

Grenham Bay Care Limited

Grenham Bay Court

Inspection report

Cliff Road
Birchington
Kent
CT7 9JX

Tel: 01843841008

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection visit was carried out on 17 June 2016 and was unannounced.

Grenham Bay Court provides accommodation and personal care to up to 34 people. There are 31 bedrooms, 21 of which have en suite facilities. All the rooms have a wash basin and toilets are situated close by. Some rooms have their own patio doors to the garden area. When people move into the service they are invited to choose their own colour scheme so it is like 'home' when they move in. There were 29 people living at the service when we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection in July 2015 we found breaches of regulations. At this inspection improvements had been made.

Risks to people's safety were assessed and managed appropriately. Most assessments identified people's specific needs, and showed how risks could be minimised. Some of the risk assessments did not contain all the information to make sure staff had all the guidance to keep risks to a minimum. Staff were able to explain what action they would take to make sure risks were kept to a minimum. When new risks had been identified the registered manager had taken action to prevent them from re-occurring. Staff had updated risk assessments and passed the information to staff so that people would be safe.

People received their medicines safely and when they needed them. They were monitored for any side effects. Some people received medicines 'when required', like medicines to help people remain calm. There was some guidance for staff to tell them when they should give these medicines but it did not contain a lot of detail. The effects of the medicines people received was being monitored. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

The registered manager was effective in monitoring people's health needs and seeking professional advice when it was required. Assessments were made to identify people at risk of poor nutrition, skin breakdown and for other medical conditions that affected their health. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and knew the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken. The registered manager responded appropriately when concerns were raised. They had undertaken investigations and taken action. People were cared for in a way that ensured their safety and promoted their independence.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People said and indicated that they were satisfied and happy with the care and support they received. People received care that was personalised to their needs. People's care plans contained information and guidance so staff knew how to care and support people in the way they preferred. The registered manager said that they were in the process of re-writing all the care plans to make them more person centred.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. The service was planned around people's individual preferences and care needs.

Staff understood people's specific needs and had good relationships with them. Most of the time people were settled, happy and contented. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people. People were comfortable and at ease with the staff. Staff encouraged and involved people in conversations as they went about their duties, smiling and chatting to people as they went by. Staff spent time with people.

When people became anxious staff took time to sit and talk with them until they became settled. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly. People were involved in activities which they enjoyed. A range of different activities were arranged every day. Staff were employed specifically to make sure people were supported and encouraged to join in various activities, develop new interests, skills and hobbies.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

The registered manager and staff carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements as a result. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Safety checks were carried out regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

People were supported to have a nutritious diet. Their nutritional needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required. Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Meal times were managed effectively to make sure that people received the support and attention they needed.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance and had been approved.

People, relatives and staff felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them.

The registered manager made sure the staff were supported and guided to provide care and support to people. New staff received a comprehensive induction, which included shadowing more senior staff. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. Staff said they could go to the registered manager and they would be listened to. Staff fully understood their roles and responsibilities as well as the values of the service.

A system to recruit new staff was in place. This made sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

People, staff and relatives told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service. Staff were clear about their roles and responsibilities and felt confident to approach senior staff if they needed advice or guidance. They told us they were listened to and their opinions counted.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible.

There were systems in place to monitor the quality of the service. Audits and health and safety checks were regularly carried out by the registered manager and these were clearly recorded and action was taken when shortfalls were identified. The provider's representatives visited the service regularly to check how everything was. They did audit and checks on different areas of the service. If shortfalls were identified action plans were then produced. The register manager took the appropriate action to make improvements.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

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 consistently safe.

Most risks to people's safety and welfare were assessed and managed safely. Some risk assessments needed more guidance to make sure staff knew what action to take if the risk occurred.

Medicines were administered, stored and recorded appropriately. More guidance for when people received 'when required' medicines was needed.

There were enough staff to meet people's needs. The provider had taken steps to protect people from abuse and operated safe recruitment procedures.

The service and its equipment were checked regularly to ensure that they were maintained and safe.

Is the service effective?

Good ●

The service was effective.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Staff received sufficient training to ensure they had updates with current care practice to effectively support people. They received regular individual supervision and a yearly appraisal to address any training and development needs.

People were supported to maintain good health and had access to health care professionals when needed.

People were provided with a choice of nutritious food that met their preferences and choices.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with compassion and kindness. They took their time to ensure that people were calm

and settled, they listened to them and acted on what they said to ensure they had the support they needed.

