

Grace Bridge Limited

Grace Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Grace Lodge is a care home providing accommodation and personal care for up to 15 older people, who may be living with dementia. At the time of our inspection there were 12 people living at the home.

The inspection took place on 3 November 2015 and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staffing levels were sufficient to meet people's needs, call bells were answered promptly and people did not have to wait for their care. There was an effective recruitment process that was followed which helped ensure that only suitable staff were employed.

People told us that they felt safe and relatives said they felt confident that their family members were well looked

Summary of findings

after. Staff received training in recognising the signs of abuse and were aware of how to report concerns. Risk assessments were completed to identify potential risks and these were regularly reviewed and updated.

Medicines were managed well and staff were aware of emergency protocols in place for people. People were supported to maintain good health and had regular access to a range of healthcare professionals who told us that staff listened to their advice to keep people well.

People told us that the quality of food and portion size was good. People were supported to maintain a healthy diet. Where people required support to eat this was provided in a dignified and unhurried way.

Staff received necessary training and support to enable them to do their jobs. There were monitoring tools in place to ensure that training, supervisions and appraisals were kept up to date.

People described staff as “Obliging, “Friendly” and “Kind”. We saw positive interactions between staff and people who took time to explain what was happening. Staff had a good understanding of people’s legal rights and took time gain consent from people.

Each person had an individualised plan of care which gave details of the person’s preferences and needs. Staff knew people well and approached them with kindness. People’s dignity and privacy was respected.

There were a range of activities for people to participate in. Some people and relatives had said they would like this to increase. The registered manager had acknowledged the comments and taken steps to address this by increasing the number and variety of activities available.

People and their relatives spoke highly of the registered manager who they said was approachable. Feedback was sought from people regarding the quality of the service and action was taken to address any concerns raised. A complaints policy was in place and people told us they would feel comfortable in raising any concerns.

Summary of findings

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.

Staffing levels were sufficient to meet people's needs in a timely way.

People were protected from the risk of avoidable harm as risk assessments were monitored.

Medicines were administered and managed safely.

People were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Appropriate checks were undertaken when new staff were employed.

Good



Is the service effective?

The service was effective.

People were provided with food and drink which supported them to maintain a healthy diet.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

People were supported by staff who were appropriately trained and competent to carry out their roles.

The manager had systems in place to ensure that staff received ongoing supervision and appraisal

People's legal rights were protected because staff routinely gained their consent and where possible allowed people to make decisions for themselves.

Good



Is the service caring?

The service was caring.

Staff supported people in a caring way and respected their privacy.

People were involved and choices were respected.

People and their relatives told us that staff were friendly and kind.

Good



Is the service responsive?

The service was not always responsive.

Activities were offered which people told us they enjoyed.

Care records were detailed and regularly updated to reflect people's needs.

People were given information about how to make a complaint and said they would feel comfortable in doing so.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The home had a positive and open culture where people were encouraged to express their ideas and thoughts.

The manager maintained accurate records which were easy to read.

Quality assurance audits were carried out to ensure the quality of the care provided.

Feedback regarding the quality of the service was sought from people and their relatives.

Grace Lodge

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

This inspection took place on 3 November 2015 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were

addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This was because we inspected the service sooner than we had planned to. 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.

As part of our inspection we spoke with the seven people who lived at the home, two relatives, three staff, the registered manager and a healthcare professional who visits the service regularly. We also reviewed a variety of documents which included the care plans for four people, three staff files, medicines records and various other documentation relevant to the management of the home.

The home was last inspected in 25 September 2013 when we had no concerns.

Is the service safe?

Our findings

People told us they felt safe living at the home, “I’ve no worries about anything here.” One relative told us, “I definitely think (family member) is safe. I’ve recommended the service to people; I wouldn’t have done that if I didn’t think it was safe.”

People were protected from risks to their health and wellbeing. People had comprehensive risk assessments in place which were reviewed regularly and took into account their individual needs. For example one person had been assessed as being at risk of malnutrition. Guidance was available to staff on how to ensure the person received fortified foods and a high calorie diet. Risk assessments were in place for people who were at risk of falling, detailed management plans gave guidance to staff to reduce risks. Staff demonstrated to us their understanding of the risks to people they cared for and what they needed to do when providing care to help keep people safe and well.

