

Synergy Leicester Support Ltd

Grobby Lodge

Inspection report

452 Groby Road
Leicester
Leicestershire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector. An inspection manager attended to observe the inspector's practice.

Service and service type

Grobby Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grobby Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We completed observations of staff engagement with people using the service. We spoke with 1 person who used the service and 3 relatives about their experience of the care provided. We spoke with the registered manager, deputy manager and 4 care workers. We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at training data and 2 staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies, staff allocation, accidents and incident records analysis and complaints.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Grobby Lodge

Detailed findings

Background to this inspection

About the service

Grobby Lodge is a residential care home providing personal care to up to 12 people. The service provides support to people with dementia, mental health and physical disabilities. The service is provided in a converted house set over 2 floors. There is access to a courtyard garden. At the time of our inspection there were 11 people using the service.

People's experience of using this service and what we found

Environmental risks were not always mitigated. The registered manager addressed these concerns immediately during our inspection. Medicines were managed safely. There were safe systems of recruitment in place. Staff received safeguarding training and knew what to do if they thought someone was at risk. People's needs were assessed, and clear risk assessments were in place to guide staff.

People were cared for by staff who were well trained and skilled to deliver the support they needed. Staff had regular supervision and were encouraged to develop their knowledge and skills. Staff supported people to eat a healthy diet and access other health professionals when needed.

Feedback was positive about the quality of care and support people received. People experienced care that was personalised. We saw a warm and caring approach by staff with positive and kind interactions between staff and people.

People received personalised care and support in accordance with their individual needs. Care plans provided guidance on how to support people, and included their preferences and communication needs.

Feedback was sought and acted on. Staff worked in effective partnership with external professionals. The management team had good oversight of the service and demonstrated passion and commitment to the continued development of the service. Staff were supported within their roles and the registered manager supported staff with their development.

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

this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 April 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 25 June 2019.

Why we inspected

We inspected this service to give it a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some environmental risks were managed well whilst improvements were required to other aspects of the environment to reduce risks to people further. We identified some wardrobes had brackets attached to them but due to recent refurbishment had not been re-secured to the wall to prevent them from falling.
- We found the door to the kitchen propped open, allowing anyone to enter putting people at risk of consuming products that could harm them.
- We also found a window in the kitchen was without an appropriate restrictor. The registered manager took steps to address the shortfalls immediately during and after the inspection. We were provided with evidence that wardrobes had been secured, kitchen cupboards were locked, and a restrictor was fitted to the kitchen window following inspection.
- Risks to people's safety were assessed and reviewed. The provider used an electronic care plan system. The care plans had individual risk assessments which guided staff to provide safe care.
- People had personal emergency evacuation plans (PEEPs) in place which reflected people's individual needs. This supported people's safety in the event of a fire.

We recommend the provider consider putting systems in place to recognise environmental considerations where people may be placed at potential risk.

Preventing and controlling infection

- We were partially assured the provider was promoting hygiene practices of the premises. Whilst the majority of the home was visually clean and hygienic, we found a commode had not been cleaned fully and also identified a mattress protective cover was stained.
- Staff had received training in food hygiene. However, open dates were not always written on perishable food, risking the food going out of date and still being used. We reported this to the registered manager and deputy manager, who took quick action to resolve these concerns.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Medicines were stored safely and disposed of correctly. However, there were some inconsistencies with recording open dates on bottles and creams, but checks confirmed these items had not passed their expiry date.
- People received their medicines safely in line with their preferences and were administered by staff who knew them well.
- Staff received medication training and had their competency checked to ensure they were safe to administer medicines. Staff confirmed this happened.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person said, "Yes, I feel safe here." A relative told us, "I feel [person] is safe here."
- People were supported by staff who had received training in safeguarding people and understood the signs of abuse and how to raise concerns if they needed to.
- Staff felt able to raise concerns about poor practice. Staff told us they had confidence the registered manager would deal with any concerns if required. One staff member told us, "I feel I can go to management and it will be addressed."
- Safeguarding incidents had been correctly reported, recorded and investigated. We found appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.

