

Care Unlimited Group Ltd

Grennell Lodge Nursing Care Home

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 on 27 June 2018 and was unannounced.

Grennell Lodge provides nursing care, personal care and support for up to 32 older adults with mental ill health. At the time of this inspection there were 23 people living in the home. At the last inspection in December 2016, the provider was found to be meeting the regulations we inspected.

Grennell Lodge 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.

The service did not have a registered manager. The manager was in the process of registration with the Care Quality Commission [CQC]. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt people were well cared and safe living at Grennell Lodge. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise risks and manage identified hazards to help keep people safe from harm or injury.

There were sufficient levels of staff to meet people's needs. This was endorsed by people we spoke with and their relatives.

People received their medicines appropriately and staff knew how to manage medicines safely.

People had a varied and nutritious diet and choice of meals. They were supported to have a balanced diet which helped them to stay healthy.

Staff supported people to maintain health through regular monitoring by healthcare professionals.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and appropriate applications were made by the provider to the local authorities for those people who needed them. We saw that some of the local authorities were delayed in updating people's assessments due to a backlog and high demand generally for this type of assessment for people. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

Staff were kind and caring and established positive relationships with people and their families. Staff valued

people, treated them with respect and promoted their rights, choice and independence.

Staff understood relatives, family and friends were important to people and ensured they were appropriately involved in people's care. People were informed and supported to access independent advocacy services if they needed someone to speak up about their care on their behalf.

People's care was personalised, inclusive and timely. Staff acted promptly when people needed assistance and they understood and communicated with people in a way that was meaningful to them.

People received support and equipment to help them to stay independent. They were often supported to participate and engage in home life and sometimes within their local community. People and their relatives were appropriately informed and comfortable to raise concerns or to make a complaint if they needed to.

People, relatives and staff were positive in their comments about the manager. They said he promoted an open and positive working environment and they felt able to contribute positively to the development of the service.

We saw there was a wide range of quality assurance audits in place that provided valuable information to develop and improve the service. This included audits of a wide range of aspects of the service provision. Where suggestions or comments were received the manager used the information to develop and improve the service.

The provider ensured that statutory notifications were sent as required. Information was included to do with incidents that required notification to the CQC and the registered manager was clear about what was required to be reported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Grennell Lodge Nursing Care Home

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 that took place on 27 June 2018 and was unannounced. This inspection was carried out by an inspector.

Before the inspection we reviewed the information we held about the service including the Provider Information Return. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we spoke with five people, two staff, the compliance manager and the registered manager. We reviewed five people's care records which included needs and risk assessments, care plans, health information and support plans. We also reviewed five staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance records and complaints procedure. Following the inspection, we contacted four relatives to gather their views about the service people were receiving.

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe living at Grennell Lodge. One person said, "I haven't been here for that long but the good it's done me has been amazing. I am happy here, it is a good home." Another person said, "I do feel safe here, yes of course." The relatives we spoke with were positive about the safety of their family members. Comments included, "I visit [name of family member] quite regularly and I think they are well cared for and safe"; "People are safe and our [family member] seems happy there."

There was a relaxed, calm atmosphere in the home and people seemed to be enjoying a positive relationship with the staff who supported them. The provider had arrangements in place to help ensure people were safe and protected from abuse. Staff told us they had received all the training they needed to ensure people in the home were safeguarded appropriately. They were well aware of their responsibilities and their duty of care to the people living at Grennell Lodge. Staff were able to describe how to recognise signs of potential abuse. They said they would report anything they had concerns about, to the registered manager or to the social services. The manager told us any concerns or safeguarding incidents were always reported to the local authority and to the CQC. Our records evidenced this.

Training records showed all staff had recently completed safeguarding adult's training. We saw the provider had all the appropriate policies and procedures to help safeguard people including emergency first aid, whistle blowing, how to make a complaint, and the reporting of accidents and incidents. Staff were aware of the correct procedures to follow.

People's risks were identified and well managed through individual risk assessments. Staff demonstrated a good understanding of the risk management strategies in place to prevent and/or minimise any identified risks identified for people. Staff signed the risk management plans so they knew how to best support people. Risk assessments were drawn up together with people, their relatives and care managers. The relatives we spoke with confirmed this and they told us they were invited to care plan reviews where people's needs, risk assessments and care plans were discussed with them.

The provider also had more generalised risk assessments and risk management plans in place for the home. This helped to minimise risks in relation to other aspects of the service and helped people to keep safe and staff protected. A range of health and safety policies and procedures were available to help keep people and staff safe. Records showed the gas, electricity and fire safety systems were maintained to a satisfactory standard.

We saw examples of how the service learned from accidents and incidents and put in place action plans to minimise any further occurrence. For example where one person experienced a fall going up the stairs a risk assessment was carried out and staff assisted the person.

There were enough suitably qualified and experienced staff on duty to keep people safe and to meet their needs. People and their relatives said they thought there were sufficient staff on duty to meet people's

needs.

