

Grandville Lodge Limited

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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

This inspection took place on 21 December 2015.

Grandville Lodge is registered to provide accommodation and care for up to 19 people some of whom may be living with dementia. There were 19 people living in the service on the day of our inspection.

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.

People received their care and support in a way that ensured their safety and welfare. Staff had been safely recruited in sufficient numbers. They were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

Staff demonstrated a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and appropriate applications had been made when needed.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The care plans gave staff enough information about how to meet people's individual needs and how to care for them safely. People's healthcare needs were monitored; the service sought advice and guidance from healthcare professionals when needed.

Staff knew people well, they treated them with kindness and compassion and their privacy and dignity was maintained at all times. People participated in activities of their choosing and were able to express their views and opinions. Visitors were made to feel welcome and people were able to receive their visitors at a time of their choosing.

People knew how to raise a concern or complaint and were confident that their concerns would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

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.

People were protected from the risk of harm. There was sufficient suitable, skilled and qualified staff to meet people's assessed needs. The service had a robust recruitment process that ensured that suitable people were recruited.

Medication management and storage was good. People received their medication safely as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by well trained and supported staff.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and how to apply it.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and staff were kind, caring and compassionate in their approach.

People had been involved in planning their care as much as they were able to be. Advocacy services were available when needed.

Is the service responsive?

Good ●

The service was responsive.

The assessments and care plans were detailed, informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure and people were confident that their complaints would be dealt with appropriately.

Is the service well-led?

The service was well-led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and to drive improvements.

Good ●

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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 21 December 2015 was unannounced and carried out by one inspector.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people using the service, three of their relatives, the registered manager, the deputy manager and nine members of staff. We also spoke with two health and social care professionals and requested feedback about the service from three others. We reviewed four people's care records and four staff's recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People were protected from the risk of abuse. They told us they felt safe and one person said, "I always feel safe here, the staff take care of me." Others told us that the staff 'looked after them well'. People were relaxed and happy in staff's company and interacted in a comfortable way with staff and with each other. One relative told us, "My relative is always peaceful when we visit. We are very pleased with the service." The registered manager and staff demonstrated a good knowledge of safeguarding procedures and how to apply them. Staff had received safeguarding training and they had received regular annual updates. They told us that their training was good and described how they would deal with suspected abuse. One staff member said, "If I witnessed abuse of any kind I would make sure that the person was safe before reporting it to the management." Others knew they could report any suspected or actual abuse to the local authority or the CQC. There were leaflets and posters displayed in the office with a clear flow chart for staff to follow to report abuse. The service had a clear whistle blowing policy and all staff spoken with was aware of how to use it to protect people from harm and keep them safe.

Risks to people's health and safety had been assessed and management plans put in place for people's mobility, pressure area care and for falls. There was suitable equipment in place such as hoists, slings, walking aids and adjustable beds. Other risks, such as environmental had been assessed and the assessments and management plans had been regularly reviewed and updated. There were safety certificates to show that the electrical, gas and water systems had been checked and were in good order. Fire equipment such as extinguishers and the fire alarm system had been regularly checked to ensure it was kept in good working order. There were personal emergency evacuation plans (PEEPS) in place and details of a safe haven address where people could move to for safety in the event of an emergency. Regular fire drills had taken place to ensure that staff knew what to do in the event of a fire. Incident and accident reports had been completed where required. The registered manager had monitored the reports to identify any areas of concern and to put measures in place to help keep people safe.

There was sufficient staff to meet people's needs. People told us that staff were quick to respond when they needed help. One person said, "They [staff] are very helpful and I never seem to wait too long for them to help me." Throughout our visit staff responded quickly and efficiently to people's requests for help. Relatives told us that there always seemed to be enough staff to care for people safely. There were sufficient staff on duty on the day of our visit and the duty rotas showed that staffing levels had been consistent over the eight week period checked. The registered manager told us that there was currently one vacancy for a care assistant. They said that they had advertised the post and that existing staff covered any shifts to ensure that people had consistency in their care.

People were supported by suitable staff because the service had a robust recruitment process. The registered manager had carried out the necessary pre-employment checks which included Disclosure and Barring Service (DBS) checks and references. Staff told us, and the records confirmed that they had attended an interview and had to wait for their clearances before they could start work.

Medication was well managed. People told us, and we saw that their medication was given to them in a

timely way. Staff had been trained and they wore a 'do not disturb' apron to ensure that the medication round was not interrupted unnecessarily. We carried out a random check of the medication system and found it to be correct. The medication administration sheets (MARS) had been completed to a good standard. There were PRN protocols in place for all as and when required prescribed medication. This meant that staff knew why, how and when to administer it. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. Staff told us, and the records confirmed that there was a good system in place for ordering, receiving, storing and the disposal of medication. Staff had been trained and had received regular updates to refresh their knowledge and the deputy manager had carried out observations of practice to ensure that they administered medication correctly. People received their medication as prescribed.

Is the service effective?

