

Mrs Brenda Tapsell

The Granleys

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 and 5 May 2016 and was unannounced. The Granleys provides accommodation for up to 17 people with a learning disability. At the time of our inspection there were 17 people living there. People had a range of support needs including help with their personal care, moving about and assistance if they became anxious. Staff support was provided at the home at all times and people required supervision by a member of staff when away from the home. Each person had their own room; they shared a bathroom and shower rooms as well as living and dining areas. The home was surrounded by gardens which were accessible to people.

We carried out an unannounced comprehensive inspection of this service on 23 September 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 4 and 5 May 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Granleys on our website at www.cqc.org.uk"

At the time of our inspection the registered manager was on long term leave. A registered manager is a person who has registered with the Care Quality Commission (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. The deputy manager had been promoted to cover the registered manager in her absence.

At the inspection on 23 September 2016, we asked the provider to take action to make improvements to:

- records evidencing people's capacity to consent to the care and support
- the quality assurance systems,

These actions still needed further improvement. You can see what action we told the provider to take at the back of the full version of the report.

At the inspection on 23 September 2016, we also asked the provider to take action to make improvements to:

- safeguarding
- applications for deprivation of liberty safeguards
- staffing levels
- the recruitment and selection of staff
- notifications to CQC

and these actions had been completed. The provider had submitted an action plan and said all improvements would be in place by January 2016.

People were supported by enough staff, who had been through a satisfactory recruitment process. Staff told us there were sufficient staff to flexibly meet people's changing needs. Staff had access to an induction programme and training had been scheduled. People appeared happy and engaged with staff. Applications had been submitted for people being deprived of their liberty. Risks to people had been monitored and action taken to minimise the risk of harm or abuse. The relevant authorities had been notified about accidents or allegations of harm. People had the opportunity to talk about concerns and complaints at house meetings. There were systems in place to monitor and maintain the environment of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety. People were supported by staff who had been through a satisfactory recruitment and selection process. People were supported by sufficient staff to meet their needs. Staffing levels were being monitored.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

We found that the service was not as effective as it could be. People's capacity to consent to their care and treatment was being recorded but there was still room for further improvement.

Applications had been submitted for people who were deprived of their liberty.

Requires Improvement ●

Is the service responsive?

We found action had been taken to improve the responsiveness of the service. People were supported to express their concerns and encouraged to voice their opinions about the service they received.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. Quality assurance systems were still not robust although there had been some improvements.

The provider had notified CQC when needed about incidents affecting the health and well-being of people living in the home.

Requires Improvement ●

The Granleys

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.

We undertook an unannounced focused inspection of The Granleys on 4 and 5 May 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 23 September 2015 had been made. The inspector inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led? This is because the service was not meeting some legal requirements. Prior to this inspection we received concerns in relation to staff training, staff levels and the environment.

The inspection was undertaken by one inspector. During our inspection we spoke with the manager, a representative of the provider, two care staff, two visitors and five people living in the home. We looked at three people's care records, three staff files, training records, complaints information, accident and incident records and quality assurance systems. We observed the care being provided to people and had a walk around the environment.

Is the service safe?

Our findings

At our inspection of 23 September 2015 we found people's rights had not been upheld. Risks had not always been appropriately managed and no further action had been taken when people were placed at risk of harm or alleged abuse. The provider told us they would follow up accidents and incidents.

At this inspection we found the provider had taken the necessary action to raise alerts with the local authority safeguarding team and the Care Quality Commission when needed. They had systems in place to monitor accidents and incidents and to take the appropriate action in response. For example, a call bell had been installed in one person's room who was at risk of falls.

At our inspection of 23 September 2015 we found people had not been protected against the appointment of unsuitable staff because robust recruitment practices had not been followed. We found that the registered person had not operated effective recruitment procedures and did not ensure all the required information was available before employing staff. The provider told us about the improvements they planned to make to staff recruitment procedures. They said the improvements would be completed by the end of November 2015.

At this inspection we found improvements had been made to staff recruitment processes. The application form had been amended to include a section which prompted applicants to explain any gaps in their employment history. There was evidence this section had been completed when necessary. There were no gaps in the employment history of staff files examined. All other checks had been completed. People had been protected against the employment of unsuitable staff.

At our inspection of 23 September 2015 we found there were not enough staff to meet people's needs. The provider's action plan stated they had employed an additional two members of staff and would review staffing levels monthly.

At this inspection we found staffing levels reflected people's needs. The representative of the provider confirmed they were fully staffed. They also had the support of two apprentices who had completed the care certificate and were starting to take on more responsibilities. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. The manager said an additional member of staff supplemented the staff team when additional help was needed depending on people's activities and appointments. The rota confirmed this was used flexibly during the day or evening. Staff spoken with said the staffing levels were fine and they were able to meet people's needs. The representative of the provider discussed how they monitored people's changing needs and the impact this had on the levels of staff. For example, needing two staff for moving and positioning tasks. People were supported by sufficient staff to meet their needs.