We were provided with a copy of the staff rota for the month and we saw there was a good ratio of staff working on each shift to people. Four or five staff were on duty for 23 people and this meant there was good staff cover to meet the needs of the people living at Grennell Lodge.

Staff files we inspected showed recruitment checklists had been used appropriately to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People's medicines were managed appropriately so they received them safely. We reviewed the administration of medicines to people and we found that medicines records were up to date and properly completed. The medicines trolley and the stocks of medicines were appropriately controlled. We saw from the records there was up to date monitoring of these processes and appropriate arrangements were in place in relation to obtaining, storing, administering and for the recording of medicines. This helped to ensure people were given their medicines safely. We also saw records of an annual audit carried out by the pharmacist. The last audit was carried out by them in March 2017 with no recommendations made because they found everything to be satisfactory.

Nursing staff told us they had received medicines training as part of their nurse training and their competence to manage medicines was assessed annually by the registered manager before they were able to administer medicines.

Is the service effective?

Our findings

The service continued to be effective. One person told us, "I have lived here for a long time and I think the care I get is good. If ever you need something then you just have to ask and the help is provided." Another person said, "They really know what support people need and although there's lots of people here they know what each person likes."

People's needs were assessed and their care was planned to ensure their needs were met. There was good use of nationally recognised assessment and management tools including for pressure wounds, malnutrition, pain management and wound care. Processes were in place to ensure there was no discrimination when people's care was being planned. People's assessments looked at equalities issues where people's cultural needs were explored.

People's preferred language and religious and spiritual beliefs were recorded. Staff had the skills, knowledge and experience to deliver effective care and support. Staff who were newly recruited to the service had an effective induction. Other staff received training in a range of courses relevant to their roles, such as infection control, safeguarding and health and safety amongst others. Nurses were supported to maintain their registration with the Nursing and Midwifery Council (NMC).

People were supported to eat and drink enough to maintain a balanced diet and good health. People who required support to eat and drink received this.

People were supported to maintain good health and had appropriate access to healthcare services. Where staff noted changes in people, or they had concerns, they were quick to make referrals and follow up concerns and medical advice. Staff worked together to ensure that people received consistent and person-centred support. All contacts people had with health care professionals such as dentists, chiropodists and care managers were recorded in their health action plans. We saw that each person had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

People's needs were not always being met by the design of the premises. Toilets on the ground floor were not user friendly in terms of being wheelchair adaptable. There was a lack of space that prevented staff and the wheelchair to operate in these rooms. We raised this with the provider and we were told an improvement plan had been drawn up following their identification of the issues described. Adaptations to the environment was being planned in order to meet the needs of people living with dementia and with physical disabilities.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty for their own protection in a safe and correct way. We spoke with the registered manager and staff and from those discussions we saw they understood their responsibility for making sure people's liberty was not unduly restricted. A number of DoLS applications had been made to the local authority regarding certain restrictive practices, such as the use of a key pad on the front door that prevented people from leaving the home

unassisted. The applications showed the provider was following the DoLS requirements. The provider had arranged training for staff in understanding the requirements of the MCA and DoLS. We saw that some of the local authorities were delayed in updating previous assessments that they had carried out for people, due to a backlog and high demand generally for this type of assessment for people in the London boroughs.

We received appropriate notifications from the provider about the DoLS applications. People were helped to understand and to express their views about their care and support. People's consent was sought before staff provided care and support and staff respected people's decisions. Staff always considered people's mental capacity to make specific decisions. Where people lacked mental capacity, the service followed the Mental Capacity Act 2005 (MCA) code of practice to help protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time.

Where a person was assessed as not having the capacity to make a decision, a best interest's decision was made with input from their relatives and/or health and social care professionals as appropriate. We saw minutes of best interests' meetings and assessments carried out by independent mental capacity advocates (IMCAs) for people that evidenced this.

Is the service caring?

Our findings

People continued to receive a service that was caring. One person said, "Staff work hard for us and they treat me with respect." A relative said, "They make sure people are comfortable. They give [family member] privacy and protect their dignity." From our discussions with the manager we saw they promoted respectful and compassionate care for the people living at Grennell Lodge. We observed one person sitting in the lounge with their dinner on the table in front of them. A member of staff encouraged them to eat by assisting them. The staff member was patient and kind and worked at the pace of the person. Staff responded appropriately when people experienced pain or emotional distress. We observed one person who had become distressed and staff offered them caring and compassionate support.

The provider promoted a person-centred approach to care and staff knew the people they cared for. We observed staff listening to people and talking to them appropriately in a way they could understand. Care files contained detailed information about their personal histories, including what made the person happy, what upset them and what was important to them. People were supported to be involved in making decisions about their care. Whenever possible, people's families were involved in the reviews of their care. If people did not have family members to support them the manager arranged for advocates to be involved. An advocate is a professional who works with the person to either speak on their behalf or to help them understand services and information to do with them.

