monitor fire, water temperatures, legionella and portable appliances to make sure the environment and equipment were maintained safely.

People's rights were upheld. Staff had completed training in the safeguarding of adults. Refresher training had been booked for some staff and new staff were due to complete this training as part of their induction training. Staff spoken with had a good understanding of how to keep people as safe as possible. Three people had been diagnosed as living with dementia and staff described how this occasionally impacted on other people living in the home. Staff described this as being "challenging" and "difficult at times". People had the support of external social and health care professionals to help them to come to terms with the changes they were experiencing. They also gave staff guidance about how best to support people.

People told us they were treated well and one person said, "I am happy here at Granleys and want to stay here." The registered manager discussed incidents when they had spoken with the local safeguarding team for advice about whether to escalate the incidents under safeguarding procedures. People had not been placed at risk of repeated harm and there had been no intent to hurt them. The registered manager was aware of the need to inform the Care Quality Commission of allegations of abuse. Safeguarding information was clearly displayed around the home providing people and staff with contact details of agencies to seek advice from or to inform if abuse had occurred. Staff said they would feel confident raising concerns under the whistle blowing procedure and action would be taken by the registered manager. This is where a member of staff raises a concern about the organisation. Whistle blowers are protected in law to encourage

people to speak out.

People had occasionally had accidents or incidents. Staff kept records of these describing what had happened and the action taken in response. For example, when a person started having a number of falls during the night a referral had been made for an occupational therapist assessment. We discussed with the registered manager making accident and incident records more robust, for example including reference to the agencies contacted such as safeguarding or CQC. This information was located in people's contact sheets or daily records. The registered manager discussed how they monitored accidents and incidents to look for any trends developing and to make sure staff had taken the appropriate action. When one person had become increasingly distressed by their environment and other people support had been sought from a crisis team. They had worked closely with staff to try and explore reasons for the changes by assessing their physical and mental health.

People's medicines had been administered appropriately. People had their medicines when they needed them and at times to suit them. There were some gaps in the medicines administration record (MAR) which staff said would be picked up by the next member of staff and during weekly audits. Most medicines were administered in blister packs and so if medicines were missed this would be quickly picked up. Advice was shared about how to mark the MAR as medicines were given just in case staff then forgot to sign. Stock records had been maintained on the MAR. Protocols were in place for the administration for medicines to be given when needed. The registered manager said the medicines policy and procedure was due for review. It would take into account national guidance.

Good

Is the service effective?

Our findings

People were supported by staff who had access to training and individual support to develop their knowledge and skills. The registered manager acknowledged staff needed to do some refresher training and could evidence training had been booked for moving and handling and positive behaviour support. All staff had been registered for the care certificate and new staff accessed this once they had completed their induction programme. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. The registered manager confirmed as part of the care certificate new staff completed training considered as mandatory such as first aid, fire and food hygiene. A member of staff confirmed they had completed the diploma in health and social care at level two and would be going on to level three. Staff said they had access to training specific to people's needs such as epilepsy and dementia. The registered manager said they had been trying to source Makaton sign language training but in the interim they planned to ask the person who used this sign language to coach new staff with the signs they used.

People benefitted from staff who had access to individual meetings (supervisions) to discuss their role and performance. Records had been kept electronically and evidenced staff had met with managers up to four supervision meetings so far during 2016. Staff meetings had been held monthly and staff had a handover between shifts to ensure any information or updates had been shared with staff. Staff understood people's needs and were able to explain the support they provided to people and why.

People were supported to make choices about their day to day lives. When needed assessments had been completed in line with the Mental Capacity Act 2005 (MCA). The 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. We discussed the electronic records for MCA assessments and best interest meetings which the registered manager acknowledged had not yet all been completed. Individual MCA assessments had also been recorded on a local authority template providing additional evidence of people's capacity to make decisions about their care and support. Some staff had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS) and training had been booked for other staff to attend in October 2016.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. 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 were being met. People being deprived of their liberty had the appropriate authorisations in place to keep them safe from harm. Further authorisations had been submitted to the supervisory body.

People were supported when they occasionally became upset or anxious. Their care records clearly described the triggers staff should be aware of such as noise or being close to a particular person. They were

also given ways of supporting people to manage their emotions. For example, offering space, a drink or a snack or music. Daily notes and incident records confirmed staff effectively used distraction and diversion. Staff had also sought the advice of health care professionals and crisis teams when needed to help them to understand any changes in people's wellbeing.

