

Community Care Trust (South West) Limited

Granvue

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 30 October and 1 November 2018. Granvue 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 does not provide nursing care.

Granvue offers short stay care and support for up to eight people with mental health needs who may require a short-planned admission. Granvue allocated three of these beds for people who were in need of urgent mental health crisis care; these were for people who were referred to the service through the local NHS crisis team. At the time of the inspection there were three people living at the service.

Granvue was previously inspected in December 2017, when the service was rated as 'requires improvement' overall. Following that inspection, the provider sent us a plan describing the actions they had taken to improve. At this inspection, in November 2018, we found improvements had been made in relation to services risk management systems, such as those associated with people's complex mental health, staff recruitment, training and the service's quality assurance systems. However, we found improvements were still needed.

We looked at the service's quality assurance and governance systems and found where monitoring arrangements had previously failed, improvements had been made. However, whilst some systems were working well, others were still not being used effectively or undertaken robustly enough to identify the issues seen at this inspection. For example, whilst some premises checks had been completed there was no evidence to show that any action had been taken as a result or that the information was being reviewed.

Granvue had a registered manager who, at the time of the inspection was taking a period of leave. An interim manager had been appointed by the provider and the nominated individual was overseeing the service in the registered managers' absence. 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. Staff told us they felt supported by the new appointed manager.

People's medicines were not always stored or managed safely. We found the service did not have a robust system in place to ensure that people or unauthorised staff could not access people's medicines. Although the service had clear procedures in place for recording what medicine had been received or given to a person. We found staff were not always following these procedures as records were not consistently completed.

People were encouraged to make choices and were involved in the care and support they received. Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA). However, we found

that some systems and processes did not support the management of the home in protecting people's rights. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection we found people could come and go as pleased. However, staff did not fully recognise that the provider had implemented a policy which meant some aspects of people's care had become potentially restrictive. We discussed what we found with the nominated individual and when we returned on the second day of our inspection we found the policy had been withdrawn and the checks had stopped.

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm and protect people from any type of discrimination. Risks had been appropriately assessed and staff had been provided with information on how to support people safely. There were enough staff to meet people's needs and checks were carried out on staff before they started work to assess their suitability.

People's health and wellbeing was promoted and protected as the home recognised the importance of seeking advice from community health and social care professionals. People were supported to eat a healthy balanced diet. Staff were knowledgeable about how to provide effective care and support.

The home was clean and people were protected from the risk of cross contamination and the spread of infection. Staff had access to personal protective equipment (PPE) and received training in infection control. Equipment used within the service was regularly serviced to help ensure it remained safe to use.

People and staff told us they were encouraged to share their views and spoke positively about the leadership of the service. People were aware of how to make a complaint and felt able to raise concerns if something was not right.

The nominated individual was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

People were not always protected from the risks associated with the management of medicines.

People felt safe and staff knew how to protect people from abuse.

Risks associated with people's complex care had been assessed and were well managed.

People were protected by a robust staff recruitment process.

There were sufficient numbers of suitably qualified staff to meet the needs of people who lived at the service.

Requires Improvement ●

Is the service effective?

The service was effective

People's consent was gained before care and support was delivered.

People were cared for by skilled and experienced staff who received training and supervision, and were knowledgeable about people's needs.

People were referred to healthcare services and professionals were involved in the regular monitoring of their health.

People were supported to maintain a balanced healthy diet.

Good ●

Is the service caring?

The service was caring.

People were positive about the support they received and felt staff were kind, caring and treated them with respect.

People's privacy and dignity was respected and their

Good ●

independence promoted.

People were offered choices in how they wished their needs to be met.

People were supported to maintain relationships with family and friends.

Is the service responsive?

The service was responsive.

People's support plans were personalised with their individual preferences and wishes taken into account.

People's risk of social isolation was recognised by staff who supported people to overcome this.

People were confident that should they have a complaint, it would be listened to and acted upon.

Good ●

Is the service well-led?

The service was not always well-led.

Although quality assurance systems were in place, they were not being used effectively or undertaken robustly enough to identify the issues seen at this inspection.

People's care records were accurate and up to date.

The nominated individual was well regarded by people and staff.

The service had notified the CQC of incidents as required by law.

Requires Improvement ●

Granvue

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 was 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 unannounced inspection took place on 30 October 2018 and 1 November 2018. One adult social care inspector carried out the inspection. Prior to the inspection, we reviewed information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we met and spoke with two of three people living at the service, two members of staff, and the nominated individual who is also the Chief Executive. A nominated individual is the provider's representative and responsible for supervising the management of the regulated activity provided. We asked the local authority who commissions the service for their views on the care and support provided.

To help us assess and understand how people's care needs were being met, we reviewed three people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

Granvue was previously inspected in December 2017, when we rated this key question as 'requires improvement'. We found people were not being protected by a robust staff recruitment process and risks associated with people's complex mental health, medical needs or environment had not always been managed safely.

