

Sovereign Care (North East) Ltd

The Grange

Inspection report

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Date of inspection visit:
03 February 2020

Date of publication:
17 February 2020

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

The Grange provides accommodation for up to 18 people with mental health needs. 18 people were using the service at the time of the inspection.

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

People told us the service was safe. Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse. Risks were well managed and the provider learned from accidents and incidents. Systems were in place for the safe storage, administration and recording of medicines.

People were supported with their healthcare needs and had access to healthcare professionals when required. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People told us staff were kind and treated them with respect. People were given information in a way they could understand. Staff included people in the care planning process and their preferences and choices were clearly documented in their care records.

Staff protected people from social isolation. People were provided with the opportunity to take part in activities that were relevant and important to them. There were good links with the local community.

People did not have any complaints about the service. The provider monitored the quality of the service to make sure they delivered a high standard of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 November 2015). There was an inspection on 6-7 December 2017 however the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Grange

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 Care Act 2014.

Inspection team

One inspector and an Expert by Experience formed the inspection team. 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 Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with the registered manager and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the inspection on 22 September 2015 this key question was rated as good.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at The Grange. One person told us, "Yes, [I am] definitely [safe], without a doubt."
- The provider had a safeguarding policy and procedure in place. The registered manager and staff understood safeguarding procedures and had followed them. Staff had been trained in how to protect people from abuse.

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

- The provider learned from accidents and incidents. They made changes to reduce the risk of them reoccurring.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- Staff carried out checks to ensure people lived in a safe environment and regular maintenance was carried out. The provider had acted to address issues identified in a recent fire service inspection. They were waiting for the fire service to return to confirm all the actions had been completed.
- The home was clean. However, no recent infection control audits had been carried out. The registered manager actioned this immediately.

Staffing and recruitment

- The provider had an effective recruitment procedure in place. They carried out appropriate security and identification checks when they employed new staff.
- There were enough staff on duty to meet people's individual needs.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- Staff who administered medicines were appropriately trained and were required to undertake an annual competency assessment.

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.

At the inspection on 22 September 2015 this key question was rated as good.

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

- Staff carried out assessments of people's needs before they started using the service. Regular holistic assessments and reviews took place to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- People told us staff had the right skills to provide their care and support. Comments included, "You can't fault the staff here" and "Yes, I like the staff. They are very, very friendly."
- The provider ensured staff were supported in their role. Staff received regular supervisions and an annual appraisal.
- New staff completed an induction to the service. Refresher training took place frequently and was monitored by the registered manager to ensure it was up to date.

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

- Staff supported people with their dietary and nutritional needs. Care records described people's individual needs and preferences and whether they required any support.
- Menus were planned in consultation with people. People were provided with choices at mealtimes and most spoke positively about the food. Comments included, "There's always plenty" and "It's nice, I enjoy the food."
- Snacks and drinks were provided regularly throughout the day.

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

- Staff supported people with their healthcare needs. People had access to healthcare professionals when required. These included, GPs, speech and language therapists, community nursing teams and dentists.

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

- The premises were suitable for the people who lived there and had been adapted to meet their needs.
- Bedrooms were individually decorated and furnished. Most of the people were independently mobile and corridors were clear from obstructions.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff worked in line with the MCA. The registered manager and staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- The service had fingerprint recognition technology on external doors. This enabled people not subjected to DoLS to leave the premises, whereas people who had a DoLS in place could not leave without support.

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.

At the inspection on 22 September 2015 this key question was rated as good.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, considerate and treated people with respect. We observed many positive interactions between staff and people. People spoke positively about the caring nature of staff. One person told us, "They [staff] always say if you have any problems just let us know if there's anything on your mind. Come and talk to us if you have any problems. It doesn't matter what it is."
- Staff supported people if they had any specific religious or spiritual needs. These were documented in care records.

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

- People's preferences and choices were clearly documented in their care records. One person's record stated, "It is important for [name] to be dressed smartly and [name] is to be included in the choice of clothing for each day."
- Advocacy information was available for people if required. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Some of the people using the service at the time of our inspection had independent advocates.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person told us, "Yes, at all times, definitely." Staff knocked on doors before entering bedrooms and bathrooms.
- Staff supported people to remain as independent as possible. They gave people 'space' whilst in the home but were on hand if support was needed.
- Some people were able to independently access the local community. People helped to lay the tables prior to meal times and had a rota system for washing up. One person enjoyed helping the cook in the kitchen three days per week.

Is the service responsive?

Our findings

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

At the inspection on 22 September 2015 this key question was rated as good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff regularly reviewed care records and kept them up to date. They included important information about the person and were person-centred.
- Support plans had clear goals that staff were enabling people to achieve.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided people with information in a way they could understand. Records clearly described people's communication needs and their personal preferences.

End of life care and support

- Staff supported people with their end of life care needs. People had been asked whether they had any plans or wishes regarding their end of life. Where people had expressed wishes, these were recorded.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from social isolation. Most people spoke positively about the activities that took place although two people said they would like more activities. People enjoyed bingo, games, quizzes and karaoke.
- Staff supported people to live full and active lives. This including supporting people to access the local community such as shops, social clubs and pubs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. This ensured complaints and concerns were acknowledged, investigated and responded to.
- People did not have any complaints about the service however some people told us they did not know how to make a complaint. Complaints were discussed at residents' meetings. The policy, including an easy to read version, was visible throughout the home.

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 the inspection on 22 September 2015 this key question was rated as good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was approachable and promoted a person-centred culture. One person told us, "I've seen a few managers here over the years and [registered manager] is the best."
- Staff felt valued and supported in their role. They were involved in making decisions about the service. They told us, "You can ring [registered manager] any time" and "[Registered manager] is very supportive."
- People and family members were encouraged to feedback on the quality of the service via regular surveys and meetings. One person told us, "We have residents' meetings once a month. We talk about everything."

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; Registered managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager acted in an open and transparent way. They and their staff understood their roles and responsibilities.
- The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care.

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous improvement. Following the publication of CQC's 'Smiling matters' report into oral health, the registered manager booked additional training for staff and ensured all the people's oral health needs were reviewed.
- The registered manager was an accredited healthcare trainer and The Grange was a registered location for training to be carried out.
- The registered manager and staff worked in partnership with health and social care professionals. People and staff had good links with the local community.