People received food prepared in the way advised by a speech and language therapist so they could eat safely. This included blending food and providing adapted crockery to help people feed themselves. We discussed with the registered manager staff having drinks whilst supporting people to eat their meals. Which meant people had to wait for their food at times. People were encouraged to eat as independently as possible. The provider information return confirmed, "Staff follow eating and drinking guidelines provided by the speech and language therapist and dieticians." People's likes and dislikes as well as any allergies had been recorded in their care records. People were observed enjoying their meals. They chose what they wished to eat at lunch which included sandwiches, pasta or baked beans on toast. Menus had been prepared to provide a freshly prepared evening meal. Alternatives were provided for people depending on their dietary needs. People had access to hot and cold drinks and snacks. They were observed helping themselves to drinks. One person had meals in their room and another person had agreed with staff to have a table and chair in their room so they could eat their meals there when they wished.

People had access to a range of health care professionals. Each person had a health action plan which described their medical history, medicines they were currently taking and their current health care needs. A hospital assessment had been completed to take with them in emergencies providing a summary of their health care needs and also how to communicate effectively with them. Records had been kept of any appointments and changes to people's medicines. The registered manager described how staff responded to changes in people's needs by contacting the relevant health care professional for advice and support.

Good

Is the service caring?

Our findings

People said they were happy about the way their care and support was delivered. They were treated with kindness and care. Staff were observant about their health and wellbeing; they attended to them when they saw they were unwell. They monitored people closely checking with them to see if they needed any help or support. A visitor commented, "The staff and residents are very easy-going and accept everyone for who they are" and "When any of the residents have their moments, which they do, the staff stay calm. They're very good with them."

People's personal histories provided staff with information about their life experiences. People's likes and dislikes were highlighted but assumptions were not made that people may change their minds. Staff were heard checking back with people to see if they had changed their minds. Their decisions were respected. Staff knew and understood people well, helping them to manage their feelings and emotions. Distraction was used to help people become calmer using activities or resources they enjoyed.

People's religious beliefs were recognised and they were supported to attend their choice of a place of worship. People's preferences for support from staff of a particular gender were checked with them each day and respected. People received visitors in their home and were supported to visit their relatives and to keep in touch with friends. A visitor commented, "They always make us feel very welcome and we enjoy coming to Granleys." People had both lay and statutory advocates. Advocates are people who provide a service to support people to get their views and wishes heard. People being assessed as deprived of their liberty had been appointed statutory independent mental capacity advocates.

People were encouraged to be independent in aspects of their daily lives. One person liked to help dry up and another person helped with the baking and cooking. People told us they enjoyed being independent. For example, one person had a bus pass and liked to go and about on their own whilst another person was looking forward to eating their meals in their flat. People clearly had established routines and they took responsibility for chores around the home. One person told us, "I am independent now; I don't need staff to help me anymore. I do my own washing and cooking."

People's care records indicated whether they had been involved in the planning of their care. Some people were unable to take part in the assessment of their care and support so this was done on their behalf by staff and people who knew them. Their care records clearly stated what aspects of their care they could make decisions about such as what to eat, wear and what activities to do. People's care records had an easy to read summary sheet which used pictures to illustrate their likes and dislikes. We discussed with the registered manager making this available to people to have in their rooms if they wished.

People's right to confidentiality was respected. Their personal information was stored securely and safely. Staff were able to input personal information from their mobile telephones into the electronic recording system. They said this information was not saved to their telephones.

Requires Improvement

Is the service responsive?

Our findings

People's care did not always reflect their age and disability. People were supported in some activities which were not age appropriate and at times staff spoke to them as though they were children rather than adults. People were offered a session singing nursery rhymes and listening to a children's story and whilst they were engaged for a time became disinterested. One person commented, "It's alright but it's not for me." The registered manager said the representative of the provider had questioned the appropriateness of the session. People enjoyed the company of the volunteers providing these activities, which could be varied in their content.

People had access to a range of social activities and other opportunities. Each person had a schedule of activities which had been produced in an easy to read format, using pictures and large text. People told us they liked going out to skittles, cafes and shopping as well as music and exercise. They enjoyed pampering sessions which included manicures and a foot spa. When at home they chose to spend time in the lounge, reception or their rooms listening to music, watching television, playing games or doing arts and craft. People used the local library and attended a local church. They met up with friends at social clubs and volunteered at a local butterfly gardening group. A person told us, "I like swimming, sewing and cooking. I go out to clubs and go to the shops on my own."

