

Grandville Lodge Limited

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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

About the service

Grandville Lodge Limited is registered to provide accommodation and personal care for a maximum of 19 people and people living with dementia in one adapted building. There were 18 people living at the service at the time of our inspection visit.

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

People continued to receive safe care. Staff were aware of their responsibilities to protect people from abuse and avoidable harm. They had received safeguarding training and had policies and procedures to support their practice. Action was taken when accidents or incidents occurred. Risks associated with people's care needs, including the environment, had been assessed and were regularly reviewed, monitored and managed well. The provider completed recruitment checks before staff commenced their employment, to ensure they were suitable to care for people. There was sufficient numbers of staff available who were sufficiently experienced and competent. People received their prescribed medicines safely and staff followed infection control and prevention best practice guidance.

People continued to receive effective care from staff who received ongoing training and support. People's individual needs had been assessed using recognised assessment tools. People lived in a comfortable environment and a refurbishment was in progress. People were supported to access health care services, and they received a choice of meals and drinks that met their individual nutritional needs and preferences. 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.

People continued to receive care from staff who were caring, kind and compassionate. People were involved as fully as possible in their care. Independence was promoted and privacy and dignity respected.

People continued to receive a responsive service. People's individual diverse needs, preferences, routines and social history and pastimes had been discussed with them. Care plans provided staff with guidance that supported them to provide individualised care. Opportunities to participate in activities were provided and this was an area that was being further developed. People had access to the provider's complaints policy and procedure. End of life care wishes were discussed with people, relatives and health care professionals.

People continued to receive a service that was well managed by an experienced, dedicated and committed registered manager. The provider had systems and processes that monitored the quality and safety of the service. People, relatives and staff were involved in the development of the service. The staff worked with external professionals in meeting people's ongoing care needs to achieve positive outcomes. The service was a part of the local community.

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

Rating at last inspection

The last rating for this service was Good (published 6 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Grandville Lodge Limited

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Grandville Lodge Limited is a 'care 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.

The service had a manager 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 the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked commissioners for their feedback about the service. At the time of the inspection, we had not asked the provider to complete their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share any information they wished and this was included in this inspection

During the inspection

As part of this inspection, we spent time with people who used the service talking with them and observing support they received from staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people who used the service and four visiting relatives of people living at the service. We spoke with the registered manager, deputy manager, two senior care workers and the cook. We reviewed a range of records. This included in part four people's care records. We looked at three staff files. We reviewed a variety of records relating to the management of the service, including accidents and incidents, numerous medicine records, audits, staff training and checks on health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. A person said, "Oh yes most certainly I feel safe here." Relatives were equally positive and felt their family member received safe care. A relative said, "Staff are very attentive, I have no concerns about safety."
- We found staff were knowledgeable about their responsibilities to protect people from avoidable harm. A staff member said, "We provide safe care 100 percent. If people become agitated and display behaviours that challenge, we give reassurance and distract them which calms them."
- We observed staff were attentive to people's needs and there was a positive approach to risk taking. The provider had a safeguarding policy and procedure to support staff and they ensured staff received ongoing refresher training in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management

- Risks associated with people's individual needs had been assessed and were regularly reviewed. Where people required equipment for their safety, this was available and seen to be in good order.
- Guidance for staff about how to manage and mitigate people's risks were variable in detail. However, staff were found to be knowledgeable, meaning this was a recording issue. We discussed this with the registered manager who agreed to take immediate action to improve guidance. Following our inspection, they confirmed this had been completed.
- People lived in a safe environment. Regular health and safety monitoring was completed on the environment including equipment. Checks were also completed on fire safety and risks associated with legionella.

Staffing and recruitment

- People and relatives told us they found there were enough staff available and they found staff to be well experienced, skilled and competent. A relative said, "The staff are all very professional, they are always busy but make time for people."
- Staff were positive about the staffing levels and felt they had time to care for people safely, whilst meeting people's individual care needs. We observed staff to be attentive, they worked well as a team, were organised and had good communication.
- The management team told us how they reviewed people's dependency needs and adjusted staffing levels if required.
- Safe staff recruitment procedures were completed before staff commenced their employment, to ensure they were suitable to provide care.

Using medicines safely

- People told us they received their medicines at regular times and when they needed them. We observed a staff member administering people's medicines, this was completed safely and followed best practice guidance.
- Staff responsible for administering medicines received ongoing training and competency assessments, to ensure they were safe and followed best practice guidance. A medicines policy and procedure supported staff's practice.
- The ordering, storage and management of medicines were safe. Staff had the required information about people's individual medicines, including their preferences of how they took their medicines including known allergies. People were also supported to have their medicines reviewed by the GP.