People were treated with respect and dignity, and staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People and their relatives were able to discuss any concerns regarding their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed to meet their individual needs.

People's needs were assessed when they came to live at the service and their care plans were personalised to reflect their wishes and preferences.

People had an opportunity to take part in activities of their choice.

Information about how to make a complaint was available at the service. People and relatives knew how to raise any concern and they were confident they would be acted on.

Is the service well-led?

Good ●

The service was well-led.

The registered manager led and supported the staff in providing compassionate care for people and encouraged an open and inclusive culture with people and their relatives.

Professionals said that they could visit at any time. All staff understood their roles and responsibilities.

Staff, people and their visitors were regularly asked for their views about the service. Staff had a clear vision of the service and its values and these were put into practice. Staff ensured that people were at the centre of everything that they did.

Quality assurance and monitoring systems ensured that any shortfalls or areas of weakness were identified and addressed promptly. The provider was undertaking visits and checks at the service.

Grenham Bay Court

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 17 June 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR had not recently been updated as we had not asked the provider to do this. 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We looked around areas of the service. We met most of the people living at the service and talked with eight of them. Conversations took place in the lounge areas. We observed the lunch time meal and observed how staff spoke and interacted with people. A lot of people were able to tell about their experiences of living at the service. During our inspection we observed how the staff spoke with and engaged with people and their visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities

We spoke with six members of staff, the kitchen staff, and the registered manager. We also spoke with one relative.

We reviewed six people's care plans, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service in July 2015. Concerns and breaches in the regulations were identified at this inspection.

Is the service safe?

Our findings

People told us, "It's very nice. They (the staff) speak to you as if you matter and are important" and "I feel safe. I don't have to worry about anything". A relative told us they were confident that their relative was safe living at Grenham Bay Court.

At our last inspection in July 2015 the provider had not assessed all of the risks to people's health and safety and failed to mitigate any such risks to people. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made. When people needed support to mobilise and move around the service there was guidance in place on how to do this safely. There were risk assessments for people whose skin was at risk of becoming sore. The assessments identified the level of risk and plans were in place to keep the risk to a minimum. People had equipment like special mattresses and cushions to protect their skin when they were sitting or lying down. Staff made sure people's skin was protected with special creams and sprays. If any concerns were identified these were reported and specialised advice and input was requested from district nurses.

If people were identified as at risk of falling over, there was guidance in place to keep this to a minimum. For example, people had walking aids, which staff ensured that they used when they wanted to move around the service. Further risk assessments needed to be developed for people who had conditions like diabetes. There was a lack of clear guidance about what action the staff should take if a person's condition became unstable and the signs they should look for. The staff were able to explain clearly the signs they would look for and the action they would take. Some people sometimes became upset or agitated. There was no clear guidance to explain to staff how they should support people consistently in a way that suited them best. Staff were able to say how they would support people and we observed this at the inspection. Staff went to people and re-assured them. They stroked their hand and spoke to them quietly and calmly. They stayed with them until they felt better. The shortfalls in the risk assessments had not had a direct impact on people. However, there was a risk that staff would not take the appropriate action to keep risks to a minimum as there was insufficient guidance.

We recommend the provider review their risk assessment documentation to ensure it has enough detail and is up to date.

A person told us that they went on holiday with their family. They said the staff made sure that all their medicines were sorted out and ready to take with them. They said, "The staff made it very easy".

Medicines were given to people at their preferred times and in line with the doctor's prescription. Staff observed that people had taken their medicines. Medicines were recorded on medicines administration records (MAR). Records included a photograph of the person to confirm their identity. There was information available for staff that highlighted any allergies people may have to specific medicines.

Some people were given medicines on a 'when required basis,' these were medicines for pain like paracetamol or medicines to help people remain calm. People were asked by staff if they were in pain and if

they needed any 'pain relief'. There was guidance for each person who needed 'when required medicines' for pain and staff checked that the pain relief medicines were working effectively. For other 'when required' medicines some of the guidance did not fully explain when and why the person should receive the medicine. There was a risk that people may receive their 'when required' medicines inconsistently. The staff who gave people their medicines were able to explain when they gave people 'when required' medicines. They were clear and consistent about when they gave people these medicines. The effects of the medicines were monitored to see if they were working for the person. If they were not effective then this was reported to the person's doctor and further advice was sought.

We recommend that the provider should take into account The Royal Pharmaceutical Society of Great Britain Guidelines with regard to the administering of when required medicines.

