

Aspire: for Intelligent Care and Support C.I.C Granville

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

The inspection took place at Granville respite service on the 16 July 2017 and was completed by contacting relatives by telephone on the 19 July 2017. The first day was unannounced. The service was newly registered in June 2015 and this was the first time it had been inspected.

Granville is a respite service based in Eccles in the Borough of Salford, Manchester. Granville provides respite stays for up to three weeks for people 14 years of age upwards. The building is split into two accommodation settings. Accommodation to the ground floor caters for adults and consists of 12 bedrooms, as well as bathrooms, lounges, a kitchen and dining area. There are a further two bedrooms, bathroom and lounge area located on the first floor which caters for young people. There is a coded door between the two floors to keep both areas separate, however young people can spend time on the ground floor during the day should they wish to.

At the time of the inspection there was a registered manager who had been registered at the service since June 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people using the service, their families and staff members. Everybody we spoke with felt staff were supportive, friendly, respectful and understood people's needs. Relatives were confident in the service and its ability to support their relatives safely and effectively whilst providing them with a period of recuperation.

Processes were in place to provide a suitable environment for all people using the respite service and its staff. Risk assessments were established to identify any risks associated with areas such as the use of hoists, bathing facilities, food hygiene and substances hazardous to health (COSHH).

A suitable amount of training and support was offered to ensure staff were competent in recognising the signs of abuse and could appropriately and confidently respond to any safeguarding concerns and notify external agencies where appropriate.

Staffing levels were sufficient to enable safe and personalised care and support to be provided to people using the service. Comments from people using the service, their relatives and staff supported this. Staff were expected to access training which ensured they had the correct skill base and experience to safely, knowledgeably and effectively support people using the service.

Recruitment procedures were in place to ensure appropriate steps had been taken to verify new employee's character and fitness to work. New employee induction processes ensured staff had the correct amount of support and training prior to commencing the role unsupervised. People and their relatives told us staff

were knowledgeable about their individual support requirements. Staff demonstrated a good understanding of their role and how to support people based on individual need and in a person centred way.

The provider had appropriate processes in place for the safe administration of medicines; this was in line with best practice guidance from the National Institute for Health and Care Excellence. Senior staff were adequately trained in the administration of medicines and all medicines were stored securely and safely.

Each person had their own individual care file containing support plans, risk assessments and other relevant documentation. These records gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and requirements were communicated well by means of liaising with families, regular support plan/ risk assessment review and information being recorded in the communication book which meant staff were kept up to date with any changes.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about what process they needed to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

All people we spoke with along with their relatives and staff, informed us the management structure was adequate and there was always a management presence throughout the service. This meant staff and people were able to seek appropriate advice and support when necessary. Each person informed us they were happy to approach management with any concerns or questions. People felt the registered manager and assistant managers were very supportive and would act on any issues they may have.

We found the ethos of the service was very much about providing a place where people could access respite, whilst feeling safe and being supported to develop the staff and management were very much a part of enabling this to happen.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People indicated they were safe. They were cared for by a staff team which had been safely recruited and had received an appropriate service induction.

Staffing levels were appropriate and enabled the service to meet people's individual needs and allow people to gain ownership in their lives and manage any risks knowledgeably and effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed the correct procedure if they suspected any abusive or neglectful practice.

Is the service effective?

Good ●

The service was effective.

People received support that was tailored to meet their needs and helped promote independence.

People were supported by staffs that were well trained and supervised.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

People were appropriately supported with their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's support files were centred on their wishes, needs and goals and kept under regular review.

Staffs were knowledgeable about people's support needs and preferences and the service offered a flexible way of working which responded to any changes in a positive way.

People were encouraged to raise concerns and had been equipped with relevant information to do so. Their concerns were dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Granville

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.

This inspection took place on 16 June 2017 and was completed by contacting relatives by telephone on the 19 June 2017. The inspection was carried out by one adult social care inspector. At the time of our inspection there were nine people receiving care at the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements the service plans to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we looked around the building, spoke with two people who used the service and three of their relatives. We spoke with six members of staff which included support staff, assistant managers, the registered manager and director of compliance and risk. We looked at the care records of three people who were currently accessing the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at four staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

People we spoke with told us they were pleased with the standard of care the service provided to them. One person said, "I love it here." A second commented, "Staff like looking after people and me." People who were unable to communicate appeared content and happy in staff presence. Similarly relatives gave positive comments about the service received. Comments included, "Everyone is very good at what they do. They have to be or else I wouldn't let [my relative] stay there. I am extremely happy with everything" and "[My relative] is 100% safe, it is a fantastic place and we value it so much. I don't know what we would have done without it to be honest."