Staffing and recruitment

- Staff were recruited safely. We found appropriate checks such as Disclosure and Barring Service (DBS) checks had been completed prior to staff starting. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A dependency tool was used to enable the registered manager to calculate safe staffing levels at the service.
- Care staff had additional domestic tasks they were expected to complete such as, preparing meals every day and cleaning at a weekend. This risked impacting on staff's availability to provide care and support. However, throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. One staff member told us, "Staffing levels are fine with enough to support people." Following inspection the registered manager told us they had plans to recruit a cook at the service.

Visiting in care homes

- The provider's approach to visitors in the care home was in line with government guidance and people were supported to have visitors.
- We observed visitors entering the home throughout the day and were seen spending time with their family members in the communal lounge.

Learning lessons when things go wrong

- When something went wrong learning was shared across the team. We saw evidence that findings from incidents and audits were shared in team meetings.
- Systems were in place to monitor incidents and accidents in the home. These were analysed on a monthly basis for patterns and trends and action recorded where needed. This helped to reduce risks to people and further recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's choices and preferences were included in care plans.
- Staff demonstrated good knowledge on how to care for people and were observed to provide person-centred care. One staff member told us, "We get time to read the care plans before we give any care so we can give good care."
- Care plans and risk assessments were regularly reviewed to ensure people were receiving care that met their needs. Staff told us they were regularly updated about people's changing needs.
- Assessments of people's needs had been carried prior to people using the service. The registered manager involved the person and, where appropriate, their relatives and healthcare professionals, to ensure the service was able to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- Staff received training that was appropriate to meet the needs of people living at the service. The service's training records showed staff had received training in a variety of subjects such as, safeguarding, infection control, moving and handling and medicines.
- Staff told us they felt the training they had received was suitable and adequate for them to support people safely and effectively.
- Staff told us they received effective support through supervision. This included one to one meetings and team meetings. One staff member told us, "We have supervisions and appraisals, they are very useful as I can ask questions." Records demonstrated staff had regular supervision and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed. People's dietary requirements and preferences were clearly recorded in people's care plans for staff guidance. One staff member told us, "Care plans contain all the people's dietary needs, it's all in there so we know everyone's individual needs."
- People were supported to be independent at mealtimes. People were observed to have appropriately adapted crockery to maintain their independence.
- Relatives told us their family members were encouraged to have enough to eat and drink. A relative said, "[Family member] has put weight on and has lots of food. They even have the odd midnight snack." During inspection we observed people were offered drinks and snacks at regular intervals.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other professionals; people were referred to appropriate healthcare

professionals such as, physiotherapists or GPs, when required. Staff followed their advice as needed to support people's ongoing care.

- Records showed us staff ensured people routinely attended scheduled health care appointments and had regular check-ups with a range of community health care professionals.

Adapting service, design, decoration to meet people's needs

- People personalised their rooms with things important to them such as family photos and pictures.
- Some areas of the service required re-decoration and refurbishment. This had already been identified by the provider and some works had already been undertaken. One relative told us, "They have really done a lot to the place. They have re-decorated and the furniture has changed in her bedroom, it's lovely."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager submitted appropriate DoLS applications, when necessary, to ensure people had appropriate legal authorisations in place. The registered manager had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.
- Staff understood how it was important to support people to make choices for themselves and continued to support people to do this where possible. One staff member told us, "I always help them to make decisions and ask what they'd like. I always explain what I'm going to do, step-by-step."
- Decision specific mental capacity assessments were in place where appropriate. People's representatives had been involved in decisions made in their best interests.
- Staff had received MCA training and sought consent from people prior to providing support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff members showed warmth and respect when interacting with people. We observed people being attended to by staff in a manner that demonstrated they knew the person well. One person told us, "[Carers] do what they do well."
- People seemed happy and relaxed in the company of staff. We observed people had positive expressions on their faces when staff were interacting with them.
- Staff received equality and diversity training and knew people's needs well.