At this inspection, in November 2018, we found improvements had been made in the way the service managed risks associated with people's complex mental/physical health. The service was now operating an effective recruitment process. However, further improvements were needed to ensure people's medicines were being managed safely.

People's medicines were not always stored or managed safely. We found the service did not have a robust system in place to ensure that people or unauthorised staff could not access people's medicines. All of the people living at Granvue were self-medicating. Staff told us each week people were given a week's supply of medicines, which they stored in a lockable medicine cabinet in their bedroom. However, people told us they never used the medicine cabinets provided. We checked people's rooms and found people's medicines where in plain view and not stored safely or securely. This meant people had been potentially placed at an increased risk due to the environment and the risk associated with having medicines that were potentially accessible to all. We discussed what we found with the nominated individual who was unaware that people were not using the lockable cabinets provided and assured us they would speak to people and staff.

Medicine administration records (MAR) were not accurate. Although the service had clear procedures in place for recording what medicine had been received by the service or given to a person who was self-medicating, we found staff were not always following these procedures. Records relating to the management of people's medicines were not consistently completed. For example, on the first day of our inspection staff were unable to tell us if one of the people living at the service had received their week's supply of medicines, as their medication administration records had not been updated for that week. Records for another person showed staff were not completing stock balance sheets. Staff were unable to tell how much of this medicine they should have in stock as the records were not accurate and could not be relied upon. Records for a third person showed that staff had not booked their medicines in upon arriving at the service.

Where people were prescribed medicines they only needed to take occasionally, such as for the management of pain or anxiety. MAR charts did not contain any guidance for staff as to when these should be used. This information is necessary as it provides staff with information, such as symptoms a person may display if they were in pain and helps to ensure those medicines are administered in a consistent way. We discussed what we found with the nominated individual who acknowledged that the current systems were not working as well as they should be and assured us they would undertake a review in conjunction with the clinical lead for the service.

The provider failed to take sufficient action to ensure risks arising from the management of people's medicines were being effectively mitigated or managed. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

People told us they felt safe living at Granvue. One person said, "Yes I do feel safe, it's a very good service, without them I would be living on the street." Another person said, "I'm not ready to live on my own just yet, I know the staff are here if I need them and that makes me feel safe."

People continued to be protected against the risk abuse. Staff attended safeguarding training to enhance their understanding of how to protect people. People told us they could talk with staff if they had any concerns or worries. One person said, "I would talk with [nominated individual] if I had any concerns or write to you [Care Quality Commission]."

At the inspection in December 2017, we found risks such as those associated with people's complex mental health and/or medical needs had not always been assessed or managed safely. At this inspection we looked at the care records for all of the people living at the service and found improvements had been made. Records showed the provider had introduced a new referral/admission process and a new risk assessment format. Risk management plans identified known triggers or signs that might show the person was becoming unwell. Risks were broken down into sections to show which risks were historical and which would be considered current and guided staff on how they could manage and support the person to minimise these risks. For example, giving the person reassurance and space when needed, as well as when to refer the person to an appropriate healthcare professional.

People receive care and support from sufficient numbers of staff to meet their needs. People and staff felt there were enough staff on duty at any one time to support them and keep them safe. At the inspection in December 2017, we found people were not protected by robust staff recruitment process. At this inspection we found improvements had been made. We looked at the recruitment files for four staff and found checks had been undertaken prior to their employment. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks). This helped reduce the risk of employing a person who may be a risk to people who use care and support services.

At the inspection in December 2017, we found accident and incidents forms were not being fully completed, which meant it was not possible to tell how the service used the information to learn or what action they had taken to prevent or reduce reoccurrence. At this inspection we found where accidents and incidents had occurred these were now being recorded, including information about the time, location and who was involved. Records showed incident forms were monitored and reviewed by the provider's governance team. This helped to ensure that the appropriate action to reduce any re-occurrence had been taken. Each person had a personal emergency evacuation plan (PEEP) and the provider told us they had contingency plans in place to ensure people were kept safe in the event of an emergency. Equipment, such as the fire detection system, had been serviced regularly to ensure it remained in safe working order.

Is the service effective?

Our findings

People receiving a service from Granvue had needs relating to their mental health, which might affect their ability to make decisions about their care and support. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found that people's rights were being protected. People had signed to say they consented to the care arrangements in place. Staff were aware of when people, who lacked capacity, could be supported to make everyday decisions and when people's capacity fluctuated due to their mental health. At the time of the inspection, there was no-one receiving support who was unable to make decisions about their care, or who was not being supported appropriately to make decisions about their care. Staff we spoke with had a good awareness of the Mental Capacity Act 2005 (MCA).