Medicines were stored safely and were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records (MAR). The medicines given to people were accurately recorded. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Hand written entries of medicines on the MAR charts had not always been consistently countersigned to confirm that the information was correct and to reduce the risk of errors. This is an area for improvement. Regular checks were done on the medicines and the records to make sure they were given correctly. If any shortfalls were identified the registered manager took immediate action to address them. The staff recorded accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact.

A medicine audit had been carried out by the local pharmacy which showed positive results with no recommendations to improve. A comment was made that the service was 'an extremely well run and organised care home'.

At our last inspection in July 2015 the provider had failed to make sure staff were recruited safely. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made and action had been taken to make sure staff were recruited safely.

New staff had been recruited safely. The registered manager followed safe recruitment practices to make sure staff were of good character and suitable for their role. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Relevant checks had been completed before staff worked unsupervised at the service which included records of police checks, proof of identity, and health declarations.

At our last inspection in July 2015 the provider had failed to make sure that that people were being protected from the risk of infection. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made and action had been taken to make sure staff followed infection control guidelines.

The laundry was tidy and in good order with a clear route for in and out laundry to ensure infection control procedures were followed. The bathrooms and shower areas were clean. The communal areas were being decorated and new furnishings had been purchased. There were further plans in place to improve the environment. One person told us, "My bedroom is lovely and spacious and well decorated I am very happy

with it".

Regular checks, such as health and safety checks on the water temperatures, gas appliances, fire systems and servicing of equipment had been completed to make sure the premises were safe. The fire alarm points were tested weekly and personal evacuation plans were in place for people to be evacuated from the premises safely.

Staff had additional information in the contingency plan which addressed a variety of possible emergency situations to support them in such an event. Any minor repairs or maintenance issues were reported, addressed and recorded with actions taken.

The building was secure and the identity of people was checked before they entered. People moved freely around the service and were not restricted. Environmental risk assessments had been completed and action taken to keep people safe.

The provider had completed the refurbishment of lounges and dining rooms, which were clean and bright. Air conditioning had also been fitted to ensure people were comfortable during the summer months. People told us they enjoyed the view from the dining room which looked over the sea. A new bath hoist had been fitted to the therapy sensory room, four bedrooms had been refurbished and a new entrance door fitted. The needs of people living with dementia had been considered when the lounge/dining rooms had been redecorated, including plain floors and clear signs.

People said that there were enough staff working at the service to support them. One person commented, "It's very satisfactory. There is always someone at hand if you need them. They come very quickly."

There were sufficient staff on duty to meet people's needs and keep them safe, including catering, housekeeping and maintenance staff. Staffing levels were monitored and reviewed regularly to ensure people received the support they needed. For example when night staff said the dependency of people had increased and more staff were required in the morning to help people get up, the rotas were revised to ensure more staff were on duty at this busy time. Staff were present in the lounge and dining room and responded to people's needs promptly, giving people time to make choices and express their preferences. Staff rotas indicated that staffing levels were as planned. Any gaps such as sickness or vacancies were covered by staff working additional hours. If staff practice fell below the required standard then the registered manager followed clear staff disciplinary procedures.

People said that if they were not happy with something they would report it to the registered manager. They were confident that they would listen and take action to protect them. Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse.

Referrals had been made to the local safeguarding authority when safeguarding incidents had happened. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was readily available to people and staff on notice boards about what to do and who to contact if they were concerned about anything.

Systems were in place to ensure that people's finances were protected. There were clear systems in place to record and receipt any monies spent which were regularly audited.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any

pattern and took action to reduce risks to people.

Is the service effective?

Our findings

A new member of staff said, "Everyone has done so much to help me. I feel I am part of the team. It is really lovely working here". Another staff member said, "You can approach the registered manager at any time about anything. It makes coming to work so much more pleasant. There is a good team of staff working here"

At our last inspection in July 2015 the provider had failed to make sure that staff were receiving training, professional development and supervision to enable them to carry out the duties they were employed to perform. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made and action had been taken to make sure staff had the training, development and supervision they needed to perform their role.

People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. The new training programme had been implemented with on line training and face to face training. Moving and handling training was on line and supported with practical training to ensure that staff had a good understanding of how to move people safely. This included the use of handling belts, slide sheets and hoists. The registered manager also held workshops to support staff to understand and gain further knowledge on the subject. One member of staff told us: "I did the safeguarding e learning training, then the registered manager went over things in the workshop, if it wasn't for him I would not have the confidence to be able to perform my role".

