The Granville Care Home Limited

Granville Lodge

Inspection report

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Date of inspection visit:
02 August 2018
03 August 2018

Date of publication:
26 September 2018

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 2 and 3 August 2018 and was unannounced. The previous inspection was carried out on 20 and 21 June 2017, there had been several breaches of legal requirements at that time. We rated the service requires improvement in three of the key questions, safe, caring and well led. We found at this inspection significant improvements had been made since the last inspection. The registered manager had submitted an action plan to the Commission so that we could monitor the improvements made.

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 of the Health and Social Care Act 2008.

Granville Lodge provides accommodation for people who require nursing or personal care for up to 81 people. At the time of our visit there were 73 people living at the service.

People were protected from abuse because staff understood how to keep them safe, including understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

There were enough suitable staff to meet people's needs.

People's safety had been considered by the service, risk assessments both for care and the environment had been completed.

Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only appropriate staff were employed to work at the service.

People received their medicines when they required them and in a safe manner. Staff received training and guidance to make sure they remained competent to handle people's medicines.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and the DoLS. Staff had the right skills and training to support people appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to eat and drink according to their likes and dislikes. People's nutritional needs were reflected in care plans and we observed staff supporting people to ensure their health and wellbeing was maintained.

Staff were caring, kind and treated people with respect. Staff were described as caring by people's relatives. The registered manager and staff were held in high regard and we received positive comments about the service they provided.

People's personal and health care needs were met and care records guided staff on how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation.

The service supported people to maintain their health and wellbeing and people were supported to access healthcare services and any treatment required promptly.

There was a system in place for responding to and acting on complaints, comments, feedback and suggestions.

People and their relatives praised the management of the service. They said the team were approachable and had a visible presence at the service. The views of people and their relatives and staff had been actively sought to develop the service. Effective arrangements were in place for the service to learn, improve and assure its sustainability. Strong partnerships had been developed with other agencies for the benefit of people who used the service.

Quality assurance systems were in place to assess and monitor the quality of service that people received and identify any areas that required improvement.

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 now safe.

We observed safe moving and handling techniques were now used.

People had sufficient risk assessments in place which ensured they were provided with safe care.

There were sufficient staff to meet people's care needs.

Appropriate staff recruitment procedures were followed to employ suitable staff at the service.

People's medicines were managed safely and the service took immediate action to improve where necessary.

Is the service effective?

Good

The service remained good.

Is the service caring?

Good

The service was now caring.

Staff were kind and caring in their approach.

Staff promoted people's privacy and respected people's dignity.

Staff respected people's individual needs and supported them in the way they wanted to be cared for.

Staff encouraged people to maintain their independence.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Good

The service was now well led.

Regular quality assurance checks were carried out to identify any improvements required and actions were taken in good time when necessary.

The management team were supportive to staff and listened to people's concerns if they had any.

Systems were in place to gain feedback from people.

The management team submitted to the Care Quality Commission all the statutory notifications required.

Granville Lodge

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 was 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.

We undertook a comprehensive inspection at Granville Lodge on 2 and 3 August 2018. Due to the concerns we found at the previous inspection on 20 and 21 June 2017 we carried out a further full comprehensive inspection. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by three adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with 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. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted 12 health and social care professionals as part of our planning process and invited them to provide feedback on their experiences of working with the service. We received a response back from five professionals. We spoke with 11 people who lived at the service. We also spoke with the relatives of seven people. Some people were able to talk with us about the care they received. We sat and observed other people who were unable to communicate.

We spoke with 12 staff which included the registered manager, the deputy manager, assistant cook, admin staff and care staff. We looked at the care records of eight people living at the service, three staff personnel files, training records for all staff, staff duty rotas. We looked at other records in relation to safeguarding,

complaints, mental capacity and deprivation of liberty, audits and accidents and incidents.

Good

Is the service safe?