People were safeguarded from abuse. The home had clear safeguarding policies and procedures in place for staff to refer to. Staff were able to explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or to the police if this was necessary. Staff had completed training regarding safeguarding people from abuse and records confirmed this was the case.

There was sufficient staff on duty to meet people’s needs. The registered manager told us there were two staff members throughout the day with an additional staff member early morning and in the evening to support people with their personal care. There was one waking staff member at night with an additional sleep-in available to offer support when required. Records confirmed the allocated staffing levels were met. The registered manager was not included in the allocated staff numbers but was on hand to help when needed. There were also other staff

employed to help support people including domestic, catering staff and maintenance. People told us they didn’t have to wait for care, “They usually always come straight away, I very rarely have to wait and even then it’s never more than five minutes.” During the inspection we observed that call bells were responded to quickly.

There was a safe recruitment process in place. Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files contained a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Medicines were managed safely. Staff had received training to administer medicines properly and their competency in doing so had been assessed. Each person had a recent photo on their Medication Administration Records (MAR charts) and details of allergies were recorded. Medicines were stored securely and MAR charts showed that medicines had been administered in line with prescriptions. Regular stock checks were completed and systems were in place for returning unused medicines to the pharmacy.

A number of people administered their own medication and risk assessments had been completed with people to identify any support they may require. Where appropriate protocols were in place for the administration of ‘as needed’ medicines (PRN) which gave staff clear direction.

Routine maintenance and checks were recorded. These included safety inspections of the portable appliances, nurse call systems and legionella testing. The fire alarm was tested weekly to ensure it was in working condition and the service had an up to date fire risk assessment. The environment was clean, tidy and free from obstacles which may present risks of trips or falls.

Is the service effective?

Our findings

People told us they enjoyed the food. One person said, “The food is very good.” Another person told us, “The food is excellent and I’m very fussy about my food.” There was a menu plan in place which offered one option. Staff told us that if people preferred an alternative they would provide this. One person told us, “I can ask for what I want and they do it for me.” We observed at lunchtime that an alternative meal was provided and the person told us this was what they had requested. However, other people told us that although they knew they could ask for an alternative it would be nice if there was a choice given.

We observed lunch being served in the dining room. Tables were nicely laid with drinking glasses, condiments and cutlery. A selection of drinks were available and staff offered people additional drinks. The food looked and smelt appetising with good portion sizes. One person required minimal support with their meal, a staff member observed when they needed help and this was provided in an unobtrusive manner. Some people chose to eat in their rooms, they received their meals at the same time as people in the dining room which meant they were still hot.

People’s weight was checked monthly and appropriate action was taken when people were observed to have lost weight. For example, one person’s care plan showed that they had lost weight over two consecutive months. A referral had been made to the dietician and the persons care plan recommended a high calorie diet. One person had been assessed by the Speech and Language Therapy team as requiring a soft diet, we observed this was provided at lunchtime. Guidelines were available and the staff member was aware of what precautions to take to ensure the food was safe.

People had access to external healthcare professionals and received the healthcare support they required. A healthcare professional told us that they were informed of people’s health needs which may affect the treatment they gave. They said, “I think it’s a fantastic place, staff are caring and aware, they will always call if someone deteriorates and follow guidance given.” A relative told us, “I’ve no concerns, they have a very good relationship with the GP surgery and they arrange people to visit for sight, dentists and hearing.”

Care plans detailed what support people needed to remain healthy and records were kept of appointments and

outcomes. For example, one person was at risk of their health deteriorating quickly. There were detailed guidelines in place to inform staff of the signs to look for and action to take. Records showed that staff had acted on the guidance given and requested support from the GP as soon as they recognised a change in the person’s condition. This meant the person had received additional medication in a timely manner which prevented the person’s condition worsening.