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection we found people could come and go as pleased. However, staff did not fully recognise that the provider had implemented a policy which meant that some aspects of people's care had become potentially restrictive. For example, following an incident at another location the provider had implemented a policy which directed staff to check on people every hour throughout the day and night. This meant people living at Granvue were under constant supervision.

We discussed what we found with the nominated individual who assured us this had not been their intention. When we returned on the second day of our inspection we found the policy had been withdrawn and the checks were no longer taking place.

People told us staff understood their needs and knew how to support them. At the inspection in December 2017, we found the lack of supervision and specific training meant the service could not be assured that staff had the necessary skills and knowledge to meet people's assessed needs in a safe way. At this inspection we looked at the training, induction and supervision records for four staff and found improvements had been made.

Records showed staff received regular support and supervision. Staff told us they felt supported in their role and could approach the nominated individual or deputy manager for advice, guidance and support. One member of staff said, "We now have regular one to one meetings with senior managers and this has made a big difference." The nominated individual told us that all newly employed staff were provided with an induction. This included a period of time to work alongside an experienced member of staff, before working unsupervised as well as attending a number of training sessions. A member of staff said, "I received a good induction, along with the support and training I needed to develop my understanding of people's needs."

Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.

Staff we spoke with told us they had good access to training when they needed it. One person said, "The training we get is really good, we get the chance to go on courses all the time." Individual staff training records and the service's training matrix showed staff had undertaken a variety of training. For example, information governance, safe administration of medicines, safeguarding adults, and MCA/DoLS. The nominated individual told us the service used a combination of eLearning and face to face learning to support staff to develop their knowledge and skills. Records showed staff were also provided with training specific to their role. For example, mental health awareness and solution focussed approaches and breakaway techniques.

People continued to be encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Staff monitored people's mental and/or physical health. Records showed where concerns had been identified, people were referred to or reviewed by an appropriate healthcare professional. Throughout the service, we saw contact information for local community resources, for example, Mind, local advocacy services as well as the numbers for the local NHS Crisis support team. One person said, "Without staff I wouldn't be able to move forward, they have helped me set up appointments and provided the transport I needed to get to them."

People were supported to maintain a balanced healthy diet. People were encouraged to be involved in choosing, planning and preparing their own meals and could make decisions about what they ate and drank and when. We saw where people did not want to cook, because they were unwell, meals were provided. People could help themselves freely to food and snacks throughout the day and we saw the kitchen was well stocked with tea, coffee, and soft drinks. Staff had a good understanding of people's food preferences and described how people were encouraged to develop their independent living skills including preparation of their meals. We asked people what they thought of the food provided by the service. One person said, "The food's pretty good we mainly cook for ourselves, but the staff cooked a lovely roast dinner on Sunday." Another person said, "There's always plenty of food in the cupboard and if you do want something particular the staff will do their best to get it for you."

Is the service caring?

Our findings

The service continued to provide caring support to people. People told us they were contented living at the service. One person said, "I am happy here, it's the next step to getting my own place." Another said, "The staff are great, I like it here, its calm, relaxing and I can come and go as I please."

People continued to be consulted about the support they received and told us they were fully involved in making decisions about their care. One person said, "They support me to make decisions, they don't tell me what to do." Staff told us it was important that people were encouraged to take control for their recovery and described how they empowered people to make day to day decision and choices by providing information and support within a calm environment.

The culture within the service ensured people were treated with respect and dignity. The service had a relaxed atmosphere and people responded positively when staff approached them. When we asked staff to tell us about the people they had supported, they spoke about people with respect and compassion and were able to describe people's needs and preferences well. Staff told us how much they enjoyed working at the service. Comments included "'I love my job," "We do make a difference and it's so satisfying seeing someone reach their potential." Another said, "I've worked here for a long time and you really get to know people, that can make the world of difference when they see a friendly face."

People told us they were free to live their lives as they wished and were supported to be as independent as possible. Support plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff members told us they gained satisfaction from supporting people to maintain or regain their independence.

People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information about them. People's personal matters were discussed in the office behind closed doors to avoid others from overhearing. People told us staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. When staff needed to speak with people about sensitive issues this was done in a way that protected their dignity and confidentiality.

People were encouraged and supported to maintain contact with their relatives and others who were important to them. We saw people had access to advocacy support if needed and advocacy details were displayed throughout the service so that people had contact details should they need them.

We saw cards the service had received from people who had recently stayed at Granvue expressed their gratitude and thanks for support staff had provided. One person had written, "Thank you to all the staff for their help and support when I was staying at Granvue, I'm getting better day by day." Another person wrote, "I can't thank you enough for your help and support."

Is the service responsive?

Our findings

Granvue continued to be responsive to people's needs and people continued to be assessed and referred to the service by the local community mental health team. Following the inspection in December 2017, the provider had reviewed and implemented a new referral and admission process. This contained guidance and prompts for staff about how to record risk and identified when a person would not be suitable for admission.