Our findings

At our last inspection on 20 and 21 June 2017 we observed three separate occasions where staff had used inappropriate and unsafe manual handling techniques. We also observed staff had used a shower chair to wheel one person that did not have a belt fitted to the chair. We also found that maintenance checks of the premises were not carried out in relation to the emergency lighting within the service. We found 50% of the emergency lighting was not working.

At this inspection we found that improvements had been made. Since the last inspection all staff had completed moving and handling refresher training. The registered manager and senior staff had worked with staff to address poor practice and led staff by displaying good practice. Three senior staff were registered to undertake moving and handling key mover training. This would enable them to train and assess staff competence. Emergency lighting within the service had been repaired and was in good working order. Maintenance checks were regularly undertaken to check that the lighting was working. Faults to lighting were appropriately reported in a timely manner to the appropriate contractor.

People we spoke with felt safe living at Granville Lodge. Comments included, "I am always safe here, I have to use this chair (electric wheelchair) and wear this strap, the staff make sure I don't forget", "I am safe in this bed these bed rails keep me safe and stop me falling out" and, "I have had falls in the past but not now, I don't go to bed I sleep in this chair, I feel safer". Relatives we spoke with told us, "My mum is safe here, when we go home from visiting we never have to worry about her being safe, I know she is" and, "I am really happy that my mum is in this home. There is always plenty of staff around to make sure everyone is safe all of the time".

Effective safeguarding arrangements were in place to keep people safe. The registered manager appropriately made the necessary safeguarding referrals to the local authority. This was to report suspected abuse or concerns. Staff were able to demonstrate a good understanding and awareness of the different types of abuse. They were aware of how to respond appropriately when abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

People's care records we looked at contained information about reducing the risks to people. Each care record had a series of general risk assessments including waterlow assessments, risk of fractures and a malnutrition assessment called a MUST. They also had risk assessments for more personal risks such as falls, use of the bath, developing pressure areas, falling out of bed, use of the hoist, use of bedrails and choking. The risk assessments contained information about the action needed to support the person to stay safe. One person had signed a statement consenting to the risks that they were prepared to take to maintain their chosen lifestyle.

Staff were vigilant about protecting each person from possible negative interactions with other people living at the service. This included recognising frustrations and misunderstandings between people due to them living with dementia. We observed staff used distraction techniques when one person became verbally

aggressive. They knew the person well, showing patience and understanding.

The registered manager had systems in place to manage emergency situations such as fire. Each person had a personal evacuation plan (PEEPS) to enable emergency services to know how to assist people. Accidents and incidents were recorded to show they were well managed and appropriate actions taken and these were reviewed monthly.

Staff followed good infection control practice. Staff used personal protection equipment (PPE) when delivering care and changed aprons and gloves between rooms or when dealing with food. Staff had had training in infection control. A maintenance person was available who checked the maintenance book regularly ensuring small jobs were done very quickly. The kitchen had been awarded a three star in food hygiene (highest award is five stars). The service had already addressed the recommendations within the food hygiene report.

There were processes in place to ensure the premises and equipment was checked to ensure it was safe. We saw regular checks were undertaken by external contractors for fire detection systems and equipment. Supplies such as gas appliances and water were checked and serviced regularly. The provider also conducted their own checks on water temperatures and fire detection systems to make sure the service was a safe environment for people to live in.

All staff who administered medicines were trained and had their competency assessed before they were able to administer medication. Medication administration records detailed when the medicines were administered or refused. Medicines entering the service from the local dispensing pharmacy were recorded when received. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Staff stayed with people whilst they took their medication at their own pace. Medicines were thoroughly audited by the deputy manager who was passionate about ensuring the medicines system was safe. Medicines on an 'as required' basis were well managed with good information about initial actions for staff to take. Medicines were stored according to national guidelines. Where medicines which required additional secure storage, and recording systems were used in the service, this was well managed in line with relevant legislation.

Good

Is the service effective?

Our findings

Staff said they felt supported by the registered manager and deputy manager comments included, "We are lucky to have really good supportive manager's. They are on the ball", "Both managers are very good and are passionate at what they do" and, "We are regularly supported by them and they listen to us if we need further training or support".