The registered manager told us processes were in place which aimed to maintain consistent staffing arrangements. It was the assistant manager's role to coordinate the rotas and this was done a month in advance. One of the assistant managers told us, "We always ensure we are ahead with the rotas. We sit down and plan who is staying the following month and try to ensure the staff team we have working is a team all individuals are familiar with. This ensures continuity for the people we look after." Relatives we spoke with told us that this was the case. One relative stated, "It always appears to be the same faces when [my relative] stays. This is good as [my relative] needs consistency to remain settled."

We looked at staff rotas covering a four week period which included the week of inspection. We noted sufficient numbers of staff were employed to deliver safe and effective care to people using the service. Staff we spoke with also confirmed this. Staff told us that it could be busy at times; however there were always enough staff to handle this. Staff also informed us management would step in if required as, "An extra pair of hands." We noted the service employed their own bank support staff to ensure each person working was familiar with the service and people who used it.

Recruitment policies and procedures were in place which aimed to protect each person who accessed the service. Checks were completed to ensure staff had the necessary skills and experience to safely support people. We looked at four staff files and noted each file had appropriate information in line with current guidance. We saw the required character checks had been completed before staff worked at the service and these were recorded. Staff files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Contractual arrangements were in place for staff which included disciplinary procedures. These procedures aimed to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. The registered manager told us there had been no disciplinary action in the past 12 months. Therefore we were unable to determine the providers conduct when dealing with such processes.

We were informed that the assistant managers were responsible for medicines administration. We did not observe them administering medicines; however we spoke with both of them about the process and asked them to give examples of how they ensured medicines were administered safely and in line with best

practice guidance. They displayed a sound knowledge base around how to administer medicines safely and appropriately in line with The National Institute for Health and Care Excellence (NICE) guidelines. They told us that although they administer medicines it was the support staff's role to accompany them when doing so and countersign documentation to evidence this had been completed in a correct and safe way.

The assistant managers told us they were required to "stock check" all medicines before each administration to ensure errors were identified at the earliest opportunity. This meant that all tablets were counted prior to administering to ensure they tallied with the medicine administration record (MAR).

Sample copy MAR charts were in place and used to ensure peoples MAR charts were correctly completed. We found no errors or gaps in the MAR charts we saw. Specific protocols were in place for the administration of medicines prescribed 'as necessary' or 'variable dose'. Relatives we spoke with told us staff were "competent" with medicines and had not experienced any issues with their administration...

We looked at how the service protected people from abuse and the risk of abuse. Safeguarding training was in date and safeguarding vulnerable adult's procedures and 'whistle blowing' (reporting poor practice) procedures were in place for staff to refer to. In addition to this the service had clear policy and guidance for staff on how to respond to and report a disclosure of abuse by a young person. Staff we spoke with were aware of the various signs and indicators of abuse. Comments from staff included, "Abuse is anything that has taken place where someone has been harmed or at risk of harm. This could be things like physical, emotional, financial, having their medicines withheld. I would raise anything like this with social workers, managers, Police or CQC" and "If I feel someone is in danger I would tell the office. This could be examples such as if I see any unidentified bruises or disclosures from people. We also have an observation sheet which we complete if we are concerned about somebody's behaviour or they are coming in to stay with us and they look unkempt or have any marks."

The registered manager told us there had been no recent safeguarding incidents. We looked at the incident and accident book entries over the past year and confirmed there had been no situations which would have been notifiable to the local authority or the Commission.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person's file we looked at contained individual risk assessments, which reflected risks associated with the person's specific needs and preferences. Areas covered included bathing, accessing the community, accessing the service alongside people who may display challenging behaviours and using a hoist.

Risk assessments were broken down into areas such as present situation, preferences, list of hazards and control measures. Each risk assessment we saw had been signed and agreed by the person or family member where appropriate. Staff had also signed to evidence they had read and understood the assessment. Risk assessments had been reviewed when appropriate and updated with any necessary additional information.