All staff had received dementia training and other specialist training had also been provided. The majority of staff had completed mental capacity training, equality and diversity, managing conflict, death and dying, nutrition, catheter care and tissue viability. The registered manager was facilitating personalised care planning courses to ensure staff would have the skills to complete individual care plans. The training programme was ongoing and being monitored to ensure that all staff would receive the training they needed.

The registered manager told us that two new members of staff were completing their induction through the Care Certificate. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. New staff had induction training and shadowed experienced staff to learn their role. The timing of this was flexible depending on the staff member's skills and time could be extended if required.

All staff were given a copy of the supervision policy to explain the programme of supervision and appraisal. Staff were receiving one to one and group supervision and further supervisions had been planned. The registered manager also worked with care staff at least three times a week and observed and supported them in their roles. There were plans in place to update the frequency of supervision in line with the organisation's policy. Some staff had received an annual appraisal and others had been planned to enable them to discuss their training and development needs. Staff told us that they had completed or were in the

process of completing vocational qualifications, such as diplomas in health and social care. Staff told us the training was good and they were encouraged to develop their skills.

At our last inspection in July 2015 people were not protected from being deprived of their liberty because recommendations from DoLS authorisations were not being followed. At this time the provider did not have proper procedures in place to obtain consent from the relevant person for care and treatment. At this inspection improvements had been made.

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 so that they can 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). We checked whether the service was working within the principles of the MCA.

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. Staff had been trained about the principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

When people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When a person was unable to make a decision, for example, about medical treatment or any other big decisions, then relatives, health professionals and social services representatives and independent advocates were involved to make sure decisions were made in the person's best interest. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

If people refused something this was recorded and respected. One person did not want to have lunch. The staff respected the person's wishes. They left them alone and then asked later. Staff told us that they supported people to make decisions by giving them time to understand the situation. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. The registered manager said they always used the least restrictive ways to support people and people were free to come and go, as they wished with the right support. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

The staff team knew people well and knew how they liked to receive their care and support. Staff were attentive and anticipated the needs of people when they could not say what they wanted or needed. People

and staff got on well together. People told us and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything that they needed. The staff had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective individual care and support. They were able to explain what they would do if people became upset or restless.

People told us the food was good and there was plenty of choice. We observed the lunch time meal. Every day people were offered a three course meal with choices for the starters, main and dessert. People were served their starters and other people who did not want one, sat and chatted patiently with staff. The staff were attentive and made sure that people were happy to wait. Staff discreetly helped people to eat and enjoy their meal. They sat beside them chatting, and encouraged them to eat. People chatted to staff about daily things, such as the weather or football. The staff made sure the meal time was unhurried to give people the opportunity to socialise in a relaxed comfortable atmosphere.

The meals were appetising with ample portions. People told us they always had a choice of drinks which included red or white wine, sherry or fruit juice. One person told us how much they enjoyed their daily glass of white wine with their meal. People were offered brown or white bread with their meals and people could choose where they wanted to sit. When one person became anxious about their food, staff spoke quietly to them, sensitively reassuring them and explained about the food they had chosen. The person then became calm and continued to eat their meal.

If people needed to increase their calories to remain healthy, food was enriched with whole milk, creams and butter. There was information in the kitchen about any specialist needs relating to people's nutrition such as any food allergies. People who needed a soft diet had their food pureed which was presented separately so they could enjoy each individual taste. Special diets were provided if required and there was equipment such as plate guards, and red cutlery to assist people if they needed additional support to eat their meals.

People had been involved in the menu planning for the meals. They had been supported by staff to complete a survey on the food being provided. The cook then met with the registered manager for a supervision meeting to discuss the outcome. People had commented that they wanted more fish and as a result, fish had been added to the menu twice a week.

People said the registered manager and staff understood about their health needs. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals like district nurses went to the service when it was necessary and were available for staff if they had any concerns. When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions were available for people to sit on. The staff took immediate action if someone showed any signs of being unwell or if their health or behaviour changed.

Is the service caring?

Our findings

People said: "I like living here, the staff are kind and caring". "The staff are very good and come promptly if I need them" and "Some of the staff are better than good, they are excellent". One person told us, "I came here from hospital. I couldn't walk or eat very well, I was really down in the dumps. The staff were so welcoming and lovely and made me feel so at home I felt better almost immediately". "They (the staff) like us to do as much as possible for ourselves. They help with the things we can't quite manage".

Staff greeted people as they went about their duties, such as 'Good morning, how are you, do you need anything'. People responded with a smile and chatted to them in a relaxed manner.