Our findings

People were cared for by well supported and valued staff. Staff had received a good induction to the service. New staff had started their Care certificate induction. This induction process replaced the Common Induction Standards and National Minimum Training Standards for staff new to care in April 2015. Staff told us that they had a National Vocational Qualification (NVQ) in care and the records showed that 15 of the home's 17 staff had either achieved it or were working towards it.

Staff told us, and the records confirmed that they had received regular supervision. The registered manager had just started an annual appraisal system and staff told us about how their supervision would feed into the appraisal system. Staff told us that the registered manager was very supportive and that in addition to their one to one meetings they could seek advice from them at any time. Staff also said that the provider was very supportive and if they needed anything to make people's lives better they would provide it. For example the provider purchased new adjustable beds for people whose needs had changed meaning they were less able to use a normal divan bed. This showed that people benefited from staff who felt supported.

People received their care from staff that had the knowledge and skills to support them effectively. People told us that they thought the staff were well trained. Staff told us, and the records confirmed that they had received good training and regular updates which included, safeguarding people, medication, first aid, food hygiene, equality and diversity and infection control. More service specific training such as for dementia, diabetes and challenging behaviour had also taken place in the past year. Staff told us that the training was good. One staff said, "I think we get a lot of training and it helps us to do our job properly." Another said, "The training is so good here." People were cared for by well trained staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been sent for all people who lacked capacity as assessed in their mental capacity assessments. One staff member said, "We do assessments to make sure that we are making decisions in people's best interests." Another said, "The DoLS is about not stopping people from leaving the home if they want to because we have to make sure that they are kept safe." This showed that where people were not able to make every day decisions for themselves decisions were made in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People said the food was nice and that they got enough of it and there was a four-week pictorial rolling menu to help people

to choose their meals. One person said, "There is always such a lot of food. I can't eat as much as I used to but it is always very nice." Another said, "Look at this dinner, it is good, I like all the food." Lunchtime was a pleasant experience people were relaxed, happy and chatting with staff and with each other. Where people needed support to eat their meal, staff provided it sensitively giving them sufficient time to enjoy their food. There was a bowl of fresh fruit available for people to help themselves to if they wanted it. People's nutritional needs had been assessed and where necessary food, fluid and weight charts had been put in place. This ensured that people's nutritional intake was sufficient to keep them healthy.

People received appropriate healthcare to meet their needs. People had been supported to attend doctors and hospital appointments. People told us, and the records showed that they were supported to maintain their health. There were details about the appointments attended and the outcomes such as for the optician, the dentist, and the chiropodist. Other professionals such as district nurses, community psychiatric nurses and social workers were used when needed. Health and Social care professionals told us that staff were very good at providing feedback about people's health. This showed that people's healthcare needs were met.

Is the service caring?

Our findings

People told us that the staff were kind and caring. Staff displayed kind and caring qualities throughout our visit and it was clear that they knew people well and had built up positive caring relationships with them. One person said, "I have no complaints, the staff are all very nice. They care for me well." Relatives were very complimentary about the staff and told us that they were kind, caring and respectful. One relative said, "This service genuinely cares, all the staff speak nicely to people and they show that they care." Other people, who were unable to share their views with us, were relaxed, comfortable and happy in staff's presence.

People were treated with dignity and respect. People said that the staff never 'rushed them' and they told us that they were treated in a 'kind and caring' way. People told us that staff listened to what they had to say. We heard staff speaking with people respectfully. They spoke with people in a quiet manner at eye level and made sure that people understood what they were saying before carrying out any activities. Relatives told us that staff were respectful and polite in their approach when supporting people. We saw two staff supporting a person when using a hoist and they did so in a very calm, respectful manner, making sure their dignity was maintained throughout. They spoke gently, reassuring the person that they were secure.

Staff supported people to maintain their independence. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. People and their relatives told us they were involved in their care as much as they were able to be. One relative said, "My relative is not much of a mixer but the staff keep them involved and encourage and coax them to join in, which they then enjoy." People's religious faith was respected and their cultural needs had been met.

Staff knew people well and had access to good information about their past life histories. The care plans included information about people's families, their jobs and important events that had occurred in their lives. This helped staff to communicate better with people who may be forgetful, and it gave them a talking point which was relevant to the individual.

People told us they were able to receive visitors at a time of their choosing. One person said, "My family visit me when they want to and I look forward to it." Relatives told us that they were made to feel welcome when they visited and were always offered a drink. The registered manager told us that there were no specific visiting times and that visitors were made welcome at any time.

Where people did not have family members to support them to have a voice, they had access to advocacy services. There was information displayed in the office and advocacy had been discussed at staff and resident meetings. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. We spoke with an advocate who had been involved with the service and they told us that they had always found the staff to be helpful, kind and caring. They said that the staff were very good at providing feedback and often did a bit more than was required of them to make life better for people.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Their needs had been fully assessed pre-admission into the service. People and their relatives told us that they had been fully involved in the assessment process.

Staff described how they met people's individual needs and preferences. They told us that people's care plans had been developed from their original assessment and that they provided enough information for them to meet people's needs. One staff member said, "The care plans are very good and they show what I need to do to care for people safely. They also show me how people want things done." Another said, "I think that they are very clear about the help that people need."