People's needs had been assessed to make sure The Granleys was able to provide the care and support they needed. People who took part in this process had been listed including the person, their family and social and health care professionals. Care records had been reviewed every six months. In between this, people had meetings with their key worker each month which evidenced any changes in people's health or well-being. Daily notes provided an immediate account of people's day to day care. Staff were able to do these using their mobile telephones throughout the day. They said this worked efficiently, allowing them to spend more time with people. One member of staff said, "That's what it is all about."

People's care records provided a personalised overview of how they wished to be supported, their preferences, likes and dislikes and routines important to them. A new electronic system had been put in place where people's care plans, risk assessments, daily records and other relevant information had been stored. These documents cross referenced with each other and highlighted when reviews were needed. Daily records provided a comprehensive record of how people were being supported and any incidents or accidents which potentially indicated changes in their health or wellbeing. The registered manager described how they worked closely with health care professionals in response to changes in people's needs. For example, an increase in falls resulted in a referral for advice from an occupational therapist and changes in a person's mental health prompted support from a crisis team.

People had access to a complaints system. Each person had an up to date easy to read complaints poster in their rooms and this was also displayed in communal areas. At house meetings staff had discussed with people how to raise a complaint or a concern. A new electronic system provided a format for recording and analysing complaints when they were made. No formal complaints had been received. The provider information return stated, "Service users are aware that the manager is always available to listen to any

matters raised which would be thoroughly investigated." The registered manager was open and accessible to people, they were observed sitting with her in the office, chatting and talking through any concerns they might have. One person told us how they would like to be able to eat their meals in their flat. Staff had said they would help them to look at their flat and draw a plan to see how the furniture could fit in. This was done during our inspection and a suitable small table with two chairs had been chosen. One person told us they knew they could talk to inspectors from CQC if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

People had received authorisations from the supervisory body to confirm they were subject to deprivation of liberty safeguards. The registered manager who had just returned from long term planned leave realised the statutory notifications to confirm this had not been sent to CQC as needed. These were submitted during the inspection. We discussed with the registered manager whether other statutory notifications had been needed for incidents between people and decided these did not meet the threshold for allegations of abuse. The registered manager confirmed guidance had been left with the management team during her absence about when to submit these notifications.

People's experience of their care was monitored through quality assurance audits. These new audits were kept electronically and the registered manager was prompted when they were due. The quality assurance system was beginning to evidence improvements to the service and this progress needed to be sustained over time. Audits had been completed to assess the quality of care plans, medicines administration, infection control and health and safety. Any actions identified, such as gaps in the medicines administration record, had been followed up and addressed with staff. A representative of the provider had completed an audit of the service in May 2016. This monitored care records, support for staff and health and safety training systems. The audit confirmed training was being scheduled and health and safety checks were being carried out. Surveys were ready to send out to people, staff, relatives and health care professionals to gain their views of the service. The provider information return (PIR) stated people and staff also attended meetings where they were encouraged to give feedback about the service.

The registered manager was approachable and had a "hands on approach" supporting people and helping staff when needed. By working alongside staff they were able to observe and monitor the standard of care provided. They were supported by a representative of the provider who had regular meetings with them. The PIR stated, "The registered manager continues to improve knowledge and training skills to improve the service." Staff said they found the registered manager "accessible" and "supportive". One member of staff commented, "If you ever need to chat, you can go straight to her or the deputy." Commissioners had suggested the registered manager or representative of the provider take advantage of local provider groups to promote best practice and keep up to date with changes in legislation and guidance.

The registered manager described their commitment to working with CQC and commissioners to improve people's experience of their care and support. They took direct action during the inspection to respond to issues raised such as infection control concerns and submitting statutory notifications. They confirmed policies and procedures were kept under review and being updated as needed. The CQC rating for the home was displayed in the reception area.

People told us they were "happy" living at the home and one person said, "I like it here a lot." Staff said they worked well as a team, "We support one another and share tasks" and "I really like working here." The registered manager described the challenges of maintaining the quality of care when there had been staff shortages. They recognised the importance of "making sure residents are happy and get what they want" during times of staff changes. They said, "Staff have done brilliantly well with the issues of the recent months

(staff leaving). New staff have settled in well and residents are really happy with them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were put at risk due to poor infection control measures. Regulation 15 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services and others were put at risk because all of the information required for new staff had not been obtained prior to employment. Regulation 19 (2)