Preventing and controlling infection

- Staff had received training in infection control and prevention. They had an infection control policy and procedure to support their practice.
- Staff had a supply of personal protective equipment such as aprons and gloves and they were seen to use these appropriately. Information about Coronavirus was available to people, visitors and staff, and the management team were aware of their responsibilities in managing this infection.
- The service was found to be clean and free of malodour.

Learning lessons when things go wrong

- The registered manager reviewed all accident and incident records to ensure staff had responded appropriately and to consider what actions could be taken to reduce reoccurrence.
- The registered manager told us, and records confirmed action had been taken. This included, a review of people's medicines, a referral to the community falls team and care plans and risk assessments reviewed and updated.
- Lessons learnt were shared with staff in a variety of ways including, during the daily handover procedure, staff and supervision meetings.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The provider used recognised assessment tools, best practice guidance and current legislation to assess people's individual physical, mental health and well-being needs. Relatives confirmed they had been involved in their family member's pre-assessment.
- The risk of discrimination was reduced because staff had detailed guidance about people's specific, individual and diverse needs.
- The staff team were knowledgeable about people's care needs and the fundamental care standards and legislation they were required to adhere to. People and relatives confirmed staff were knowledgeable about their individual care needs.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who had received an induction when they commenced their role and ongoing training and support.
- Staff were positive about the training and support they received. A staff member said, "I feel well supported. I've gained a lot of confidence under the manager. We complete refresher training and it's good quality." Staff also confirmed they received opportunities to meet with the registered manager to discuss their work, training and development needs.
- The staff training plan confirmed staff had received training the provider expected, where refresher training was due, plans were in place for staff to complete this.

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

- People were positive about the choice, quality and quantity of meals and drinks. A person said, "The food is good, always on time."
- We saw people were offered a choice of drinks and snacks including fruit during the day. People's lunchtime experience was good, staff were attentive, they offered people condiments, and a choice of drinks. Independence was promoted. People had a choice of where they ate and some people used dinner plates with a raised edge or plate guards, to assist them to eat independently.
- People's dietary needs and preferences were assessed, recorded and known by staff.

Staff working with other agencies to provide consistent, effective, timely care

- The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's needs.

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

- People told us they were comfortable and had what they needed. There were several seating areas where people could choose to spend their time.
- The service was in the process of being refurbished and included all bedrooms being re-decorated and new furnishings. We saw a refurbished bathroom and some bedrooms that had recently been completed which were of high quality. Plans were also in place for a new kitchen and the creation of a hairdressing salon.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were monitored, including their weight and staff took action if concerns were identified such as contacting the GP.
- People had access to various visiting health care services including an optician, podiatry, GP and dietician.
- Best practice guidance was used to support staff to provide effective care. An example of this was how people were supported with their oral health care needs. The registered manager was aware of recent guidance and had implemented this.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, no person had a condition attached to their DoLS authorisation.
- Where people lacked mental capacity to consent. MCA assessments and best interest decisions had been made in line with the requirements of this legislation.
- Staff understood the principles of MCA and DoLS. We observed staff supporting people to be involved in their care as fully as possible.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- People's individual and diverse needs were known and understood by staff. People and relatives told us staff understood what was important to them, including their preferences and routines. A relative said, "I like the fact the home is small. [Name] had an upstairs room at the beginning, but because their needs have changed, they were moved downstairs. Care is personable."
- Another relative told us how their religious faith was important to them, and how a visiting representative from their chosen faith visited regularly to provide worship.
- We observed staff to be friendly, attentive and positive in their interactions with people throughout the day. The atmosphere was calm and organised. One person was very active, in their past they had a job where they moved furniture. Staff understood this remained an important aspect of their life. They supported the person to move furniture around the home safely, in an area that did not impact on others.
- Another person used to be a professional footballer and they were encouraged to talk about their experience. The deputy manager told us how they were going to arrange a visit with the person to a football match when the weather improved.

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

- People and relatives told us staff encouraged them as fully as possible to be involved in all aspects of their care and support. A relative said, "[Name] I feel is involved as much as possible in their care, staff always explain things and give choices. I feel involved too, I have a review meeting with the manager planned." A person said, "Staff sit with me and we talk about what I want, then they write it down."
- People were able to express what they wanted and make decisions about their day to day lives. For example, two people liked sitting in the reception area as they liked to speak and meet new people. They had also developed a good friendship and liked to be in each other's company.
- We observed how staff always asked people what they wanted to do or had general conversations before they provided support. This enabled people to express their choices and make decision about their care.
- Independent advocacy information had also been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they found staff to be polite and respectful. A relative said, "The staff are polite and understanding, they don't just care and support [name] but me too."
- We observed staff treated people with respect and dignity. One person was not well, staff were attentive and caring and supported the person to return to their bedroom and contacted medical services.