Prior to the inspection concerns had been raised about the hours staff worked with some staff working long hours. At this inspection this was not confirmed by staff spoken with or by the rota. An audit by the local authority in March 2016 had also raised concerns about the length of hours some staff had worked. The

provider had been asked to address this. Staff said they worked well as a team and helped each other out.

Prior to this inspection concerns had been received which stated that the home was in a poor state of repair. A walk around the environment confirmed some areas of the home had recently been redecorated. The manager said this was a rolling programme. The representative of the provider told us a maintenance person was employed and the maintenance book confirmed day to day issues had been dealt with as they arise.

Is the service effective?

Our findings

At our inspection of 23 September 2015 we found the provider had not acted in accordance with the Mental Capacity Act 2005 (MCA) with respect to people who lacked mental capacity to make decisions or give informed consent about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider had told us they would make address this by 30 November 2015.

At this inspection we found some improvements had been made but there was still some work to do to make sure people's care records fully evidenced how they had been assessed as unable to make decisions for themselves. Some records had been introduced which detailed why people lacked the mental capacity to make decisions for example about their medicines and finances. There were plans to introduce another record to use when significant decisions had been made on people's behalf. For example, moving home. There was evidence that some best interests meetings had been recorded on the assessment of their mental capacity records. A new electronic system had been put in place which staff could also use to record best interests meetings. This had not yet been used for this purpose. This was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of 23 September 2015 we found the provider had deprived people of their liberty without the appropriate authorisations being in place. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider's action plan said these applications would be submitted by January 2016.

At this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had followed the requirements in the DoLS. One authorisation had been approved by the supervisory body and the provider was complying with the conditions applied to the authorisation. Other DoLS had been submitted to the supervisory body and the provider was awaiting the outcome of these decisions. An independent mental health advocate had been appointed for one person to aid with this process. Two staff had recently completed training in the Mental Capacity Act and other staff were scheduled to attend this training.

Prior to this inspection concerns had been raised about the training and induction provided for staff. Training records confirmed new staff had completed the care certificate as part of their induction and then moved onto the diploma in health and social care. Training and refresher training was monitored through a new electronic system and staff were being booked onto training when needed. The representative of the provider said a new training organisation had been engaged to provide all training for staff.

Is the service responsive?

Our findings

At our inspection of 23 September 2015 we found the provider did not have an effective system in place to identify, receive, record, handle or respond to complaints by people living in the home and other persons. The provider's action plan had identified how they would respond to this by the end of September 2015.

At this inspection we found people had been given information about how to make a complaint and how to raise concerns. Each person had an up to date easy to read complaints poster in their rooms and also displayed in communal areas. During a recent house meeting, staff had discussed with people how to raise a complaint or a concern. The manager said this would form part of the agenda at future house meetings. A new electronic system provided a format for recording and analysing complaints when they were made. No formal complaints had been received. People's daily notes evidenced if they had any worries or issues and how these had been dealt with. For example, if they were having problems with another person living in the home.

Is the service well-led?

Our findings

At our inspection of 23 September 2015 we found the provider had not notified the Care Quality Commission (CQC) without delay of allegations of abuse which occurred whilst services were being provided in the carrying on of a regulated activity. Notifications had not been submitted when a standard authorisation had been granted to deprive people of their liberty. CQC monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers. The provider told us they would ensure notifications were filled out and sent within the timescale set.

Prior to this inspection statutory notifications had been submitted by the provider about safeguarding referrals, a serious injury and changes to service. The manager discussed with us their understanding of when to submit a statutory notification. An aide memoir had been produced to prompt staff when these were needed.

At our inspection of 23 September 2015 we found the provider did not have systems to assess, monitor and improve the quality and safety of the services, such as regular audits. The provider's action plan said this would be addressed by 30 November 2016.

At this inspection we found a new electronic system had been put in place which provided templates for a range of quality assurance audits for example, medicines, infection control, care planning, staff training and individual support meetings and health and safety. The manager had started to carry these out. The representative of the provider said they spent a considerable amount of time in the home when they monitored the quality of care. They said they would formalise this monitoring with a new audit tool which had not yet been put in place. We discussed with the manager the annual surveys and the need to produce a report analysing the responses and any improvements made as a result. They said they would make sure this was completed. Accident and incident forms were now maintained electronically and cross referenced with body maps and risk assessments. The manager said alerts on the electronic system would highlight when action was needed. Quality assurance systems were not yet embedded into practice. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At a previous inspection in January 2016 the provider had displayed the ratings for the home. At this inspection the poster was not displayed; the manager said action would be taken to address this. A copy of the last report was available.