

## Brighterkind (Granby Care) Limited

# The Granby

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Granby is a large nursing home providing personal and nursing care for up to 82 people, aged 65 and over. At the time of the inspection there were 47 people living at the service. The care home is set across three floors serviced by a lift.

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

Improvements had been made since the last inspection. Governance systems were now in place and effective in monitoring the quality and safety of the service. Action had been taken where shortfalls had been identified.

Risks in relation to the environment were now assessed and action had been taken to ensure risks were mitigated where possible. People had individual risk assessments in place that had been regularly reviewed and updated when changes occurred.

Medicines were stored, administered and recorded safely. Guidance for staff was now in place for medicines that were prescribed as and when required.

Improvements had been made with regards to the deployment of staff. Progress had been made with recruitment which had resulted in a reduction in the use of agency staff. Some people reported having to wait for support at busy periods. We have made a recommendation in relation to monitoring and auditing of call bell response times.

Staff had been recruited safely. People told us they felt safe living at the service and spoke highly of the staff team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to be involved in making decisions about their care and support.

The regional support manager had spent time working closely with the staff team to help build a positive and inclusive culture. People, relatives and staff were encouraged to provide feedback on the service provided. Action had been taken to address any issues raised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 26 April and 4 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve assessment of risk, deployment of staff and governance systems and processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Granby on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# The Granby

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by two inspectors 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.

#### Service and service type

The Granby is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Granby is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new registered manager had been recruited and the recruitment process was ongoing. The regional support manager was currently managing the home.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 3 members of staff including the regional manager, regional support manager and deputy manager.

We conducted a tour of the service and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

Following the inspection site visit we request some documents electronically. These included meeting minutes and audits. We also contacted 10 members of staff via email to request feedback on the service and support they received. We received responses from 3 members of staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider failed to assess the risks relating to health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider is no longer in breach of regulation 12.

- Risk relating to the environment were now assessed and recorded. Action had been taken to reduce environmental risks where possible including the risks in relation to single pane windows and open staircases that were identified at the last inspection.
- Risks to people had been regularly reviewed and updated when changes occurred. For example, if a person mobility had declined their care plan and risk assessment had been updated to reflect this.
- Some people were assessed as being at risk of choking. Care plans and risk assessments were in place which provided guidance to staff on how to manage the risk. However, we found one example where professionals advice with regards to choking was not accurately recorded in the persons records. This meant staff did not have access to the most up to date information. This was addressed during the inspection.
- Accidents and incidents were monitored, and an audit was in place to identify any patterns and trends.

Staffing and recruitment

At the last inspection the provider failed to ensure there was sufficient staff available to meet people's needs in a timely way. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider is no longer in breach of regulation 18.

- Improvements had been made with regards to staff deployment. We observed that staff were visible around the home throughout the inspection and the majority of call bells were answered in a timely manner.
- Agency staff were used to ensure safe staffing levels were maintained. The regional support manager told us, "We have made progress with recruitment and now use about half the amount of agency staff we were using this time last year. This has improved consistency."

- We received mixed feedback from people with regards to staffing levels. Comments included, "They have struggled with staffing, but new faces are coming in now. I don't usually have to wait long if I press my call bell" and "Staff come and check on me at night but they never have time to chat, they are too busy"
- Some people and relatives raised concerns over the length of time it sometimes took for staff to respond to call bells. One person said, "They have been short staffed with lots of agency. If I need the toilet sometimes I have to wait."

We recommend the provider continues to monitor staff deployment within the service and take action to complete quality audits on call bell response times to ensure people's needs are being responded to in a timely manner.

- Safe recruitment processes were in place and followed. All appropriate pre-employment checks had been completed.

### Using medicines safely

At the last inspection the provider failed to maintain accurate and complete records in relation to medicine management. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider is no longer in breach of regulation 17.

- Medicines were stored, administered and recorded appropriately. People told us they were aware of the medication they were taking, and it was administered on time.
- Medicine audits had been effective in highlighting any shortfalls. Action had been taken to address any issues found.
- Guidance on when and how to administer medicines prescribed 'as and when required' were in place.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had received safeguarding training and were aware of action to take if they had any safeguarding concerns.
- People told us they felt safe living at the service. Comments included, "I feel safe because there is always someone around to help me" and "I have no reason not to feel safe here."
- Any safeguarding concerns had been reported to the local authority as required.

### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.



## Visiting in care homes

- Visits to The Granby were in line with government guidance. We observed a number of visits taking place during the inspection.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to have effective systems to ensure a quality and safe service was delivered. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider is no longer in breach of regulation 17

- Effective systems and processes were now in place and used to monitor the quality and safety of the service provided.
- Where shortfalls had been found, action plans were put in place. Action plans were regularly reviewed by management within the home, as well as senior management, to ensure timely progress and improvements were made.
- There had been increased provider oversight within the home to ensure shortfalls found at the last inspection were addressed.
- The provider was aware of the staffing issues, the use of agency staff and the impact this had on people. A new recruitment campaign had been launched to address the issue.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service had improved. The regional support manager had spent time working closely with the staff team to help build a positive and inclusive culture. The regional manager told us, "The staff team are more settled than they ever have been now. [Regional support manager's name] has been able to settle the staff team after a very turbulent 2 years."
- Positive relationships existed between people and staff. People spoke highly of the staff team and their approach. Comments included, "I have great trust in them (staff)" and "Staff are very pleasant and friendly."
- People told us they were happy living at The Granby. There was a warm, welcoming and relaxed atmosphere.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood requirements in relation to duty of candour and had an open and honest approach.
- There was currently no registered manager in post. However, steps had been taken to address this and a new manager had been appointed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were actively involved in the service. Regular resident and relative meetings took place and people were encouraged to share their views. For people who were unable to attend, minutes of meetings were printed out or shared via email.
- 'You said, we did' boards were on display to keep people and relatives up to date with actions completed as a result of the feedback provided.
- Staff felt valued and fully involved in the service. Comments included, "I feel confident that my views are listened to and relevant information is shared with me."
- The service had good links with other professionals. Records showed that staff actively engaged with other professionals to ensure people received the support they required in a timely way. This help achieve positive outcomes for people.