

# Crosscrown Limited

# Granville House

## Inspection report

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Rugby  
Warwickshire  
CV21 3BD

Tel: 01788568873

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20 July 2017

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

Granville House provides accommodation and personal care for up to 23 older people. Twenty people were living at the home at the time of our inspection visit. At the last inspection, the service was rated Good. At this inspection we found the service remained Good in all five questions and Good overall.

There was a registered manager in post. 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 risks of abuse because staff received training in safeguarding and understood their responsibilities to raise any concerns. The registered manager checked staff were suitable for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

People and their families were included in planning how they were cared for and supported. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The provider and registered manager regularly checked the premises, essential supplies and equipment were safe for people to use.

People were cared for and supported by staff who were well trained and sufficiently skilled to meet their needs effectively. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their preferences and were referred to healthcare professionals when their health needs changed.

People, relatives and staff felt well cared for. Staff understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities. Staff were happy working at the home. The registered manager understood the nature of staff's role and considered staff's skills and wellbeing in planning how people should be supported.

The manager and staff understood people's individual needs, preferences, likes and dislikes. People were supported and encouraged to maintain their interests and to socialise in the home and in the local community. Staff respected people's right to privacy and supported people to maintain their dignity.

People and relatives knew the registered manager well and had no complaints about the service. Staff were inspired by the registered manager's leadership, skills and experience to provide a caring service.

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.

# Granville House

## 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.

The comprehensive inspection took place on 20 July 2017 and was unannounced. One inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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.

We also reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with seven people who lived at the home and three relatives. We spoke with two care staff, the cook, two activities coordinators, the registered manager and the provider's area manager.

Many of the people living at the home were not able to tell us about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed two staff recruitment files to check staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager and area manager made to assure themselves people received a safe, effective quality service.

# Is the service safe?

## Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe because they trusted the staff. One person told us, "I like to keep my room door open at night. It's my habit and it feels quite safe to me." Staff understood the provider's policies and procedures for keeping people safe. The provider's recruitment process included making all the pre-employment checks required by the regulations, and risk assessments of the information they received, to ensure staff were suitable to deliver personal care. Staff were observed in practice to check they delivered care safely.

Staff received safeguarding training and understood the signs that might indicate a person was at risk of abuse. A member of staff told us, for example, "I would report any raised voices." Staff were confident any concerns they shared would be responded to appropriately by the registered manager. The registered manager had previously worked as a member of the care staff team, so staff knew their primary concern was people's wellbeing. The registered manager understood the requirement to notify us if they made a referral to the local safeguarding authority.

People told us there were enough staff to support them when they needed it and to help them maintain as much independence as possible. The registered manager analysed people's abilities and dependencies to ensure there were enough staff on duty to meet people's needs. Staff told us there were always enough staff and they never felt rushed. They said the staff worked as a team and covered each other's unplanned absences due to sickness.

People's plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. People were involved in identifying risks to their personal safety. One person told us, "I had a fall as my legs aren't good, so I usually go with someone for a walk." Staff told us the information in people's care plans, combined with staff skills and the equipment provided, enabled them to minimise risks to people's individual health and well-being.

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. A member of staff explained how regular fire drills reminded them of the actions they should take in the event of an emergency. The local Fire Prevention Officer had assessed the provider's fire prevention policies and procedures as appropriate for the premises and the people who lived at the home.

Medicines were managed and administered safely. People told us they received their medicines when they needed them. Medicines were stored in a locked cupboard and trolley, or in a locked medicines fridge, in line with the manufacturer's instructions. Medicines were delivered in 'blister' packs, colour coded for the

time of day, with an individual Medicines Administration Record (MAR), which minimised the risks of errors. Only trained and competent staff administered medicines. The MAR sheets we reviewed were signed as 'administered' in accordance with people's prescriptions.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People and relatives told us staff had the right skills and attitude to support them effectively. Staff told us they were provided with all the training they needed to be confident in their practice. Staff said they received specialist training from healthcare professionals to support people with specific healthcare needs. New staff worked with experienced staff to make sure they understood people's individual needs and preferences. Staff told us they knew people well, because they worked with them regularly. They shared information about how people were and any changes in their needs during the staff handover meeting when the shifts changed.

