

Humber Teaching NHS Foundation Trust

Granville Court

Inspection report

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Date of inspection visit:
23 January 2019

Date of publication:
01 March 2019

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: This service supported people with learning disabilities and/or autism; the service is registered to care for up to 20 people. At the time of the inspection 14 people were using the service. This is larger than the current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design which allowed people to live together in smaller numbers. The site was separated into three self-contained bungalows. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service: People were supported to live enriched lives and achieve good outcomes. People were encouraged and supported to take positive risks to allow for an unrestricted and meaningful life. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received medication at the right time for them. Families told us they felt people were extremely safe whilst being supported by staff and felt able to live a safe, fulfilled life.

Care plans were extremely detailed and identified people's communication needs. Staff provided care and support that was delivered in a way people preferred and provided consistent and positive outcomes. People who lacked capacity were supported to have maximum choice and control of their lives. Policies and systems supported them in the least restrictive way possible

Family members spoke enthusiastically about how consistently kind and caring staff and managers were. Staff were highly motivated to provided a person-centred culture and delivered care in a kind and compassionate way that was based on people's preferences.

The leadership of the service demonstrated a high level of experience and capability to deliver good care; they were knowledgeable and passionate about their role. The registered manager demonstrated a strong and supportive leadership style, seeking feedback in order to further improve the care and support provided. They promoted a culture that was extremely person-centred and inclusive which staff recognised and appreciated. Staff were proud to work at the service. The registered manager showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following way; promotion of inclusion and choice and control. People's support focused on them having as many opportunities as possible for them to live a full and meaningful life.

The service met the characteristics of good in all areas; more information is in the full report

Rating at last inspection: Good (report published 10 August 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

Granville Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by two inspectors, a specialist advisor and one 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.

Service and service type: Granville Court is a care home which is registered to provide care and accommodation for up to 20 people who have a profound learning disability.

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: We reviewed information we held about the service, such as notifications we had received from the provider and information from the local authorities that commissioned services. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed. 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. We used all this information to plan our inspection.

During the inspection: We spoke with six relatives to ask about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, nurses, the chef, the caretaker and care staff. We reviewed a range of records. This included four people's care records and medication records. We also looked at two staff files and records relating to the management of the home.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager maintained a comprehensive log of any safeguarding concerns raised within the service. Actions taken to address concerns were clearly recorded and reduced risk to people.
- Staff we spoke with understood what was meant by abuse and were confident about how to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Care plans contained appropriate assessment of risks to people. They provided instructions to staff to reduce the likelihood of harm to people when being supported.
- The registered manager was passionate about positive risk taking and supported people to take risks which could be creatively managed by the service. This included accessing the local community and going on holiday.
- Equipment and utilities were checked to ensure they remained safe for use. Fire risk assessments were in place and weekly checks on the fire safety system were completed.

Staffing and recruitment

- There were enough staff on duty to support the needs of people and keep them safe.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Using medicines safely

- Medications were managed safely. With the exception of prescribed creams, records confirmed people had received their medicines as prescribed.
- We identified some gaps in the recording of prescribed creams. The registered manager told us they had already identified this and were taking steps to ensure recording in this area was more robust.

Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff, such as disposable gloves to use to help prevent the spread of infection.
- Staff were observed using good infection prevention and control practices.

Learning lessons when things go wrong

- The registered manager had a comprehensive system in place to monitor incidents and used them positively as learning opportunities to prevent future occurrences.
- Records showed risk assessments and care plans were reviewed following incidents.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported by Chef's who were passionate about providing healthy fresh meals. This had resulted in the chef's receiving internal employee recognition awards from the Trust, celebrating their enthusiasm and commitment to their role.
- The chef looked for creative ways to encourage food to be as attractive as possible for people on specific diets. The chef recreated the presentation of cheese and biscuits with 'soft' food for people on a soft diet.
- The service sought specialist advice and guidance from professionals and invested financially in a specialist blender to remove barriers for people to enjoy a variety of foods. This included every Saturday night, where all people could enjoy a takeaway.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other healthcare professionals to deliver positive outcomes for people. A review of the compliments log recorded compliments from health professionals including GP's and dentists. One dentist congratulated the service on providing 'the best oral health care they had seen.'
- Staff worked collaboratively across services to understand people's needs. This included other health care professionals and clinical specialists. One relative told us, "[Name of person]'s health has improved a great deal since moving to the service."

Staff support: induction, training, skills and experience

- Newly recruited staff completed a comprehensive induction which included shadowing more other experienced staff.
- The registered manager recognised that the service is unique and required a bespoke induction to support new staff and from the moment that they start with the service.
- Staff received specific training to meet people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service worked extremely hard to provide people with support to achieve the best outcomes for people whilst ensuring their needs were met.
- People's assessments were detailed and reviewed consistently. Assessments were completely individualised and provided guidance specific to each person's needs and personalities.
- Care and support was delivered in a non-discriminatory way and the rights of people with protected characteristics were respected.

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

- People's bedrooms were decorated to their individual choice and contained personal objects. It was clear to see that people's bedrooms reflected their personalities.
- The premises had been adapted to allow for the use of specialist equipment. Whilst some staff told us there wasn't much room in bedrooms with all the equipment, the premises did meet the needs of people.
- Equipment used was personalised to people's individual needs. Communal space had been adapted to allow enjoyment in a more comfortable environment which also promoted independence and socialisation.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service worked with the local authority and people's representatives to ensure decisions made on behalf of people were lawful.