New members of staff participated in a structured induction programme which included a period of shadowing experienced staff before they started to work as a full member of the team. We were told each new member of staff had a two-day induction to the service. They completed manual handling training before they started and shadow shifts to learn about the service. They completed four weeks of online training relevant to their role. As well as manual handling training care staff completed training about health and safety, infection control, fluids and nutrition, fire awareness, person centred care, documentation and record keeping, equality and diversity, food safety, end of life care, distress signs reactions and behaviours, COSHH, dementia awareness, Mental Capacity Act and Deprivation of liberty safeguards and safeguarding. Training records were kept on a computer system. This flagged up when mandatory updates were due. We were told that new staff to care who had no qualifications completed the Care Certificate. The Care Certificate is a nationally recognised training programme for care staff, which required the completion of work books and practical assessments.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. The registered manager told us that three senior staff had been put forward to complete a train the trainer course. This was to train them to become a moving and handling assessor and first aid trainer. One staff member told us how they first started work at the service in a domestic role. They now worked as a senior care assistant and looked to achieve further promotion in the future.

Staff received comprehensive support to carry out their role. Staff we spoke with told us they had regular supervision, handover meetings and attended staff meetings. This gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. Records confirmed staff had received supervision and had attended regular staff meetings.

We were able to observe both the breakfast and lunch time experiences for people. At breakfast and lunch, the tables were laid with cutlery, cruet sets and crockery. Some people were able to eat without assistance and other people required assistance. Interactions between staff and people were positive and jovial.

People were offered choice at meal times, at breakfast we observed some people were eating toast, others seemed to be eating poached eggs, cereal and porridge. At lunchtime we noted that people who had already made their choice earlier in the day were able to change their mind if they wished. For example, one person was given meat balls but did not eat them. They were offered pie but also refused this. The person asked for tomatoes on toast which the staff prepared for them.

People told us they enjoyed the meals they were given. Comments included, "That was alright, I ate it all", "I enjoyed that" and, "Nice dinner today".

Nutritional care plans were in place for each person which included information about their likes and dislikes and any special dietary needs. For example, we saw that one person required a special diet for weight loss and had a food supplement. We spoke with the assistant cook and the registered manager who said that the menus were planned to take into account people's likes and dislikes recorded in their care plans. They discussed menus in residents' meetings. They chef had a copy of information about everybody's likes and dislikes and dietary needs. They showed us a folder which contained copies of this information. We looked at the menus for the last four weeks which showed that a variety of meals were served. There was a choice at each meal time. When we looked in the care plans we saw that people's weight was monitored and, if a person had lost 2 kilograms then their diet was adjusted and relevant professionals contacted.

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.

The registered manager and staff were supporting people to make decisions for themselves whenever possible. They had consulted with people living in the service, explained information to them and sought their informed consent. Within people's care records were 'consent to care forms'. Those people who were able to signed these forms stating that they consented to their care. Each person had a series of capacity assessments, for example about health and treatment needs, safety, locked doors and cameras in public areas. One person was assessed as having capacity to make decisions in all areas and to consent to their care and support. Another person was assessed as lacking capacity to consent to issues about their safety and support with their health and treatment needs. There was a record of a best interest's decision about the use of bedrails to keep them safe. Staff we spoke with had a good understanding of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection 15 applications had been authorised by the local authority. Records confirmed 36 application forms had been submitted and were awaiting assessment by the local authority. These were submitted as some people could not freely leave the service on their own, also because people required 24-hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

When we looked at the care plans we saw evidence that staff in the service worked with other professionals and teams to deliver the service. There were records of visits from other professionals such as the GP, members of the dementia specialist team, and the DoLS assessor. The DoLS assessor was present during the inspection and was carrying out an assessment of a person. Professionals had commented on their good working relationship with the service. One professional told us, "We are provided with a list of patients they would like us to review first thing in the morning. A senior nurse is present and accompanies us through the entire ward round which helps with continuity of care and helps establish a good rapport and relations with staff members".