Support staff we spoke with displayed a sound understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. Staff also showed robust knowledge and understanding in relation to positive risk taking. Identifying the requirement to enable people to live their lives the way they chose in a safe way. Positive risk taking was a key factor in the service.

Environmental risk assessments were in place. These looked at individual factors in the service which may pose a risk to people, such as, use of stairs, kitchen area, the 'Control of Substances Hazardous to Health'

(COSHH), electrical and gas appliances. In addition to this other areas such as the use of wheelchairs/ hoists were also assessed and reviewed to ensure they were in safe working order. Water temperature checks, pest control and legionella prevention were also carried out.

The service had robust fire risk procedures in place and detailed annual fire risk assessments were followed. Staff had received fire training and we noted fire signage and equipment was visible throughout the building. Fire alarm testing was done weekly along with fire extinguisher and fire escape checks.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who were able to assist such as the health protection unit, utility companies, police, directors and managers.

Is the service effective?

Our findings

People we spoke with told us they, "Absolutely loved," staying at Granville. Similarly relatives told us the service received by their relatives was, "Excellent" and "Reliable." One relative told us, "They are very professional and approachable. It's an excellent service." A second relative said, "I cannot believe we have somewhere like here to rely on. I do not know what we would do without them."

The service had processes in place to train and support staff. Staff were required to complete an induction programme before commencing work at the home. This included an initial orientation, familiarisation with the organisation's core policies and procedures and mandatory training in areas such as positive behaviour support, communication and autism awareness. The registered manager told us in addition to this, all new staff were now required to shadow an experienced member of staff until successful completion of the care certificate. The care certificate is the new minimum standards that should be covered as part of induction training of new care workers. Employers were expected to implement the Care Certificate for all applicable new starters from April 2015. We were able to verify that staff completed a full induction prior to starting in employment by looking at a selection of staff files.

Training relevant to the people using the service was offered to all staff. Training topics covered aspects such as the safe handling of medicines, fire rescue, record keeping, physical intervention and food safety. Staff we spoke with confirmed they received an appropriate amount of training which was up to date. Staff told us they had recently accessed rescue medicines training, manual handling update and breakaway training.

Staff told us they received supervision and appraisals, however we noted these sessions were not always as frequent as the services policy stated. We spoke with the assistant manager who said she was aware of this and had begun to put steps in place to rectify the situation and bring each person's supervision in line with current policy. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff told us that supervision was something they valued and it provided the opportunity to discuss their responsibilities and the care of people who used the service. One member of staff said, "I have spoken about things that I am not happy with in supervision and they have been resolved. It is definitely a two way meeting."

Staff told us they received a handover before each shift and additional information would be documented in the communication book. Staff spoken with told us this was a good method. We looked at the communication books and noted they were used effectively. The 'staff communication book' identified which staff were on shift each day and what their key duties were. It also detailed who was using respite services that day with detailed instruction about each individual person's care and requirements such as clothes and medicines. In addition to this the managers also had a communication book. The assistant manager told us, "It is a run-down of our day, any conversations which need to be documented and any changes in a person's presentation. It is a good tool to have and if any of the management team has been off work for a few days they can read back and get a clear view of what has been happening."

Staff meetings were also held. These covered areas such as the values of the service, recruitment, training, activities and laundry. Staff told us the meetings were a good arena to raise and discuss any issues and felt they were a good way of keeping informed of changes and updates within the service.

People's care plans contained important information about their medical histories and any health care needs. This meant staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. The registered manager told us the service had positive links with local resources such as, learning disability teams and speech and language therapy (SALT). We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional risk assessments were used when required. Each person had a dietary card. This was kept in the kitchen and it identified any food dislikes, allergies, dietary requirements or specialised diets. The assistant manager told us, "This card stays in the person's personal file until they come into stay with us. We then take it out and review it before putting it in the kitchen. Once they go home it is then stored away until their next stay."

Food hygiene was part of the service's training programme, which helped to ensure support staff had the knowledge and skills to prepare food safely. People were encouraged to eat healthy and were very much a part of the meal planning process.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was able to describe the action she would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

Is the service caring?