Staff were introduced to the fundamental standards of care as set out in the Care Certificate during their probationary period and worked towards nationally recognised qualifications in health and social care. They told us they had plenty of opportunities to discuss and reflect on their practice, because the registered manager regularly worked with them offering support and guidance. Staff attended regular team and individual meetings with the registered manager to discuss people's and their own needs for support.

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). The registered manager understood their responsibilities under the Act, and when necessary for people's safety, applications had been made to the local authority to deprive people of their liberty.

People told us they made their own decisions about their day-to-day care and support, and staff respected their right to decide. Staff told us they had training in the MCA. Staff told us most people were able to express their wishes, but they also knew people well enough to recognise their agreement to care through their body language and facial expression. Staff understood the importance of supporting people to make their own decisions. Relatives told us they were involved in the decision making process when decisions needed to be made in people's best interests.

People told us the food was good and they always had a choice. People's care plans included information about their dietary needs, allergies and any cultural or religious preferences for food. The cook had worked at the home for many years and was knowledgeable about people's individual needs, preferences and appetites. At lunch time people were encouraged and supported to eat in the dining room, which made lunch a social occasion. When one person did not want either meal on the day's menu, we saw they were asked what they would like and were brought the food of their choice. People were offered hot and cold drinks and snacks throughout the day.



Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. Staff were knowledgeable about people's individual medical conditions and health. Records showed staff made sure people saw their GPs to check whether changes in their mood or appetite were signs of changes in their health. Staff supported people to maintain their health through regular appointments with healthcare professionals, such as dentists, opticians and chiropodists.

## Is the service caring?

### Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

Everyone we spoke with told us they felt well cared for because the staff were kind and caring. They told us, "The staff are ever so kind" and "They have been very good to me. The care couldn't have been better." Relatives told us they felt staff were observant and thoughtful and understood their relations' 'ways' and preferred routines. A visiting healthcare professional had written in the 'comments book' in reception, "Staff are friendly and helpful" and a member of staff told us, "I would be happy for my own parents to be here. It's friendly, comfortable."

There was a relaxed atmosphere at the home. The provider's vision and values of, "Respect privacy, dignity, care, love, as for our own family", were explained to everyone in a booklet in their bedrooms. Staff demonstrated the provider's vision and values, to put people at the heart of the service, in their attitude, behaviour and approach to care. We saw staff adopted different approaches to people, according to their expressed needs for fun, friendship or reassurance. Staff laughed when people laughed, listened intently to people's stories and offered reassurance to people when they were agitated or anxious.

Staff told us they enjoyed working at the home, because they had time to get to know people well. Care staff were supported by activities, domestic and catering staff, which meant they could focus solely on supporting people according to their individual needs and abilities. The provider's 'keyworker' policy, made sure that each person had a named member of staff to look after their interests, co-ordinate their care and to develop an individual relationship of trust. Keyworkers were matched to people according to their shared cultures, language and interests. One person we spoke with clearly identified more closely and felt more enabled to be themselves with their keyworker than with other staff.

We heard people talking with staff and the registered manager as they would with a friend. We heard people enjoying jokes and talking about their families, as if staff knew their families equally well. One person told us, "I have made many friends here. The staff and residents are friendly" and a member of staff said, "It's homely, everyone knows everyone."

People told us staff respected their privacy and promoted their dignity by encouraging them to maintain their independence and have choices about their lives and lifestyles. One person told us, "I choose how I spend my day, like my seating arrangement and view in the lounge" and "I like to have breakfast in my room and I return to my room in the evening at about 7pm." People's care plans included a section for 'factors to maximize contentment' with guidance for staff about supporting people to maintain their preferred routines and how to promote their privacy and dignity.

People's care plans included the person's religion, culture, occupation, family and significant events and invited people to express their sexuality if they wished to share this information, which helped staff to understand people's habits and motivations. Staff were enabled to support people to maintain their

individual personal, cultural or religious traditions because they had training in equality, diversity and human rights.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People and relatives told us staff treated them as individuals and their care was planned to take account of their preferences. Care plans included people's likes, dislikes, preferences and interests. People told us staff soon got to know their habits and preferences and said they were happy that they were supported to go out when they wanted and to spend time doing things they enjoyed.