Supporting people to express their views and be involved in making decisions about their care

- Care plans detailed how to support people to be as independent as possible such as choosing their own clothes and being involved in meeting their own personal care needs.
- Advocacy information was available at the service to support people where needed. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A staff member told us, "I treat them like I would treat my family." A relative said, "They are treated by the staff with such kindness and dignity."
- Staff respected people's privacy. Staff were observed knocking on people's doors and asking permission to enter their bedroom. One staff member told us, "I always make sure doors and blinds are closed when doing personal care, or if someone needs the toilet, I speak to them quietly and not too loud for everyone to hear."
- People were encouraged to maintain their independence. One relative told us "[Staff] have been great in helping [person], they arranged physio to improve their mobility and now they are able to stand."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which met their needs and preferences. Care plans instructed staff how to support people in line with their needs and wishes.
- Care plans were reviewed regularly to ensure they reflected people's needs. One staff member told us, "Care plans are detailed, and we tell management if something changes as we know people really well."
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and detailed in care plans. Staff had a good understanding of person-centred communication.
- People could access information in different formats such as easy read, if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home provided activities such as dancing, singing and armchair exercises. On inspection people were observed enjoying listening to music together and singing along to songs with staff. However, we did receive feedback from relatives that the amount of activities offered could be improved. The registered manager acknowledged this and confirmed that there were plans to develop the inhouse activities provision with the involvement of people and their relatives.
- The provider supported people to develop and maintain relationships with others such as family and friends to avoid social isolation. We saw relatives visiting people throughout our inspection.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place to make sure any concerns or complaints were brought to the registered manager's attention. The registered manager was keen to rectify any issues and improve the quality of the service. We reviewed a complaint and found this had been investigated and actions had been

taken to reduce the reoccurrence of the issue raised.

- Relatives told us they knew how to complain and were given the opportunity to raise concerns. One relative told us, "[Management] tell me if they have concerns and what they've done to rectify that." The complaints policy was displayed at the service for people and visitors and was also available in easy read.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. However, staff were aware of the importance of providing end of life care, ensuring people received care and treatment that met their individual wishes. A staff member said, "It's hard when it comes to the end of someone's life, when you have got to know them day in day out but we're here to support them and to make them comfortable."
- People's end of life wishes were respected. Care records contained details of people's wishes as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the service and the care people received. One relative told us, "I can't fault them here, definitely gives me reassurance that [person] is being well looked after. Fully recommend it here." Another relative said, "[Staff] are fab here."
- Staff told us they enjoyed working in the home and spoke highly about the management team. One staff member said, "It is definitely a good place to work." Another said, "I'm proud to work here."
- There was a warm and friendly atmosphere at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was knowledgeable about the duty of candour. If mistakes were made, they understood they had a duty to be open and honest, issue an apology and take any necessary action. A review of the records gave an example of actions taken by the registered manager that confirmed their open and honest response to a complaint raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role. Where appropriate, the registered manager completed statutory notifications regarding incidents such as safeguarding concerns to CQC and other agencies. This meant external oversight and monitoring was maintained.
- Staff were clear about their roles and responsibilities. They were observed to work as an effective team to ensure people's needs were met. One staff member told us, "Staff morale is very good. We all get on and always help each other."
- Systems were in place to provide oversight of the quality of the home. The registered manager and deputy manager completed a range of weekly and monthly audits. This included people's care records, infection control, and medicines management.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback through surveys. The feedback we reviewed was positive and demonstrated the continued improvements at the service.
- Staff had regular team meetings and felt supported and listened to. One staff member said, "You can

make suggestions and changes if something can be different, the staff and managers are always willing to listen."

- Relatives told us they were consulted about issues relating to people's care. One relative commented, "Staff update me all the time and tell me if they have concerns."

Continuous learning and improving care

- The registered manager was focused on the continuous improvement of the service. The service had a quality improvement plan in place which remained ongoing. We reviewed the plan and found improvements had been made in relation to staff training, care plans and refurbishment of the environment.
- The registered manager had a positive attitude toward learning to improve care. Staff were encouraged to complete further training on top of their mandatory training. Some care staff were due to study for nationally recognised qualifications and felt well supported with this. One staff member told us, "[Manager] has encouraged me and supported me to do this."

Working in partnership with others

- The home worked in partnership with health and social care professionals to ensure people received support to meet their needs. This included GP, mental health team and physiotherapists.