Our findings

Throughout the inspection we observed positive staff interaction which was caring and considerate. People we spoke with told us they felt, "Loved" and "Happy." Relatives felt their family members were supported in a caring and empathetic way. One relative stated, "I do not have enough words to praise the service enough. It took a long time for [my relative] to go somewhere and equally along time for me to trust somebody to care for [my relative] but they are so caring and compassionate here. It's just so nice."

Staff gave examples about how to maintain a person's privacy by knocking and waiting for a response before entering a bedroom and ensuring the door was closed before supporting people with any personal care. The provider had a 'code of conduct' in relation to practice which staff were expected to follow. This ensured staff were adhering to best practice guidance. Staff we spoke with understood their role in providing people with care, understanding and support. One staff member said, "When I am supporting people with personal care I always ensure they are appropriately covered to maintain their dignity."

People we spoke with including relatives, felt staff listened to them and explained things in a way which they could understand. One relative told us, "They are very good at explaining things which we may query. [My relative] will also tell us things when they return home and you can tell that somebody has actually taken the time to sit with them to explain things."

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

During the inspection we looked to see how the service promoted equality, recognised diversity and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

Staff spoke courteously about the people who used Granville. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice. One staff member commented, "Sometimes people can understand a lot more than what they can verbalise. It is important that people recognise this and enable them to still be as independent as possible. Simple things people can do to help are things like, asking the person to tap your hand for yes or no or raising a hand or even just smiling. These are all very effective ways you can enable people to make choices and communicate."

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people and their families. One message read, "I cannot thank you all enough for the care you take with

[my relative]. You will never know how much your work and care means to us all."

Is the service responsive?

Our findings

People we spoke with felt staff helped them with their daily goals effectively. One person said, "Staff help me to go out. I can go for walks, go out for something to eat or anything else I feel like doing." People also told us staff listened to their requests and were always available to spend time supporting them with any tasks they may require on a daily basis. One person said, "I am never left waiting for anything. Staff help me with anything I need."

People's relatives also expressed satisfaction with how their own needs and their relative's needs were responded to by staff. One relative told us, "If it wasn't for Granville we would not get a break. Whenever we ring up they are more than helpful and will always accommodate us." Another relative stated, "It is nice to be able to sing their praises. You don't often get the opportunity to tell them how much we appreciate their support, so it is nice to be able to speak to the Commission and have the ability to sing their praises."

The provider had processes in place to ensure evaluations of each person's needs were assessed before the service began to support them. Pre assessments contained information about the person's needs, wishes and requirements such as support needed with daily living chores, accessing the community and dietary needs. In addition to this the assessment included detailed personal history, hobbies and interests. The registered manager told us prior to each stay an update document is sent to the person's home for them to complete and update with any change in needs prior to their stay. This information is then used to update the persons existing care plans. This ensured the service stays up to date with each person's changing needs.

Support files contained care plans which had been created based on people's individual needs and requirements. Support plans covered areas such as positive behaviour, choice and control, health and well-being, everyday tasks and accessing the community. In addition to this a night support plan was also in place. This considered the person's preferences during the night such as, does the person like the light left on, door open or drinks during the night. Care plan's clearly detailed what support was required to enable the person to fulfil their expectations during their stay. Each care plan we saw was signed and dated by each member of staff to evidence they had been read and understood.

Essential contact details were recorded as routine such as health professionals, GP and next of kin. We were able to determine that support files were reviewed regularly by management, the person themselves and family members where appropriate. Relatives we spoke with told us they had been involved in this process.

Staff displayed suitable knowledge of people's needs and could explain how support was provided which was important to each person in areas such as those relating to safety, choice, personal preferences and leisure pastimes.

Daily reports provided evidence to show people had received care and support in line with their support plan. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to

any changes in a person's well-being.

People were encouraged to pursue activities outside of the service. Some people continued to access day centres in the same way as if they were at home. This provided continuity to people's daily routines. We saw activities such as arts and crafts, music and games were also provided at the service and were determined by people's interests, abilities and preferences. People we spoke with told us they were able to access community activities of their choice. We also noted the service had a sensory room which was in use on the day of inspection.

The provider had policies and procedures in place for dealing with complaints and concerns. These documents gave clear guidance on how to make a complaint and what to expect including relevant time scales. The registered manager told us the service had received one formal complaint in the past year. We looked at how this complaint had been handled and noted this was in line with the services procedural guidance. We did however note the service did not have a formal process of recording day to day complaints. We spoke with the director about the importance of recording such complaints. The director agreed this should be in place and assured us this would be introduced by the following day. We will review this at the next inspection.

