

Mr V and Mrs K Aravindhan

# Granada House

## 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

Granada House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Granada House accommodates up to 13 people in one adapted building. At the time of our inspection there were 11 people living at the service.

At our last inspection in April 2018 we found the service was good. At this inspection we found the service remained good.

People told us they felt safe and well-cared for at the service. Everybody was very complimentary about the deputy manager and the staff team. There were warm and affectionate relationships between staff and people who used the service.

The service provided a homely and comfortable environment where people were encouraged to bring their own furniture and pictures to personalise their rooms. People were consulted about meals and their preferences catered for.

We found the environment was suitably maintained and measures were in place to ensure people lived in safe surroundings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy, dignity and independence were supported. Staff liaised with health professionals to help people get the care they needed and to remain healthy.

Some people had complex health needs and staff had developed clear person-centred plans which detailed the best way to provide care.

The service was well-managed by the deputy manager. Staff and people living at the service were positive about the service. Staff morale was good and there was low turnover of staff.

There was a registered manager in post, however they were based at another of the provider's services and delegated management of Granada House to the deputy manager. The deputy manager operated an effective governance system and had a comprehensive overview of how the service was operating.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Granada House

## 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 was a comprehensive inspection and was unannounced. This inspection took place on 22 November 2018.

The inspection team included one inspector and a specialist professional advisor, who is a nurse.

The inspection was prompted by environmental safety concerns about another service operated by the same directors and registered manager. We carried out this inspection to determine if there were similar issues at this location and check on the quality and safety of the service.

During the inspection we spoke with six people living at the home and four staff members, this included senior staff, and the deputy manager. We reviewed three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

The service remained safe.

People we spoke with told us they felt safe at the service. People told us, "I am always safe here," and, "Oh yes I feel safe, staff are on duty 24 hours." There were systems and processes in place to safeguard people from abuse and staff had received suitable training.

Risks to people were assessed and their safety was managed and monitored so they were supported to stay safe and their freedom respected. People were free to move around the service and to go out alone or with support. Risks to people's health and well-being were assessed and plans were in place to keep them safe. For example one person had clear instructions in place for staff to support their self-administration of insulin which detailed the risks and how to minimise these.

There were sufficient numbers of staff to keep people safe and to meet their needs. People were attended to quickly but in a calm and unhurried fashion. Staff told us there was enough of them. Throughout the day we observed staff spending time chatting to people.

The deputy manager followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) confirming that a check had been carried out to check that potential staff have not been barred from working with vulnerable people. Staff files also contained proof of identity, an application form, a record of their interview and two references.

Medicines were mostly managed safely. People received their medicines as prescribed. There was a lack of clarity about updates to the medicine's policy. Insulin had been stored in the fridge in the kitchen. This was stored at the correct temperature, however it was not in a locked box. This meant there was a risk it could be accessed by a person it was not intended for. We brought this to the attention of the deputy manager who immediately arranged for it to be stored in a locked box.

People were protected from the risk of infection. The service was clean and smelt fresh. The deputy manager had carried out checks to ensure the service was clean. However, we identified a bath hoist cover which needed to be replaced and some bedside tables which has started to de-laminate which meant bacteria could potentially lodge in these areas and Expose people to the risk of infection.

The deputy manager investigated when things had gone wrong and learnt from these accidents and incidents. Measures were put in place to reduce the risk of recurrence. For example one relative had been unhappy about an aspect of care. The deputy had investigated thoroughly to identify if any improvements could be made.

The environment was safe. All radiators had been covered where possible and all windows had restrictors to prevent falls from height. Fire doors were fitted and in working order. We saw one carpet that needed

replacing, however, the deputy manager explained that the carpet was quite new but that alternative flooring needed to be fitted.

Environmental audits were carried out. We identified some maintenance needs, particularly in respect of carpets which had become frayed by the door gripper and we recommend the provider take action to reduce the risk of people tripping.

## Is the service effective?

### Our findings

The service remained effective.

People's needs and choices were assessed. Individual needs assessments were undertaken to check the care and support offered could meet the person's individual needs and preferences.

Staff had the skills, knowledge and experience to support people safely. People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. This helped to make sure that have the skills, knowledge and experience to deliver effective care and support. Staff received regular training and this was updated regularly.

Staff received regular supervision and an annual appraisal. Supervision is where staff meet with a senior staff member to review and discuss work or any other issues affecting the people who used the service.

People were supported to have enough to eat and drink. People told us the food was good, "We have a roast on Sunday. They ask us what we would like to eat." There was guidance in the kitchen about diabetic provision. Throughout our visit people were offered drinks and a jug of squash was available in the lounge for people to help themselves. Staff knew what kind of food individuals preferred.

