

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

This inspection took place on 6 June 2017 and 9 June 2017 and was unannounced.

Grandville Lodge is a residential care home for up to 19 older people some of whom may be living with dementia. When we inspected there were 18 people living in the service.

At the last inspection, the service was rated good and at this inspection we found the service remains good.

There was a registered manager in post, however they were due to retire, and on annual leave until 23 June 2017. A new manager has been appointed. The deputy manager with support from the new manager was managing the service until the new manager is registered with the Care Quality Commission. The provider told us that the registered manager would remain in post in an advisory role for 12 months to support the new manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm and received a safe service. The service employed sufficient numbers of safely recruited staff to help keep people safe and to meet their needs. There was an effective medication management system in place and people received their medication as prescribed. People received their care from experienced, supported, well-trained staff.

The service ensured that people had the support they needed to have as much choice and control over their lives in the least restrictive way possible. People received sufficient food and drink to meet their needs and preferences and their healthcare needs were met.

Staff knew the people they cared for well and were kind, caring and compassionate in their approach. People were encouraged and supported to remain as independent as possible. Staff ensured that people were treated with dignity and respect and their privacy was maintained at all times.

People were fully involved in the assessment and care planning process and their care plans were regularly updated to reflect their changing needs. People were encouraged and supported to participate in a range of activities to suit their individual interests. There was a good complaints system in place and people felt able to raise any complaints or concerns.

People were positive about the quality of the service. There were systems in place to monitor the quality of the service and to drive improvements. The new manager, deputy manager and staff were committed to providing people with good quality person centred care that met their needs and preferences.

The service met all relevant fundamental standards.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 June 2017 and 9 June 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection, we 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 eight people, three of their relatives, the new manager, the deputy manager and seven members of staff. We reviewed four people's care files, five staff recruitment and support files, training records and quality assurance information.

## Is the service safe?

### Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

Although many of the people using the service were not able to communicate well with us verbally, they appeared contented in staff's company. People who were able to communicate verbally with us told us they felt safe. One person said, "I feel safe here, and I've been able to fit in quite well despite not having dementia – I find that hard, but I can see the staff do a wonderful job here." Relatives were very positive about people's safety and one said, "My relative is much happier and feels safe living here. It is a great improvement on the last service they were in." Staff demonstrated a good knowledge of how to protect people from the risk of harm. One staff member said, "I would always ensure the person was safe first and I know to report any concerns straight away to the manager or to the council." There was good information and guidance for staff to refer to if needed.

There were risk assessments and management plans in place to minimise risks to people's health, safety and welfare. Staff told us how they kept people safe. For example, one staff member explained the identified risks for one person and described how they managed them. Another member of staff said, "The care plans provide enough detail about what we have to do to lower the risks for people."

There were sufficient numbers of staff to meet people's assessed needs. Staff told us, and the duty rotas confirmed that there were enough of them to care for people safely. One staff member told us, "We don't use agency staff much now. When we do use them we only ever use those we knew well." Relatives were also positive about staffing levels. One relative said, "There always seems to be enough staff, there is always someone in the lounge, and within 30 minutes of being here you'll bump into four or five staff. The service had a robust recruitment process in place where appropriate checks were carried out before staff started work.

We carried out a random check of the medication system and observed a medication round. We found that the system was in good order with clearly completed records. People received their medication in good time and that staff did not rush them. Staff had been trained and had their competence to administer medication regularly assessed. People received their medication as prescribed.

## Is the service effective?

### Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains good.

People were cared for by staff who felt well supported and valued. Staff told us, and the records confirmed that they had regular supervision and appraisals. One staff member said, "The registered manager is very good, and I like the new manager too. I feel well supported to do my work." The new manager had devised a supervision and appraisal schedule to ensure that all staff received the support they needed. Staff had received a wide range of training appropriate to their role and further training was scheduled for 2017. People and their relatives told us they felt staff were well trained. One person said, "The staff seem competent and professional and they display a good knowledge and level of training." One relative said, "I can't fault what they do here, staff are well-trained." Staff said they had been encouraged and supported to attain a qualification in care. People were cared for by well-trained staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were being met. Staff had been trained, and they demonstrated a good understanding of the MCA and DoLS, and they appropriately described how they would support people in making decisions. Where necessary, appropriate DoLS applications had been made to the local authority.

We saw that people were supported to have sufficient to eat and drink to maintain a balanced diet. Where necessary, their food and fluid intake and weight had been monitored to ensure they received adequate nutrition to keep them well. There were condiments and sauces available and people were reminded of their choice and offered an alternative if they had changed their mind. Where people were being supported to eat their meals, staff did so with patience and compassion, engaging them in natural, friendly conversation about their families and interests."

People were supported to attend routine health appointments to help keep them healthy and well. One relative said, "When my relative was not well recently the staff noticed immediately, rang me, called the GP and got the appropriate medication for them. It was soon sorted; they do not wait for things to get bad here. Staff are quick to notice if they see any bruises or skin tears. Nothing is too much trouble for them."