Comments we received from people using the service and their families confirmed that any concerns and queries were dealt with professionally and all felt able to approach any of the management team with any issues they may have. One relative said, "I have never had to complain about anything, but if I have ever had any questions then all I need to do is pick the phone up and they bend over backwards to help me, so I know if I had anything at all they would be 100% with it." Similarly staff felt that any issues raised were dealt with in professional and satisfactory manner. One staff member said, "I feel much supported by the management team. Anything I am worried about or not happy with is dealt with."

The service held a file which contained compliments cards, letters and emails. We looked at a sample number of these and noted positive comments complimenting staff and the service for the care and the kindness of staff and how they supported and offered opportunities to their family members.

Guest evaluation sheets were completed by family members and people using the service. Easy read and pictorial copies were also available. The registered manager told us, "If people cannot complete them independently, verbal questions are also asked." Evaluation sheets were sent out on a quarterly basis and following this an annual report was created with the results. We looked at the most recent results and noted people were happy with every aspect of the service and staff team. Comments included, "I like it here and would like to come more often." A second person wrote, "Granville has helped me, time away from home is what I needed, the staff are very friendly and cheer me up when times are rough. I am always happy when I am here." A third person wrote, "I have really enjoyed my weekend. The staff have been very helpful and nice."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with, their family members and staff all considered the service to be well-led. One person told us, "Everybody who is working there when I stay are very good. They make me feel welcome, safe and I am always sad to leave. Family members also added, "Granville is definitely managed well. There is always management presence and I am able to speak with someone of authority both day and night." A second relative told us, "Oh the managers are great. There are lots of them and they are fantastic. They will deal with any questions, queries and I know if I have any problems they would deal with them as a matter of priority. I have every faith. I cannot imagine we could find anywhere else as good as here."

Staff told us they felt well supported and were able to approach management with any concerns or questions. One staff member told us, "We can be faced with a million and one situations in the space of a day. Management are always there to guide us and support us. I do feel well supported." A second staff member commented, "It is such a nice environment to be in. I love working here." A third staff stated, "I feel very supported by managers. I have never needed to raise any concerns as we all get on so well, both staff and guests. But I know should I need to they would be there 100% to support us."

The registered manager was responsible for the overall operation of the service. They were supported at the service by two assistant managers whose responsibility was to oversee the daily running of the respite service. During the inspection, we spoke with the registered manager, both assistant managers and the safety and quality director about the care and support offered at the service to people. Each manager was able to answer all of our questions about the support provided to people showing they had a good overview of what was happening with staff and people who used the service.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. Staff told us they were able to contact somebody of authority both day and night.

The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. These policies were under regular review and updated when necessary to ensure they reflected any required changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

The service had an infrastructure of auditing in place to monitor the quality of service delivery. This ensured effective governance audit systems were in place covering areas such as medicines, restrictive practice, people's belongings and petty cash. However, although the service had adequate documentation

highlighting accidents and incidents at time of inspection there was no formal audit in place for monitoring such events.

The service also used an additional range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through guest evaluation sheets and ensuring time was allocated to speak with people when requested. Evaluation sheets asked questions around the quality of food and dining, environment, care and support received and staffing. We saw ratings of 100% happy had been scored in each area apart from a score of 96% for the overall satisfaction of the standard of rooms. This was because one person did not feel the furniture was placed to their liking and one of the rooms was a little draughty. Additional comments left by people included, "I cannot thank you enough for the care you take with [my relative]. You will never know how much your work and care means to us all."

Staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. Staff confirmed these happened at regular intervals and found them a useful arena to share ideas and concerns. One staff member told us, "We have just recently had a staff meeting. If we are unable to attend we are always given the meeting minutes and need to then sign to say we have read them and understood them."

Throughout the inspection we found each of the managers very approachable. Each manager provided us with the documentation we requested without delay. The mission statement for Granville read, 'At Granville we aim to provide a short stay respite care service to adults and young people who have a learning and/or physical difficulty. Our philosophy of care is to provide all guests with the amount of care which they need to help them live a purposeful and independent lifestyle as possible'. Throughout the inspection it was evident that this philosophy was very much the aim and goal of the staff team working within the service.