The staff team had developed effective relationships with health providers and supported people to maintain their health. The service had received positive feedback from professionals, with one commenting, "Granada House is a very calm, relaxing homely environment. Staff always engage well with training." Staff had worked closely with the specialist diabetes nurse and the district nurse to support people with complex health needs.

People's needs were met by the adaptation and design of the service. The majority of rooms were on the ground floor. People with rooms on the second floor could use the stairs or stairlift. People were encouraged to decorate their rooms as they chose and to have their own furniture if they wished. One person told us, "It's up to me what I have and how I use it."

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People living at the service were assumed to have capacity in line with the principles of the 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.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was nobody with a DoLS

authorisation in place.



# Is the service caring?

## Our findings

The service remained caring.

People told us, "The staff are lovely, they are a real joy," and, "The staff are all very good, very helpful." Throughout our visit we observed kind, warm and supportive interactions between staff and the people we supported.

There was a relaxed and homely feel at the service. Staff consistently told us, "This is their home. We come to work in their home, they don't live in our workplace." One person needed support to go outside for a cigarette. Staff were consistently kind and gentle in escorting them.

The service had received feedback which commented on people's experience at the service. One relative had written, "My [Name] regards Granada House as their home, they have built good relationships with staff members."

A health professional who visited the service had fed back, "I have found the [deputy] manager and staff to be extremely professional, interested and sensitive to the needs of [Name]. They have gone above and beyond to ensure their health and well-being is fully met."

People were supported to make decisions about their care and treatment. One person told us, "I can do what I like here." People's independence was promoted. We saw one person using the stair lift independently and going out on their scooter. Staff told us that the majority of people did not need a great deal of support in the mornings, mainly prompting.

Some people chose to remain in their rooms whilst others spent time in communal areas. We saw one person laughing with the deputy manager; the person told us they enjoyed having 'banter' with the staff.

People's privacy and dignity was respected and promoted. Staff always knocked before entering people's rooms and requested permission to enter.

## Is the service responsive?

### Our findings

The service remained responsive.

People received person-centred care that was responsive to their needs. The deputy manager and staff had worked hard to develop an effective way to support one person who struggled with a particular aspect of their care. They had developed a very clear and specific care plan with the district nurse to support this person. The plan included information about how to support the person before, during and after their care.

A second person had difficulty with verbal communication. The staff team had worked with a speech and language therapist (SALT) to develop a clear method of communicating with the person. Staff were able to describe in detail how they did this. For example, asking direct yes or no questions when the person was struggling which enabled them to identify what the problem was.

People's care plans were based around each person's assessed needs and abilities. Plans contained detailed information about what people could do for themselves as well as how staff should support people.

Staff provided a range of recreational activities and also went with people if they wanted support to go out. They told us about one person who liked to go to the shops. Some people were accompanied by staff to the GP surgery rather than having the GP visit them at the service.

Whilst people did not have end of life plans in place the deputy manager was able to describe clearly how they supported people. They told us that when people were deemed to be approaching the end of their life they developed a separate file to describe how people should be supported. This involved working closely with community nursing teams. Relatives had sent cards to staff at the home thanking them for the way they had cared for their relatives. For example one relative had said, "Thank you again for making my [relative] comfortable in their last few days."

## Is the service well-led?

### Our findings

The service remained well-led.

The service was run on a day to day basis by the deputy manager. The registered manager for the service was based at the provider's other location and delegated the running of the service to the deputy. The deputy manager was currently undertaking their registered manager qualification, funded by the provider, with the aim of becoming the registered manager for the service.

The staff team had a clear understanding of how to deliver a service that was respectful, caring and supportive. Staff morale was good and all the staff we spoke with felt supported by the deputy manager. Staff demonstrated a commitment to the service remaining homely. Staff turnover was low, most staff had worked at the service for several years.

There was an effective governance system in place which checked that the environment was safe, clean and well-maintained. People's care records were checked for accuracy and that any updates to their care needs had been recorded. The deputy manager had improved the recording of staff recruitment and ensured all staff files had the required information.

The service had sought feedback from relatives and professionals who visited the service. Results had not yet been collated but the responses were available. All responses from both professionals and relatives scored the service as excellent or good in all areas.

There was a system in place to oversee the investigation of any complaints and incidents. The deputy had kept a clear record of all incidents and complaints and any subsequent investigation.

The deputy manager had a plan in place for the future service delivery and discussed the additional roles the senior staff would take on.

People were able to access the community, either independently or with staff support. One person had a scooter which was kept covered in the garden when not in use. People were supported to visit the GP surgery, access the cashpoint and visit local shops if they wished.