We spoke with two of the three people living at the service about their admission process. Both people said staff had made them fully aware of what they could expect from the service and what their rights were prior to moving in. One person said, "Staff explained what I can and can't do here. It's all informal which means I'm free to come and go as I like. I have a key to my room and they gave me a welcome pack." Staff told us that everyone was provided with a 'Welcome Information Pack' upon their arrival. This provided more detailed information about what people could expect from the service, what their rights were and the kind of support they were able to offer.

People's care records reflected their needs and were regularly reviewed and updated. We looked at the care and support records for all the people living at the service. People told us they had been involved in identifying their needs and developing their support. This meant people had choice in how their care was delivered and received support that was personalised. People's goals were central to the support provided and there was an understanding that staff were there to encourage and empower people to manage their own personal wellbeing and life skills. Each person had in place, a short-term recovery plan this contained detailed information about the reason for their admission, historical and current risk factors, and the particular area each person needed support with during their stay. For example, support with accommodation. Staff were skilled in delivering care and support and had a good understanding of people's individual needs. Support plans guided staff on how to support people to manage their mental health in a way which caused the least amount of distress, should they deteriorate or suffer a relapse. Risk management plans contained information on the signs and triggers that might indicate the person was becoming unwell and guided staff as to the action they should take.

Support plans identified people's communication needs and how they could be supported to understand any information provided. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were encouraged and supported to maintain links with the community to help ensure they did not become socially isolated. During the inspection, the nominated individual described how they were supporting one person with home visits, developing community relationships and building strong support networks in preparation for their return home.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. The provider's complaints procedure 'Tell us what you think' was freely available around the house. This provided information on how to make a complaint and outlined the timescales within which complaints would be acknowledged, investigated, and responded to. People were confident the provider would take the right action to address any concerns they might have.

Is the service well-led?

Our findings

At the inspection in December 2017, we rated this key question as 'requires improvement'. We found there was insufficient management oversight to ensure people received safe, effective, caring and responsive high-quality care. The systems in place to monitor and improve the quality of care provided had failed to identify and address the concerns we found during that inspection.

Following the inspection in December 2017, the provider sent us an action plan, setting out what action they would take and by when. At this inspection, we found the service had made a number of significant improvements to address the concerns we found at that inspection. However, some improvements were still needed.

We looked at the service's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided at Granvue. Where monitoring arrangements had previously failed, we found improvements had been made. These included the auditing of areas such as care records, risk assessments, training and recruitment.

We found whilst some systems were working well, others were not used effectively or undertaken robustly enough to identify the issues seen at this inspection. Records showed staff carried out weekly health and safety checks. Staff were guided to 'rectify any actions which had been identified as urgent upon completion. Any non-urgent actions were to be dealt with by the clinical lead or nominated person on the Monday following the health and safety checks with an action plan developed.' However, we found staff were consistently identifying and recording the same risks/maintenance concerns which could have posed a risk to people week after week. There was no evidence to suggest that any action had been taken as a result of these safety checks or that the information was being reviewed by the clinical lead. We brought this to the attention of the health and safety manager, who acknowledged the way the service was recording risks/maintenance issues was not effective. They explained that the company had recently invested in a new computerised reporting system which would allow the provider's management team to have up-to-date information and show where action had been taken.

Although regular audits of medicines were taking place these had not identified that people's medicines were not being stored or managed safely or that medicines records were not being completed by staff.

Failure to operate effective systems and processes to assess, monitor and improve the service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we met with the nominated individual and discussed what we had found. They told us of their plan to deregister the service as they no longer intended to provide a regulated activity. They were pleased with the improvements that had been made and assured us of their commitment to develop Granvue in a way which reflected the diverse needs of people who used their services.

The service had a registered manager who, at the time of the inspection, was taking a period of leave. An interim manager had been appointed by the provider and the nominated individual was overseeing the service in the registered managers' absence. 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. Staff told us they felt supported by the new appointed manager.

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff, at the appropriate level, made decisions about the day-to-day running of the service. Staff knew who they needed to go to if they needed help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings and regular staff meetings. These meetings helped the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Specialist support and advice was sought from external health and social care professionals when needed.

The service had systems in place to actively encourage and support people to share their views. People were encouraged to complete feedback forms prior to their discharge; this enabled them to share their views and experiences of the care they received. We reviewed a sample of the feedback people had provided and we found this was positive.

At the inspection in December 2017, we found the service had failed to notify CQC of significant events at the service in line with their legal responsibilities. At this inspection, we found the provider was meeting the legal responsibilities.

The nominated individual was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to take sufficient action to ensure risks arising from the management of people's medicines and or environment were being effectively mitigated or managed.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems to assess, monitor and improve the service.</p> <p>Regulation 17 (1)(2)(a)(b)(f)</p>