People had the equipment and environment they required to meet their needs. There were grab rails and hand rails around the service to enable people to move around independently. There was a lift to assist

people with all levels of mobility to access all areas of the service, including the garden. People had individual walking aids, wheelchairs or adapted seating to support their mobility. There were enough hoists and a stand-aid equipment available to support people. There had been audits of the environment and investment in the premises. Lots of work was being done to improve carpets, install a wet room, new flooring and re decoration of the service. During the inspection maintenance staff were redecorating the upstairs corridor which included the walls and paint work. The garden was well maintained with raised flower beds and flowers.

Good

Is the service caring?

Our findings

At our last inspection on 20 and 21 June 2017 we found people's dignity was not always respected. We observed several occasions when some people appeared to have been incontinent as their clothing appeared visibly soiled and looked wet. We also observed people were being assisted to the shower room with some areas of their body exposed as they were being wheeled through the corridor. We overheard one person being showered by one staff member who was clearly distressed. We asked the registered manager to intervene as it was evident this person was not happy being showered. The person's care plan recorded two staff were to shower the person and not one staff.

At this inspection we found that the necessary improvements had been made. The registered manager told us that all staff had completed dignity training since the last inspection. Three senior staff had become dignity champions. They emphasised to staff the importance of respecting people's dignity. They worked with staff to address poor practice. Since the last inspection an upstairs wet room had been installed with a walk-in shower. This meant the service now had an upstairs and downstairs wet room. A new comfortable shower chair had been purchased along with new bath sheets and bath capes to ensure people were fully covered when being wheeled back to their room to dress. If more than one bath sheet was required to ensure people were covered then this was used.

The registered manager told us that since the last inspection the team leader role had been introduced. Team leaders helped to oversee staff and monitored that people were being toileted regularly and had their continence aids changed. The registered manager had noticed a vast improvement since the last inspection. A reposition and toileting chart had been implemented on both floors which identified the people that required regular repositioning, toileting and pad changes. Most people were assisted with their continence every two to three hours and staff signed when personal care had been given. We did observe one occasion that the staff had not noticed a person had been incontinent. The person's trousers appeared to be wet. We spoke to the registered manager who took prompt action. We checked the person's care record's which confirmed they had been given the appropriate care prior to this. They had since removed their continence aid. We spoke to two senior care assistants who told us about the improvements that had been made. Staff were now allocated into three groups on each floor to oversee people's care each day.

We observed that interactions between staff and people were positive, friendly and caring. People we spoke with told us, "The staff are kind and caring" and, "The staff are really pleasant here". Relatives we spoke with told us, "We are more than satisfied with it here", "The staff are really pleasant", "Visiting is unrestricted and they always make me feel welcome", "My brother and I are very happy with everything that goes on here", "They (staff) are kind and caring they make me feel welcome".

Through feedback professionals told us, "My general impression of the home is good. I have observed good practise; the staff are very caring and demonstrate a high level of person centeredness and really try to get to know the individual".

It was evident the service strived to make sure people were happy. The staff supported people to maintain

meaningful relationships. The registered manager told us how they had supported a married couple to live at the service. One person had moved into the service with a range of health problems before their loved one. However, it became apparent to the staff that they missed their loved one. The service held meetings with the person's family to discuss how they could help the person to settle. The person's loved one also had their own care needs. They were admitted to Granville Lodge for respite care due to a deterioration of their own needs. However, both the husband and wife were on different floors due to having different care needs. We were told they would spend all day together. The staff at Granville Lodge thought it would be nice for them to share a double bedroom. A four-week trial was agreed and during this time it became apparent that they were both very happy being with each other. They had settled well and were able to spend quality time together.