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’s legal rights were protected because staff routinely gained their consent and where possible allowed people to make decisions for themselves. Staff told us they tried different ways to gain people’s consent if they refused care. For example, they told us that one person may refuse personal care, they would explain why they wanted to help them, if they continued to refuse they would wait for a while before asking the person again. We observed one person who had chosen to remain in their room at lunchtime required support with their meal but asked the staff member to leave their room. The staff member waited outside the person’s room for a few minutes before returning and asking if they would like some help which the person accepted.

Care records contained evidence that people’s capacity to make decisions had been assessed. Files we viewed showed that people had the capacity to make day to day decisions and prompted staff to ensure that people were supported with this.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were no restrictions to people’s liberty in place. People were able to open the front door from the inside and there were no areas of the home which people could not access.

The registered manager and staff had a good understanding of current legislation and guidance around

Is the service effective?

the MCA and DoLS and records showed that staff had received training in this area. One staff member told us, “It’s their right to tell us what care they want and need, it’s easier for people if we’re all working towards what they want. If people couldn’t make their own decisions we’d work with families and others to do things in their best interests.”

Records showed that staff received training in areas appropriate to their work and staff confirmed the training supported them to carry out their roles effectively. We looked at training records in place and saw that mandatory training which included manual handling, first aid, food

hygiene, fire safety awareness, health and safety and administration of medicines were undertaken by staff as part of their ongoing development. Staff training needs were monitored to ensure their knowledge was regularly updated.

Staff told us that they received regular supervision with and annual appraisals of their performance and records confirmed this. One staff member said, “We have supervision every three months to see how we’re doing, it helps us to know how we need to develop, it’s really good practice.”

Is the service caring?

Our findings

People told us that staff were kind and treated them with respect. One person said, “The staff are very nice, they will always do what I ask them, I can ask for anything.” Another person said, “The staff are very obliging and friendly.” One relative told us, “Staff are friendly to everyone here, they have a good rapport, fun but respectful.” A visiting health care professional said, “Staff are very caring, I’ve no issues with the care people receive.”

We observed staff interacting positively with people and the atmosphere in the service was calm and relaxed. Staff kept people informed about what was happening and waited for a response. For example, one staff member knelt down to ask a person if they would like to come for lunch. They waited for the person to agree before standing to offer support. They chatted easily whilst walking to the dining room.

People were supported by staff who knew them well. We observed staff chatting to people about their family and things they enjoyed. Staff were able to tell us about people and describe their needs and preferences. Staff spoke about people affectionately, “It feels like a family, we have good friendly relationships with people, we’re more friends than staff and this makes people feel comfortable.”

People’s privacy was respected. We saw that staff routinely knocked on people’s doors and requested permission before entering their rooms. Staff were discreet in the way in which they supported people and personal care was undertaken in private.

Attention had been given to people’s personal appearance. We saw people were well cared for and wore appropriate clothing that was clean and fresh. They wore appropriate footwear that fitted safely. Gentlemen were freshly shaved and people’s hair was neatly styled. A member of staff told us it was important that people that they looked nice and wore nice clothes.

Choices around people’s daily routines were respected. People told us that they were able to get up and go to bed at a time that suited them and this was confirmed during our observations on the day of inspection. One person told us, “I like to have my breakfast in bed and then might doze for an hour or so before I get up which suits me. I like to be the last person in bed.” Care plans contained details of people’s preferences, likes and dislikes and daily notes contained information about how the person had been and how they had spent their time.

Some people told us they preferred to spend their time in their rooms and this was respected by staff. We heard staff asking people where they would prefer to spend their time. People’s rooms were comfortable and personalised with people’s own furniture and belongings. All areas of the home were warm and clean.

There was good communication between the home and people’s relatives. Relatives told us they were always made to feel welcome when visiting the service and there were no restrictions in place as to when they could visit. One relative said, “If anything’s wrong or if anything’s changed they tell me as soon as I walk through the door. We’re always made to feel welcome.”

Is the service responsive?