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

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

- Care plans contained detailed personalised information about people which supported staff to build positive relationships.
- Staff were welcoming and warm. Interactions between staff and people were natural and showed positive relationships had been developed. However, we observed where some improvements in communication could be made. This involved communication whilst assisting people to move around the service. This was addressed immediately after the inspection by the registered manager directly with the staff team.
- A relative told us, "I've seen how they are loving and caring. I see it with them all, it's not just for show its definitely real. I've got copies of all the care plans and access to everything. They are person centred and everything is based on individual needs."
- Staff understood and supported people's communication needs. Staff observed body language and eye contact and supported communication through the use of aids.
- Communication aids were individual to people's needs, this included objects, cards, technology and signs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood that it was a person's human right to be treated with dignity and respect. We observed staff to treat people with dignity and respect and provided compassionate and caring support in an individualised way.
- Staff demonstrated that considering people's dignity and privacy was embedded in everything they did. Personal care was always delivered privately, behind closed doors.
- Dignity was promoted in various ways. For dignity week each year the chef made a dignity tree made from pastry. People would be encouraged to tear off and enjoy a branch of the tree whilst making a dignity pledge.
- People were supported to maintain social networks with family and within the local community. One relative told us, "They used to bring [Name of person] home three times a week, two people would come with them, it was a never a problem for them."

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

- People and their families were involved in their care. One relative commented, "The service is very proactive. Reviews are once a year and we have regular discussions with the registered manager and key workers. All decisions come through us."
- Staff recognised that people should have access to advocacy and other support networks to ensure their choices and decisions were understood.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The person-centred theme was demonstrated in the assessment, planning and review of social activities. Staff took a 'can do' approach to activities and considered people's opportunities and supported them to carry out activities no matter how challenging.
- Staff used ways to enrich people's lives and make them feel more meaningful through the use of activities that would enhance their quality of life. This included accessing holidays, theatre performances and visiting towns.
- Reasonable adjustments were made to encourage independence. For example, one person was supported to visit a neighbouring town to have their hair cut, despite being able to access this within the service or the local community. This was the person's choice and they would often meet a family member for coffee afterwards which enabled this person to maintain meaningful relationships.
- People had links within the community including local charities. Their 'giving back' campaign for 2018 resulted in a donation to a local dogs' sanctuary, which was presented on site by people from the service.
- Arrangements for social activities were tailored to people's needs and followed best practice guidance so people could live as full a life as possible. For example, one person was accompanied on a holiday to London, whilst others accessed other areas in the UK. One relative said, "The service's new minibus opened up new horizons."
- People's individual needs and preferences were central to the delivery of care and support. Care plans provided detailed and personalised information with clear guidance for staff to support people in important aspects of their lives. Daily records reflected people's individual needs and evidenced that staff were aware, monitoring and responding to people's daily needs.
- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

End of life care and support

- There is a rapid response to people's changing care needs. This had resulted in improvements in some people's health which had been unexpected.
- The service strives to provide person-centred end of life care based on best practice.
- The registered manager told us how important it is to them that people are supported by people who know them well when they are at end of life. All staff were trained in palliative care, the registered manager told us, "It is important to us here, that the last person to put their hands on you will be someone that knows you and loves you."
- Celebration events were held following any person's death in service. This includes inviting family and friends to remember and celebrate loved ones which has included releasing balloons and tying messages to a tree. Invitations we saw were personalised, linking to that person's personality or likes.

- The registered manager told us, "What I look at is has someone had a good death that is pain free without fear, with people around them. We don't want people haunted by their loved ones passing so we make it the best it can be."

Improving care quality in response to complaints or concerns

- The service provided a range of accessible ways to gather feedback. They did this through care review meetings, regular surveys and other meetings held with people and family members.
- People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- Complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service.
- Relatives told us, "There are family meetings, I have never completed a questionnaire as there is no need; there is a face to face culture within the service. We get regular phone calls to update us and we discuss everything. If we've got any questions they are always answered. If we ask for [Name of person] to be brought to our house, it's not a problem."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager planned and promoted person-centred, high-quality care and good outcomes for people.
- Staff were proud to work for the service and spoke highly of the culture and positive management structure.

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

- There was effective management oversight of what was happening in the service. When asked questions the registered manager and deputy manager could respond immediately, demonstrating in-depth knowledge of the daily running of the service.
- Family members spoke highly of the management team, their knowledge and how they managed the service. One relative told us, "The registered manager is the best manager in twenty years. There is an open culture. We have an extremely good relationship with the registered manager and they have implemented good management and governance. They want everything to be of the highest standards and they expect staff to live up to that. They are always very open."
- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.
- Staff were clear about their individual roles. They were held to account for their performance where required.
- There were effective systems in place to monitor and analyse information focusing on people and care delivery. For example, staffing levels were monitored weekly and if staffing levels fell below 100%, an audit would be undertaken of care plans and daily records to ensure there was no impact to people due to reduced staffing levels.

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

- The registered manager had high levels of engagement with staff, this included team meetings, weekly 'drop in' sessions, comments boxes, supervisions and regular informal supervisions.
- Communication with families was effective. Relatives created a 'coffee, cake and chat' group which created their own feedback survey for a bespoke in-house survey which reflected the keys areas that families wished to be consulted on.
- Feedback was monitored, acted on and published with monthly 'You said we did' summaries.

- The service had good links with the local community. The registered manager told us how local community groups had contacted the service for advice regarding access for people with disabilities, providing easier access into local amenities.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the registered manager and other professionals with the Trust.
- A culture of continuous learning meant staff objectives focused on quality and improvement.

Working in partnership with others

- The registered manager positively promoted partnership working and referred to other professionals as 'our professional friends'.
- Close relationships were observed with the local GP practice where the service had recently awarded a GP their 'employee of the month' award.
- The Registered manager attended regular meetings with other health professionals including; speech and language therapists, community teams and dieticians.