People's independence was respected and prompted. The registered manager told us about a person they had recently cared for who was reliant on staff to manage their personal care and daily living needs. The person expressed to staff that they wanted to live independently. The service therefore contacted the person's social worker and asked for a review meeting. It was discussed during the meeting how this could be achieved with key goals set. This included a programme in place where they were to manage their own continence without the assistance of staff. They were encouraged to go into the community at least twice a week with the first four weeks being with a staff member. After this time, they were to try and aim to go out independently with no assistance. The person made friends and built up relationships with people within the community. With the key goals met by the person and from the hard work from staff the person, they successfully moved to their own home independently.

Staff were patient and gave people time to express their views and understood what was happening when care was being provided. For example, we saw staff supporting people to eat. Staff made sure they did not rush people and talked to the them about what they were eating and if they liked it. One person was sat cuddling their doll which they said was their baby. They had used a blue apron to wrap their baby in. One staff member offered to go and get a blanket for their baby.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed. They said they could do what they liked throughout the day. One person told us, "Yes, I get up and the staff help me to wash and dress". Another person told us, "I am well cared for and the staff help me with most things". We discussed with relatives if they were notified if people's health condition changed. Relatives we spoke with told us, "The home will ring us up all of the time their condition changes or the doctor has been. For example, when the doctor has looked at her poorly legs, they ring me to let me know what they have said" and, "They can be seen by the doctor as soon as required, they come every week into the home. If the nurses are worried or I am worried, her name goes on the list. They ring me if the doctor wants to talk to me and I come into the home to see them".

Before moving into the service, a pre-admission assessment was completed to ensure people's needs and preferences could be met at Granville Lodge. These were completed, as far as possible, with each person, and where appropriate, their representative. Information from the pre-assessment was then used to develop care plans and risk assessments.

We looked at people's care records. Each person had a person-centred assessment of their needs before they moved into the service They each had care plans setting out how these needs would be met. For example, people had care plans about communication, expressing needs, moods and emotions, thinking, deciding and orientation, personal hygiene, nutrition, medication and daily life including their preferred routines. Care records were person centred and included information about how they wished to be cared for. People had a detailed history of their lives. One person had chosen not to provide information about their life history and this decision was respected by staff. Staff told us the information about people's life history helped them to discuss areas of interest with people. It also helped them to plan activities with people.

People's care records were reviewed and updated as people's needs changed. Staff were updated about changes to people's care and support needs at each shift handover. Handover records were in place which provided staff with an overview of people's support needs, for example mobility and dietary support.

We received mixed feedback from professionals regarding the activities provided at the service. One professional felt that although the service had an activities programme some of the activities were quite static. They felt the service would benefit from more activity. This included looking into different ways of engaging with people in stimulating activities. Other professionals commented, "There appears to be a lot of activities organised with music/games being played and residents encouraged to get involved" and, "The manager has been become increasingly approachable and responsive to the project, engaging with residents, staff and relatives at a meeting to co-produce future garden designs and plans".

The service employed two activities coordinators. We met and spoke with one of them. They spoke passionately about their work. The service sought support with activities from a national lottery based scheme. This meant the service was able to connect with different outside resources. This included activities

in relation to art therapy, cooking and gardening. There was a weekly activities programme which ranged from group events such as quizzes, singing, music and movement, cooking and gardening. Areas of the garden had been adapted to make it easier for people to be involved in gardening. Outings to local attractions took place. These had included trips out to Arundel wetlands and a historic estate in the South Downs. People and their relatives confirmed they were satisfied with the activities provided. For example, one person told us, "Some of the activities we do are, quizzes, chair exercises, arts and crafts (card making) and on Thursday holy communion". One relative told us, "There is a weekly activity sheet printed and everyone has their own copy. I think there plenty of activities available". Records and discussions with relatives showed staff supported people with one to one activities in their room if they were unable to join in with the group events. An entertainer visited the service on a monthly basis. One to one activities took place every day with the aim to provide one to one time with people at least once a week.

Activities were promoted throughout the service with activities of the day prominently displayed in reception and on both floors. Activities provided to people during the inspection included pampering (manicures), music therapy and one to one activities.