Staff knew people's preferences for how they spent their time and understood how to support people's diverse, and sometimes conflicting, needs effectively. A member of staff explained, "[Name one] won't have the television on in the morning, they like the radio, but [Name two] likes something to watch. They always sit next to each other. I put the radio on for [Name one] and the television with no sound on for [Name two]. We saw both people continued to choose to sit next to each other most of the day, which demonstrated the effectiveness of staff's actions.

The provider employed two activities coordinators to make sure people had opportunities to engage in pastimes they enjoyed and were supported to socialise at the home and at outside events. During our inspection visit people were supported by staff to play dominoes, join in a quiz, do word puzzles, go out for walks and engage in one-to-one conversations. People told us, "Staff take me into the garden and my [family] takes me out to town" and "I join in with some things. I pick and choose."

People told us they particularly enjoyed the traditional, seasonal and special celebration events that staff organised at the home, such as Christmas, saints' days' and summer parties. A member of staff told us, "Staff can celebrate personal things. We will celebrate births with a name chart and baby shower. People like to be involved in that." The activities coordinators kept records and photo albums when people took part in craft work, team games and social events, which helped people to reminisce about the recent past. We saw photos of people taking part in a variety of activities, such as the gardening club, flower arranging, dancing, painting, enjoying music and exercise sessions.

Staff kept daily records of how people were and how they spent their day and shared information with the registered manager and people's families. When changes in people's needs or abilities were identified, their care plans were updated. The registered manager regularly reviewed people's care plans to make sure any changes in their needs and abilities were included in an updated care plan. People and relatives were involved in discussions about changes and the registered manager asked healthcare professionals for advice, to make sure all possible options were considered for specialist equipment to keep people safe and comfortable.

People were invited to regular meetings to make sure they had the opportunity to make their preferences and choices about the housekeeping, meals and social activities known. Relatives were welcome to visit at any time. Some relatives told us they felt welcome enough to visit every day.

People told us they had no complaints, but were confident any complaints would be taken seriously and resolved promptly. The provider's complaints policy was explained in a poster in reception, along with the names and photos of the staff. This gave people and relatives an understanding of staff's responsibilities and encouraged them to make their views known.

## Is the service well-led?

### Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

The provider conducted regular surveys of people, relatives and healthcare professionals, to obtain their views of the quality of the service. The most recent survey showed 73% of people were happy with all aspects of the service. The provider had posted the results of the survey, including the actions they would take to improve people's experience, in an open letter in reception. People and visitors were invited to share their views in a comments book in reception. There were only positive comments in the comments book, such as, "I am very impressed with the care", "It is the best afternoon I have spent enjoying myself" and "Thanks for a lovely party." A member of the support staff team told us, "It is a small, happy home. I hear people laughing. It is good here. All [Name's] homes are good."

The home was well-led. The registered manager and staff shared the provider's values to put people at the heart of the service. Staff told us they liked working at the home and felt well supported by the registered manager and provider. Staff told us they knew the registered manager well, because they had previously worked at the home as care staff. Staff said, "They are very hands on. They are always willing to come in" and "They really understand the job role and how to promote good health for people and for staff." A relative told us they had no complaints because, "The manager is very approachable and will try and get things done."

The manager had been appointed since our previous inspection and had been registered with us since January 2017. They understood their legal responsibilities and sent us statutory notifications about important events at the home. Staff trusted the registered manager and felt empowered by their professional and caring leadership, which motivated them and gave them confidence in their practice. Staff told us, "I can ask the manager anything" and "Teamwork has improved and staff are more professional. They all strive to improve. They all understand their role better and do training."

Staff told us the culture of 'caring' included staff, because the registered manager took a genuine interest in staff's welfare. Staff were supported to progress their career by studying for nationally recognised qualifications in health and social care. Staff felt supported to work safely and were able to choose to keep up to date with training during their planned maternity leave. The registered manager had organised a surprise celebration party for a member of staff who had worked at the home for 25 years. Staff told us, "[Name] had a certificate and a plaque for their 25 years here. It was a lovely surprise. [Name] had the biggest smile."

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. The provider's area manager made regular quality monitoring visits to the home to make sure the quality of the service was maintained across the group of homes. Staff told us the provider was equally interested in maintaining the quality of the

service for people and staff. They told us, the refurbished laundry and new washer and dryer were good because, "They are so quick", which saved time for staff. One member of staff told us, "They come round now and again. They would come if we needed them. They buy quality stuff, whatever people ask for."