- People were encouraged to be independent where possible. People's care plans identified the areas where people required support and where they were able to be independent and do things for themselves.
- We observed a person being hoisted from an easy chair to their wheelchair. Staff talked and encouraged the person throughout the transfer. A dignity blanket was also used to cover the person's legs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and relatives were complimentary about staff's awareness and ability to provide care that was individual and responsive. A relative said, "The staff are always there to ask if you need anything and are able to answer any questions." A person said, "I'm really satisfied with the care I get."
- People told us their routines and preferences were respected, such as the choice of time they got up and went to bed and how they spent their time.
- Our observations of staff interaction with people confirmed how staff were responsive. Staff were attentive, polite and inclusive in their approach.
- People's individual needs, preferences, routines and what was important to them had been assessed and discussed with them. Staff had guidance that supported them to provide a responsive and individualised service. Guidance was regularly reviewed to ensure it reflected people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred way of communication and any sensory needs were recorded in their care plan to support staff to provide effective and personalised care. For one person, their health condition affected their speech and they preferred to communicate using a pen and paper. Other people's communication care plans advised staff to speak clear and slow to ensure the person had understood what was asked of them. We observed staff putting this into practice during the day, they used good communication and listening skills that was individual to the person.
- Consideration had been given to how information was presented. This included the complaints procedure and service user guide that was provided in an easier version to understand.

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

- People and relatives confirmed they were supported to maintain contact with family and friends. At the time of the inspection, there were no restrictions on visitors.
- Some people told us they had formed friendships and how they liked to sit and chat to each other.
- People's social history, including work and pastimes were recorded. This enabled the staff to have important and meaningful conversations with people.
- At the time of our inspection, the activity coordinator had recently left and the registered manager was in

the process of recruiting a replacement. Activities were therefore limited but due to improve. A volunteer visited twice a week and provided some activities and external entertainers also visited.

- People and visiting relatives confirmed activities had reduced recently and were hopeful opportunities would improve. Some people's care plan stated they liked to read the daily newspaper and we saw people reading a daily paper.

Improving care quality in response to complaints or concerns

- People and visitors had access to the provider's complaint procedure. This information was in people's bedrooms.

- People and visitors told us they felt confident to raise any issues or concerns if necessary, and were positive the registered manager would be responsive and take action.

- At the time of the inspection, there had been no complaints received.

End of life care and support

- Consideration of people's end of life care wishes had been taken. People had received opportunities to discuss their wishes, some people had plans in place, whilst others had chosen not to make any plans.

- The registered manager told us how they worked with external health care professionals, the person and relative in providing end of life care. A relative confirmed what we were told. We saw some people had DNACPR or ReSPECT forms that recorded their wishes and decisions in relation to resuscitation. This information had been made available to staff.

- Staff had received training in end of life care.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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, were positive about the care provided and how the service was managed. Relatives were particularly pleased about the retention of staff, this provided consistency and continuity of care. A person said, "They (staff) will ask if everything is alright. I'm really satisfied with the care I receive." A relative said, "The manager is positive and has made lots of changes for the better and keeps us informed and involved."
- The registered manager showed great commitment in wanting to achieve positive outcomes for people. They led by example and had developed a culture of person centred care, the staff team showed an equal commitment and drive to provide consistently good standards of care. A staff member said, "I really enjoy looking after the residents, it brings me great pleasure, I treat people the same, and how I would expect to be cared for."
- People were at the heart of the service and were involved in the development of the service. An example of this was their input into the current refurbishment plans.

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 had a positive approach to learning and development. Where incidents had occurred the registered manager investigated these and learnt from them.
- Whilst no complaints had been received, the registered manager was open and responsive to feedback received to continually drive forward improvements.
- The provider had met their registration regulatory requirements of notifying CQC of events they were required to report. The provider's latest CQC inspection report was displayed at the service and on their website.

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

- Staff were clear about their role and responsibilities and there was clear leadership, oversight and accountability. The service had a manager registered with the Care Quality Commission who was experienced and described by staff as being, "A good leader, approachable and supportive."
- Audits and checks were regularly completed at least daily, weekly and monthly in all aspects of quality and safety and there was an ongoing improvement plan to drive forward improvements.
- The local authority recently completed a contracts audit visit and any minor shortfalls had been

addressed and improvements made.

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

- People and relatives told us they felt involved and received opportunities to feedback their experience of the service. This included informally speaking with the staff and management team, and formal review meetings were being planned.
- Quality assurance surveys had been sent to people, relatives and staff in February 2020 and the registered manager was waiting to receive further replies before analysing the feedback. We noted positive feedback had been received from relatives. One relative said, "Fabulous care home that I would highly recommend, all staff are wonderful and so very caring."
- An annual relative and resident meeting was arranged as an additional method to share information about the service and to gain feedback from people.
- Staff received opportunities to share their views, gain support and be involved in the development of the service via, staff meetings, daily handover and supervision meetings.

Working in partnership with others

- Staff worked with external professionals to achieve positive outcomes. Recommendations made were acted upon and included in people's care plan guidance for staff.