People were able to spend their last days at Granville Lodge. Staff supported people to maintain a comfortable, dignified and pain free death. Staff were aware of any changes to people's health and comfort and sought appropriate support in a timely way. Advanced care plans were in place which considered what the person's wishes were and where they would like to be cared for. These were completed as far as possible with people and their families. However, staff were mindful of people's wishes to not discuss this. Staff were aware of people's spiritual and cultural needs at the time of their death and these were respected with sensitivity and care.

There was a complaint's policy in place and records showed complaints raised were responded to and addressed appropriately. People told us they had not had any cause to complain but would talk to staff if they did. People we spoke with told us, "Complain? about what? nothing to complain about", "No complaints here thank you", "All good, no complaints" and, "I have no complaints at all but if I did or I had any issues that needed raising I am confident that the management would investigate them". In addition to complaints, the registered manager also addressed any concerns identified to them. The registered manager told us this prevented them becoming formal complaints. It also helped the them identify any themes and trends. Any issue identified was discussed with the staff, if appropriate, to prevent a reoccurrence.

Good

Is the service well-led?

Our findings

At our last inspection on 20 and 21 June 2017 we found some of the audits undertaken were not effective as we identified areas that required improvement that had not been picked up by the provider or registered manager. This was in relation to the poor manual handling practices of staff, safety of equipment and its maintenance and the poor care practices of staff in relation to people's dignity and respect. Audits had also not identified that moving and handling equipment such as hoists were not clean.

At this inspection we found the necessary improvements had been made. Comprehensive dignity audits were undertaken every 6 months by the registered manager. The last audit was undertaken in May 2018. This focussed on empathy and compassion. In-between the comprehensive audits other dignity audits were also carried out regularly. This was carried out through observation and questioning of staff. This identified any poor practice and manual handling issues. Documentation was also sampled to ensure this was written by staff in a respectful way by staff. Domestic, infection control and maintenance audits were carried out regularly by the registered manager. The registered manager told us that since the last inspection they had worked had to ensure staff manual handling practices were safe. A manual handling trainer from one of the providers other services provided training and support to staff. Poor practice issues were addressed appropriately with staff along with formal disciplinary action.

There were systems in place to monitor the quality of the service being provided. The organisation had audits and reports to help them monitor the quality of care provided. Other audits carried out included those to check falls and incidents, health and safety, nutrition, wound analysis and care record audits.

We asked people if they thought the service was well managed. Comments included, "He is always accessible (registered manager). He listens" and, "There isn't anyone who I've met who hasn't been open. They tell you when people (health professionals) are coming in. If I wanted a meeting I could have one. We feel fully included". We asked people that visited the service if they would recommend Granville Lodge to friends or family. One comment received included, "Yes I would recommend the home".

The registered manager and provider had a good overview of the service. They were committed to the provision of high quality care and services. The registered manager was supported by a deputy manager a team of registered nurses, senior staff and the provider. There was a positive culture at the service and staff told us they were happy in their work. Staff spoke highly about the registered manager and deputy manager. They told us they were both available, approachable and provided a supportive environment for them to work in. One staff member told us they were commencing further training. Staff comments included, "It is a really nice home to work in and I feel supported. Both manager's work hard to ensure we provide good care" and, "They are both approachable and passionate. They push us to develop". Another staff member told us, "They are amazing and very committed".

There were regular staff meetings with different staff groups across the service. These were used to identify any concerns, inform staff about changes and planned improvements. They were also used to remind them of their roles and responsibilities. These meetings allowed for discussion and communication. Staff told us

they were able to bring new ideas and suggestions and felt listened to. The registered manager attended daily meetings with department manager's and regularly spent time talking informally with staff. This helped identify areas for improvement and develop staff relationships.

The registered manager sought feedback from people and those who mattered to them in order to enhance the service. Feedback from satisfaction surveys were used to plan improvements through action plans. The last survey was carried out on 17 April 2018. Comments from satisfaction surveys included, "Exceptionally friendly staff", "Always willing to listen" and, "Feels friendly as you walk in". An action plan was in place to assess results with any required actions.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.