Staff explained things gently, sensitively and clearly to people. One person was concerned about their wife. The staff member explained why they were at Grenham Bay Court. They explained in such a way that it made the person feel valued and allayed their anxieties. Staff and relatives told us that visitors were welcome at any time and people were encouraged and supported to contact their family and friends.

Staff were warm and affectionate towards people. They put their arms around them and held their hands to offer people comfort and support. Staff guided people sensitively and kindly to areas of the service they wanted to go to. People responded positively to these interactions and were smiling and relaxed in the company of staff.

There was a relaxed and calm atmosphere in the lounge areas. When no activities were taking place in the lounge area there was soft and gentle music playing in the background. People were enjoying each other's company or just watching what was going on. Staff spoke quietly and gently with people. They crouched down when they spoke so they could make eye contact and check how people were feeling.

Staff encouraged people to remain as independent as they were able; they stood back and gave people a chance to do things for themselves, such as walking behind them but keeping a watchful eye on their mobility. Staff asked people if they needed anything or were warm enough. One person was telling staff how they kept falling asleep. Staff listened and asked if they needed to return to their room for a sleep. The person declined and staff continued to ask what they wanted to do or if they could be of assistance until the person made up their mind.

Staff from the kitchen had a good rapport with people. When they were asking people what they wanted for lunch or bringing them drinks and snacks they sat down and had a chat with them as well. Staff spoke with people with great respect. They valued their opinions and chatted about day to day things like what the latest news was and the weather. The kitchen staff asked people if there was anything else they could do for them. One person said they needed a new razor, the kitchen staff said that they would get them one on their way home and bring it in the next day. All the staff were involved and were genuinely interested and caring towards people.

People's privacy and dignity was respected. Staff understood the importance of treating people with dignity

and respect. People could choose whether they wanted a male or female carer. Staff were reminded in a memo to ensure that people's wishes were respected at all times. When staff asked people if they wanted to use the bathroom, they asked quietly and discretely. When people were being moved in a hoist in the lounge area, the staff put a blanket over their knees. Staff knocked on people's doors before they entered their rooms.

People were supported to make choices. They told us that staff always offered them choices such as what they wanted to eat or wear. Staff told us how they supported people to maintain their dignity, privacy and confidentiality. People were clean and smartly dressed. Their clothes were co-ordinated and their personal hygiene and oral care needs were being met. Some of the ladies chose to wear their jewellery everyday as this is what they had always done and staff helped them do this. People chose where they wished to be in the service, either in their room or the communal lounges. Some people preferred to stay in their bedrooms and this was respected. Staff went regularly to see them to make sure they were alright and asked them if they needed anything.

People were supported to go out into the garden when the weather was good. People could decide whether or not they wanted to participate in activities. Some people joined in and others preferred to watch. People were encouraged to stay as independent as possible. Staff knew what people could do for themselves; what assistance was needed and how many staff should provide the support.

Is the service responsive?

Our findings

People said, "When I am in my room and use the call bell the response is very good. I told the staff they had forgotten to leave me some towels and they went and got them straight away". "I like it here. Everybody greets you and speaks to you. I was in another care home; it's much better here, more personal". "When I first arrived the lens fell out of my glasses. I was worried as it meant I couldn't see properly. The registered manager was so good. They sorted it out very quickly. I don't know how they did it but they did".

Staff said, "I have worked in a few care homes before and compared to them this place is like a hotel, only better because we really care. It is really beautiful here. I am very lucky I didn't think there were care homes like this. Everyone is so well looked after."

Another person said, "I don't need activities. I am happy in my own company. I can sit and chat to people if I want". We later observed the person encouraged by staff to join in armchair aerobics. They were really enjoying the exercises and being with other people. One person had an exercise bike in their room. They said they used it every day as it helped them stay mobile and fit.

People had assessments before they came to stay at the service. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Grenham Bay Court. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

People had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care and making sure they had everything they needed like clothes and toiletries. They were a member of staff who the person got on well with and were able to build up a good relationship. Whenever possible people were supported and cared for by their key worker.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The plans contained clear directions for staff on how to care and support people safely and effectively. People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking. Some people were unable to mobilise and were confined to wheelchairs. People's care plans contained guidance about how to move people safely using specialist equipment like hoists and slings. There was guidance and information about how to keep people's skin healthy and the plans were being followed by the staff. People sat on special cushions and had special mattresses on their beds to protect

their skin.

People were supported to keep occupied and there was a range of activities on offer to reduce the risk of social isolation. Staff were aware of the risks of social isolation and the importance of social contact and so encouraged people to be involved.