Our findings

Activities were provided during the week although people said it would be nice to have a few more things planned. One person told us, "(Name) comes in a couple of times a week and gets us singing the old songs, we have the television, go out with family and staff walk us out in the garden. It would be nice to have a bit more going on but we're quite happy." Other people told us they enjoyed spending time reading and listening to music, they could join in activities if they wanted to. One person said, "I don't get bored or lonely, I have my books and my family visit."

During our inspection we saw people spent time reading, chatting and watching television. The registered manager told us they had received comments on the last service questionnaire that activities could be improved. In response they had employed a specialist to offer music, exercise and chair Pilates twice each week and were continuing to explore other activities which people would enjoy. People told us they enjoyed the activities provided.

People's needs were assessed prior to them moving into the home to ensure their needs could be met. People were able were involved in their assessment as much as possible and were supported by a relative if appropriate. Assessments were detailed and included areas such as people's communication needs, personal background, likes and dislikes, physical health needs, cognitive ability, mobility, dietary needs and information about family and friends.

Care plans contained detailed information about people and how they preferred their support to be provided. Information about people's likes and dislikes and life histories were well documented and staff were seen to know people well. Care plans were reviewed regularly and any changes in people's needs were reflected. For example, one person's care plan had been recently changed to reflect they now needed two staff members to support them with personal care due to their mobility needs. Detailed guidance was given on how staff members should work together to support the person.

Daily notes were personalised and included details of the care and support provided in addition to observations on the person's mood, any comments they had made during the day and social activities they had been involved in. They also recorded visits from family and health care professionals.

A complaints policy was in a place and clearly displayed. A relative told us they had not had reason to raise a complaint regarding the service but were aware of how to do so and indicated where the policy was displayed. They said, "If I'm worried about anything I can always speak to the manager. I always get a response." People told us they would feel comfortable in telling any of the staff or the manager if they were concerned about anything. A complaints log was kept and monitored although no complaints had been received within the last year.

Is the service well-led?

Our findings

People told us that they thought the home was well managed. One person said, “The manager listens and always tries to make things right for us”. One relative told us the manager was approachable and they would be able to discuss anything with them. One staff member told us, “It’s a good place to work, I feel very supported and could talk with the manager about anything.”

The culture of the home to be open and positive. The registered manager was accessible to staff. During the inspection we observed people asking advice regarding people’s care. We saw the registered manager spent time with people during the day, checking they were happy and there was nothing they needed.

Staff had the opportunity to be involved in the running of the service. Regular staff meetings were held to inform staff of any important changes in the service and daily handovers took place to ensure staff were clear on the responsibilities. One staff member told us, “We work as a team, if something isn’t going the right way we can talk to each and discuss the best way to do things. We know each other well and can say if we think it’s better to do things a different way.” We observed staff communicated well with each other.

There was a monitoring system to check that the quality of the service provided. The registered manager carried out a number of checks and audits, which quality assured areas such as accidents, care files, medicines and people’s weights. Action was taken promptly when required to ensure that people received the support they required. Reviews of care plans and risk assessments were undertaken in a timely manner which meant staff had the most recent information and guidance in relation to people’s care.

There were procedures in place for recording and monitoring incidents and accidents. Records showed accidents and incidents had been reviewed and where appropriate referrals had been made to external professionals. For example, following two falls a person had been referred to the falls team who had recommended changes to the lay out of the person’s room and changes to how staff supported them. We observed these changes had been made and staff were able to describe to us how they now offered support to the person in line with the recommendations made. Guidance was provided to staff to minimise the risk of incidents and incidents being repeated.

The registered manager had a good understanding of their legal responsibilities as a registered person, for example sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals. The registered manager was also knowledgeable about the people who lived at the home, the staff employed and how best to utilise their skills. Records relating to the management of the home were well maintained and confidential information was stored securely.

Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time.

Satisfaction surveys were used to gain feedback on the quality of the service from people and their relatives. The most recent survey showed that two relatives had requested additional activities which the manager was addressing. Other comments included, ‘Very satisfied with Grace Lodge’ and ‘All staff are very friendly and welcoming, very impressed’.