

The Granville Care Home Limited

Granville Lodge

Inspection report

West Town Road
Shirehampton
Bristol
BS11 9NJ

Tel: 01179823299

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Granville Lodge provides personal and nursing care for up to 81 people. At the time of the inspection, 76 people were living at the home.

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

All staff understood their responsibility to keep people safe from harm. Risks to people had been assessed with actions in place to help keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability. Medicines were well managed, and people received their medicines as prescribed.

There were two managers registered at the service, both were knowledgeable and enthusiastic about the home. They felt supported within their role. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. There was a programme of audits in place to assist the management team to identify and address shortfalls.

Rating at last inspection

The last rating for this service was good (published 26 September 2018).

Why we inspected

This inspection was carried out as the home had not been inspected since the 2 and 3 August 2018. We undertook this focused inspection to check the service was Safe and Well-Led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Granville Lodge on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Granville Lodge

Detailed findings

Background to this inspection

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 two inspectors.

Service and service type

Granville Lodge is a nursing home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

The home had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

During the inspection we spoke with both registered manager's, one care manager, administration assistant, operations manager, clinical lead, one nurse, three staff, five people who lived at the home and one relative. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home. This included recruitment records, people's care records, infection control practices and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe. One person told us, "Yes, I do feel safe here. I am at risk of falls and have lost my confidence. The staff remind me how to keep safe and to use my frame." Another person told us, "I would speak to the nurse or the staff. I have no concerns though."
- Staff had been trained in safeguarding. They had a good understanding of the signs to look for that people might be being abused and how to report any concerns. One staff member told us, "I would not hesitate to report any concerns straight away."
- The management team investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe. Safeguarding alerts were raised externally when required to the local authority and the CQC.

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

- We found the home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. A clear process in place to manage the different stages of people's applications.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risk of harm to people. These included the environment and individual risk assessments for people. This provided staff with guidance on the actions to take to reduce the risk.
- People were assessed prior to them moving to the home to ensure the home could safely meet the person's individual needs.
- People had up to date Personal Emergency Evacuation Plans (PEEPs) in place, these described the support people would require in the event of a fire or similar emergency. Checks of fire equipment such as alarms, fire doors, lighting and fire extinguishers were completed regularly.

- Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where needed, to help ensure the safety of the environment.

Staffing and recruitment

- Staff spoke positively about staffing levels at the home. Comments included, "I feel we have enough staff. It can be busy at certain times of the day, but we manage well" and "Yes, we do have enough staff. If staff phone in sick we cover amongst the staff team or agency is requested."
- We received good feedback from people about staffing levels. Comments included, "I feel the levels of staff are sufficient. I have not experienced any delays" and "I do see lots of different staff around. If I need anything, I use my call bell and have not had to wait very long for help."
- The provider used a dependency tool to identify required staffing levels. They were mindful of the needs of the people they cared for to ensure they could safely meet their needs with safe staffing levels.
- The provider had their own bank of registered nurses. They were able to be called upon to work in the providers homes when needed.
- The provider had recruited some staff on sponsorship from another country. We were told this had worked well and that the staff spoke good English.
- Recruitment procedures were safe. For example, pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed consistently and safely in line with national guidance. People received their medicines as prescribed.
- Medicines were kept stored securely within locked facilities. Medicines were managed by staff who had received the relevant training.
- Medicine Administration Records (MAR) contained sufficient information about people. MAR sheets were completed accurately, and stocks checked, tallied with the balances recorded.
- Appropriate management systems were in place to ensure medicines were managed safely. There were checks of medicines and audits to identify any concerns and address any shortfalls.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider encouraged visitors to the home. A visitor's policy was in place which had been reviewed to remain current and reflective of government guidance.

Learning lessons when things go wrong

- 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, of how risks to people were to be mitigated.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- Both of the registered manager's, clinical lead, care manager and the whole staff team maintained a clear focus on continually seeking to improve the care and support people received.
- The ethos of the home was to follow a person-centred approach to care. Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation.
- The management team were clear regarding the vision for the home. They valued the staff at the home and spoke passionately about providing a high standard of care to people.

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

- Robust systems were in place to provide oversight of the quality of the home. The management team, clinical lead, maintenance person and provider completed a range of audits. This included of people's care plans, medicines, infection control and the health and safety of the building.
- The operations manager supported the home and maintained good oversight. The provider was also very much involved and visited the home. They also kept in contact daily by phone and email.
- Governance reports helped to monitor the quality of care provided to people. Improvement plans were put in place to address any shortfalls identified during audits. It was evident through our conversations with the management team that providing a high level of care was important to them.
- Both registered managers were fully aware of their legal responsibilities. They submitted notifications to the Commission for significant events that had occurred at the home.

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

- The provider sought continuous feedback from people, their families and staff. This was through staff and 'resident' meetings.
- Regular review meetings were held with people to check that they and their family were happy with the care provided by staff.
- As well as meetings the management team kept in regular contact with people's relatives by phone and email.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to

people's care, staff learning, support arrangements and organisational changes. Handover meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing.

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. Continuous learning and improving care. Working in partnership with others

- There was an open and transparent culture within the home. People and staff were confident if they raised any issues or concerns with the management team, they would be listened to and these would be acted on.
- The management team were aware of their responsibilities in relation to Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment, which includes an apology.
- The staff told us the home had a good working relationship with the hospital discharge team, social workers, occupational therapists, local authority, district nurses, dementia wellbeing team, dieticians, SALT team and the GP.
- The home had 18 blocked beds at the home used by the hospital. These were known locally as P3 beds. They were used to discharge people from hospital. This was whilst they rehabilitated, in preparation to go home or awaited packages of care to be put into place. The management team told us they worked closely with the hospital discharge team and had weekly meetings.
- The home had been selected to take part in a project with professionals. This involved occupational therapists and physiotherapists visiting the home several times a week. The focus was to spend time with people with dementia to reduce people's falls and subsequent admissions to hospital.