## Is the service caring?

### Our findings

At this inspection, we found that people were still cared for by kind, caring, compassionate staff and the rating remains good.

People and their relatives told us they felt staff were caring and kind. A relative told us, "Staff are wonderful, they are all caring and loving. They make a point of getting to know the relatives, and I know they talk to my relative about me and the family, when I am not here." We saw this in practice throughout the day. Staff instigated conversations with people about their families, reminding them of a recent visit or telling them a relative would be visiting soon.

People were treated with dignity and respect by staff who knew them well and understood their needs. We saw many examples of caring, compassionate interaction between staff and people throughout our visits. Staff told us they respected people and one staff member said, "I'm lucky, I gained 19 grandparents when I came here – that's how I like to see people." One person said, "I'd describe the staff as very dedicated and caring." Others told us, "They treat me well – I think they really care." And, "They are very reassuring and kind towards me and I always feel they listen to me, and try to understand how to help me in the best possible way."

Where they were able, people were actively involved in making decisions about their care and support. Relatives told us that, with their loved one's consent, they were kept fully involved in their relative's care. We saw that people were encouraged to make decisions for themselves. For example, people were offered choice in what they wanted to eat and drink and in what they wanted to do. Care plans provided good information about people's preferences and described how they wanted staff to care for them.

People's independence was encouraged and we saw that staff supported them to retain this as much as possible. For example, one person was seen being supported to mobilise around the home with staff support and another person was seen to be encouraged to eat their meal independently.

People were encouraged to maintain relationships with friends and families. Relatives told us they could visit at a time of their choosing and were always made to feel welcome. Where people did not have family members to support them, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating remains good.

People had their needs fully assessed before they moved into the service and their care plans were devised from the assessment process. The care plans viewed were detailed and informative and described people's identified risks, likes, dislikes and their family background. We heard staff chatting with people about their interests and family throughout our visits. Staff told us the information in the care plans was good and that it helped them to provide people with the care they needed. The care plans had been regularly reviewed and updated to ensure they continued to meet people's changing needs.

Although there was an activities plan in place, we did not see any of the planned activities going on during day one of our visit. This was not perceived negatively by people and many kept themselves occupied by reading books and doing crosswords. One person said, "I enjoy reading my paper and listening to the news on the TV." Staff regularly engaged with people, and we heard natural, friendly and stimulating conversation. A relative told us, "They [person's name] had their nails painted recently which proves that staff spent a good period of time with them but I would like to see more activities. It would be fantastic to see [person's name] more stimulated." The new manager told us that the service had been without an activities co-ordinator for eight weeks and that care staff supported people with activities including walks to local shops. They also said that a new activities coordinator was due to start work on 19 June 2017 who would be working with people to determine if the activities offered suit their needs. Local pastors visited the service monthly, and together with them, people sang hymns and said prayers. People were supported to practice their faith and their religious needs were met.

People told us they felt able to complain if they were not happy with anything. Relatives said that the registered manager took any concerns seriously and resolved matters quickly. There had been no recent complaints for us to assess but there was provision in the complaints records to detail the nature of the complaint and how it was resolved. The new manager told us that the registered manager monitored complaints and concerns and looked for any trends to enable them to make improvements to the service.

## Is the service well-led?

### Our findings

At this inspection we found that the service still provided people with a well led service and the rating remains good.

The service had a registered manager in post who is due to retire soon and there is a new manager in post who was in the process of registering with CQC. Staff told us they felt well supported by the registered manager, the deputy manager and the new manager. They said that the provider was very good at providing new furniture and fittings. We saw that most of the furniture had been replaced recently and there was new garden furniture for people to enjoy in the tidy well-kept gardens.

People told us, and the records confirmed that they were asked for their views and opinions on a range of issues such as food, staffing, activities and care. Relatives said they were always kept fully involved and were very happy with the service. One relative told us, "I've recommended this home to several people; I have no hesitations about doing so. We've been pleasantly surprised by it." Another relative said, "I still feel very involved with [person's name] life and care. The staff always contact me when there are issues, which I am very grateful for. Other relatives said that the home and staff were very good at communicating with them.

Staff told us, and the records confirmed that they had taken part in regular meetings where they had the opportunity to raise any issues such as training, care practices and health and safety. One staff member told us, "We have regular staff meetings where we are listened to. We are a happy team here. I am sure it is because [registered manager] recruits good people. I would recommend this home to anyone."

There was a quality monitoring system in place where checks had been made on the services systems and practices. A recent survey showed that people were happy with the quality of the service they received. The new manager was in the process of improving the quality monitoring system to ensure that all areas of the service were monitored more closely. For example, they were devising new forms for recording audits to ensure that the systems remained effective. Regular audits had been carried out such as for nutrition, complaints and health and safety.

People's personal records were safely locked away when not in use and were readily accessible to staff, when needed. Management had access to information and guidance on the service's computer system. They shared this with staff to ensure that they had up to date knowledge to safeguard people, protect their well-being and provide them with a good quality service.