The care plans we viewed had been regularly reviewed and updated to reflect people's changing needs. One staff said, "We regularly assess any changes to people's needs and we review the care plans at least monthly. This ensures that people get the care they need." Another said, "We have handovers and a communication book where we discuss and record any changes so that we are all kept up to date." This showed that all staff were kept informed of changes to people's care needs.

People told us, and we saw that they got the care they needed when they needed it. Staff were very responsive to people's requests for support during our visit. For example we heard a person asking for help to mobilise and we saw that staff supported them immediately in an appropriate manner. Another person wanted help to go to their room and staff quickly supported them to do so safely. Health and social care professionals told us that they had seen that staff were quick to respond to people's requests for help. The registered manager ensured that there was suitable equipment, such as hoists and walking aids, in place where needed.

The service had recently employed an activities coordinator. They encouraged and supported people to continue with their hobbies and interests such as flower arranging, making Christmas decorations, and watching TV, reading and listening and singing to music. People told us that regular entertainers such as singers and choirs visited the service. One person told us about a recent visit from some owls, which they said they had enjoyed. One person told us they used to enjoy a game of bingo and that the new way of playing was really good. The activities co-ordinator explained that hoy bingo was easier for people to play if they had sight difficulties because it was played with large cards on an A4 laminated sheet. This meant that people could see the numbers more clearly and made the game more enjoyable for them.

People were asked for their views on a daily basis and we heard this throughout our visit. People were asked what they wanted to eat, what they wanted to do and where they wanted to sit. We heard staff asking them if they were happy with their choice or if they wanted to change their mind. Regular meetings had also been held where people had been able to discuss their views. This showed that people were involved in their day to day care.

People and their relatives told us that they knew how to complain. One person said, "I would soon tell the

staff if I had any worries." One relative told us, "The registered manager is very good and is always available and they act on any issues quickly. Minor issues are dealt with as soon as they are raised. They always keep me informed of any changes to my relative's needs." There was a clear complaints policy which made reference to people's right to share their complaints with the CQC and the local authority. It provided clear contact details and advised people that if they were not satisfied with the service's response they could contact the Local Government Ombudsman. The records showed that one complaint had been received and it had been investigated and dealt with appropriately.

Is the service well-led?

Our findings

There was a registered manager in post and people and their relatives told us that they had an open door policy. Staff said that they were supportive and approachable and very 'hands on' and that they worked in the service on a daily basis. The registered manager was cooking the lunch on the day of our visit and when they were not working in the kitchen they spent time talking with people. They knew people well and people knew them well as they clearly enjoyed talking with them. One person said, "They [registered manager] are lovely, they always have time for me and ask if everything is alright." Others said that the registered manager always had time for them.

People told us that the quality of care was good. One relative said, "I can only say that the service is 'fab'. The staff and the registered manager are great. I am more than impressed with the service and would recommend them 100%." Another said, "I cannot speak highly enough of them, they genuinely care about people and I would certainly recommend them to others." Another said, "I am very pleased with the service and would recommend it to other people."

Staff told us they were well supported by the registered manager and the provider. They said they shared their vision to provide a good quality service that met people's needs. Staff said that the registered manager and provider were very responsive to them when it came to the quality of the service. One staff member said, "As soon as we identified that we needed equipment, they provided it for us." Another said, "The provider is very quick at getting us the things we need for people when we need them." This showed that the registered manager and provider were pro-active in making improvements to the service to enhance people's lives.

There were clear whistle blowing, safeguarding and complaints policies and procedures in place. Staff told us they were confident about how to implement the policies. A staff member said, "I have access to all the policies and know to report any concerns, which I feel would be dealt with straight away."

The service had carried out annual quality assurance surveys. The registered manager analysed audits to drive improvement in the service. For example In the 2015 survey they had identified that one person was having difficulty hearing the TV so staff rectified this by always having the subtitles on when the person were watching it. This improved the quality of life for the person as they now knew what was happening when watching their TV programmes.

The registered manager had carried out regular audits on the service's systems and processes which included the medication system, care plans, infection control, incidents and accidents and health and safety. This ensured that any shortfalls in the quality of the service were identified quickly and that improvements were put in place to rectify them.

People told us that they had taken part in meetings where staff had asked them for their views and opinions. They said that staff had made changes to the meals on offer and had improved the range of activities as a result of the meetings. The registered manager confirmed that changes had been made to the menus and to the activities schedule.

Regular staff meetings had taken place and the issues discussed had included care practices, the quality of the service, activities, dependency levels and confidentiality. Time was allowed for staff to have an open discussion and to give and receive feedback. Staff told us that they felt fully involved in how the service was run. This showed that people's suggestions for improvements to the service were acted upon.

Staff had a handover at each shift change where they discussed people's needs. They also had a communication book to communicate important information to each other if not present at the handover. This enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up to date with information about changes to people's needs to keep them safe and deliver good care.

People's personal records were stored securely when not in use. The registered manager had access to up to date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.