The provider promoted people's independence, for example one person was preparing to move onto more independent accommodation having been helped considerably to improve their health and their ability to be more independent in their daily living skills. The relative of this person told us how pleased they were with their family member's progress. Dependency assessments were completed to enable people's needs to be met whilst maintaining their independence. People's relatives and other visitors were made to feel welcome and could visit without any restrictions. There were communal areas where people could see their including a summer house in the garden.

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. One person told us, "I am well looked after by staff here, they help me with what I need." A relative said, "My [family member] receives exceptionally good care, I am very happy with it."

We saw that people were being supported in a person-centred way. Each person had their own care plan which presented staff with information on the person's preferred name, a personal history, and likes and dislikes. They contained information about each person's previous interests such as politics or completing quizzes. We saw staff using this information when providing care to people. There was also personalised information about other aspects of the care provision to people. For example, which drinks they liked before bed and how to check the person's safety throughout the night.

The service was responsive to people's changing needs. For example where people's health condition deteriorated or changed the service responded by making appropriate referrals to healthcare professionals and adapting the care and support they provided to meet the person's changing needs. During our inspection we heard arrangements being made for people with GPs and other healthcare professionals, staff responded positively to people's requests.

People were supported to follow their interests and take part in activities that were appropriate to them. People were supported to take part in activities organised by a dedicated occupational therapist who was also an activities co-ordinator. Each person's activity programme was based on their interests and preferences and an individual programme of activities arranged. While we carried out this inspection a musician entertained people in the main lounge with songs they evidently thoroughly enjoyed. People were able to make requests and we noted there was enthusiastic engagement by all concerned.

People's concerns and complaints were listened to and used as a tool to improve the service. There was a complaint register which was being used to log and record the response to all compliments and complaints. The manager told us no formal complaints were received in the 12 months leading up to our inspection. We saw the complaints policy was clearly displayed in the main hall together with the steps someone would need to follow if they wished to complain about something. Less formal verbal complaints were recorded in the daily diary. The most recent had been resolved after the registered manager promptly investigated and apologised to the complainant. The manager told us they reviewed all complaints in order to identify any patterns or trends so as to put in place remedies to minimise further occurrences.

People were supported to have a pain free and dignified death at the end of their lives. There were end of life care plans in place. These stated whether the person was able to make informed choices about their end of life care or not and included input from the local hospice and family members. Information was available to staff about if a person wanted to be resuscitated. Records showed the care plans were regularly reviewed with input from family members and healthcare professionals.

Is the service well-led?

Our findings

The service continued to be well-led. One person told us, "Oh yes, the registered manager is lovely and kind." A relative told us, "They're good at communicating with me, and if [family member] needs something they will always call me." One of the other relatives told us, "He is a good manager, I've found him to be most helpful when needed."

Staff told us the manager was supportive and knowledgeable. They said they could raise any concerns they had with him. Other comments we received from staff included; "He's a good listener and if we need support or advice the door is always open for us"; "I really enjoy working here and that's partly down to the manager being good"; "Very happy with the manager, he knows his stuff and he has made some good changes here since he came."

Staff told us there were regular staff team meetings and supervision meetings as well as frequent informal occasions where things could be discussed. Staff said they felt there was a good team spirit that made working in the home a positive experience. They said they felt well supported by their colleagues. Staff felt they were included in discussions about the service and they felt involved in service progression and development.

Staff meetings were held quarterly and staff told us they were encouraged to raise concerns or share ideas of how people's experiences of the service could be enhanced. A member of staff told us, "The manager holds these meetings to help build team spirit and to share information with us." We viewed the minutes from the last two meetings. This was used to reinforce with staff the importance of accurate recording in medicines records, the importance of confidentiality, and the involvement of people in activities. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

Staff told us they were treated fairly. People, their relatives and staff said they were involved in developing the service. The registered manager held regular residents and relative's meetings where service developments and improvements were discussed.

There were systems in place to monitor and assess the service which were used to drive improvement. These included external auditors such as the Food Standards Agency that carried out an audit in June 2018 and awarded the home with a five star rating, the highest award possible. A pharmacist also carried out an audit and found the procedures for administering and storing medicines were good. Another example is that of the London Fire Brigade which carried out an audit of the fire prevention procedures. Where areas of improvement were identified the provider and the manager drew up an action plan and ensured actions were taken to remedy identified issues. Staff told us they were encouraged to improve people's experiences of the service and felt supported to do so. The manager developed close working relationships with healthcare professionals for the benefit of the people living at the service. This included care managers, local GPs and other health professionals such as specialist dementia nurses and occupational therapists.

The manager also undertook audits to review the quality of the care provided for people using the service. These placement reviews, we were told were undertaken monthly and reviewed each person's placement and their needs. This was in order to ensure their care plan objectives remained appropriate to their needs.

The registered manager ensured that statutory notifications were sent as required. Information was included to do with incidents that required notification to the CQC and the registered manager was clear about what was required to be reported.