The service employed three staff to support people to do activities. They worked throughout the week. People were encouraged and supported to do group activities and people had one to one activities if they were unable or did not want to come to the communal areas. People told us that they had been out on occasions in the company vehicle. They had been shopping and to places of interest in the local area. One person told how they enjoyed playing bingo and were just going to start building a model aeroplane, as they 'loved' planes.

The activities staff were in the process of supporting people to input and access information on an 'electronic tablet' that could be electronically shared with relatives. People were supported to put pictures and music that were meaningful to them on to the electronic tablet, so they could access important events and memories when they wanted to. Relatives could also access the information and input other information. This kept people up to date with what was happening with their family and friends and reminded them of events from their past.

People were offered choices throughout the day. Staff asked what they wanted to drink, staff asked every time if they would like sugar in their tea or coffee. People were offered fruit and/or biscuits.

Complaints were listened to and responded to. One person said, "If I was worried about anything, I would go straight to the manager. They would sort it out".

The registered manager audited complaints and concerns to ensure they had been responded to in line with the policies and procedures. Complaints had been recorded, and responded to appropriately and in one case a meeting had been held to ensure people were satisfied with the outcome. The registered manager acknowledged and apologised when things went wrong and it was clear from the records people had their comments listened to and acted on. The registered manager used concerns and complaints as a learning opportunity to continuously improve the service, such as providing additional training for staff to improve their knowledge and skills.

The registered manager and staff were approachable and said they would definitely listen if people or their relatives had any concerns. People were confident that any concerns or complaints would be listened to and properly addressed.

People and their relatives received a copy of the complaints procedure when they first came to live at the service.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a team of care staff. People were able to approach the registered manager when they wanted to. Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported by the registered manager and said that the staff team worked well together. The registered manager had a good knowledge of people's needs.

Staff told us that since the new registered manager came to the service everything had improved. One staff member said, "Before the new manager came staff had no direction or guidance but now we all know what we are doing and where we are going". Another said, "Absolutely, things have improved here. The registered manager is so supportive; you can approach them at any time". Staff said the atmosphere at the service was friendly, happy, and relaxed.

Some staff told us how they followed the registered manager from a previous service to Grenham Bay Court. One staff member said, "I know I can learn such a lot from the manager, that's why I applied to work here".

At our last inspection in July 2015 the provider had failed to make sure that systems were in place that operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and act on feedback from relevant. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made and action had been taken to make sure effective systems were in place.

The registered manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure people received a good standard of care.

The registered manager was passionate about training the staff and when staff completed 100% of their training a small payment was provided to give staff an incentive to improve their skills and competencies. Staff had completed a training survey which had resulted in 71% stating that they preferred training on line. The registered manager listened to the staff and as a result the service changed their training provider.

The registered manager told us that they liked the challenge of working in different ways and had ideas to enhance people's daily lives. They had plans to build a 'dementia village' in the garden, with a shop run by people living at Grenham Bay Court. They also had plans to bring a beach area to the garden, so people could put their feet in the sand. New smart televisions were being installed to support people to contact their family friends through social media.

The registered manager ensured that people, relatives and staff were involved in the day to day running of the service. Systems were in place to obtain their views, including residents' meetings and quality assurance surveys. Staff had opportunities to share their views through staff meetings, workshops and supervision to make suggestions about changes and developments. Surveys were also being sent to relatives and health care professionals.

The provider visited the service regularly to carry out checks on the care and support being provided. The service had an audit tool to check medicines, infection control, equipment and health and safety. Action plans were then produced with recommendations to be carried out for example, such as replacement foot plates for a wheel chair. Room checks were made to identify any risks and help to keep people as safe as possible.

Accidents and incidents within the service were recorded by staff, and action was taken to ensure the wellbeing of each person. While each accident and incident was recorded, the registered manager had systems in place to audit incidents and accidents which would enable them to identify trends, patterns or concerns across the service to reduce the risk of further re-occurrence.

The service had links with the local community and college. They held simulation workshop sessions to help people further understand how living with dementia affects their lives. Staff had also attended the course and completed reflective accounts of how they felt and how they reacted to being restricted to achieve simple tasks. They told us this gave them a true insight of how it must feel for people living with dementia.

There was good communication between staff and management. There were regular staff meetings and handovers at each shift to ensure that everyone had up to date information about the service. Records in respect of each person's care and support were maintained.

The registered manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as safeguarding concerns or serious injuries.