

Worcestershire County Council

The Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

The Grange provides accommodation with personal care for up to 34 people. People usually came to the Grange for rehabilitation direct from hospital in order to regain skills such as improvement in their mobility before returning to their own home or to alternative accommodation. People's stay at The Grange was up to a maximum of four weeks. At the time of our inspection 18 people were living at the home. At the last inspection in June 2015 the service was rated Good.

There was a registered manager in post at the time of our inspection although they were not present at the time of our inspection. 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 who needed assistance with the administration of their medicines told us they received these as prescribed and when needed. However medicines which required specific storage arrangements were not stored correctly.

People told us they felt safe living at the home and liked and related well with the staff who were supporting them. Staff knew how to keep people safe and whom to report any concerns about people's safety to. People felt there were sufficient staff available to meet their needs and confirmed the staff on duty were consistent and known to them. Risks to people were assessed and known to staff. Accidents and incidents were reviewed and analysed to identify any trends.

The care people received was carried out by staff who received regular training and support to enable them to do their job. Staff felt supported and enjoyed the work they were employed to do. Staff told us they were well supported by the management. Management were available to offer guidance to staff and assisted in the provision of care as needed.

People told us they were consulted about their care and support. People were not restricted and staff had awareness about the importance of this. Most people were complimentary about the food provided and confirmed special diets were catered for and a choice available to them.

People felt staff responded to them as needed although there were times when improvements were identified as needed during the inspection. Records completed by staff did not always reflect drinks people had received to meet their personal needs. People felt confident to make complaints in the event of them needing to do so.

People were supported within the home by healthcare professionals to assist in their rehabilitation to return home or move to alternative care locations. People's healthcare needs were met with the support of other healthcare professionals as needed.

People were involved in making plans about their care at the home and when they returned home. People were aware the time they were able to spend at the home was limited while they received rehabilitation. Although people received exercises to help with their mobility they told us they had little to do throughout the day other than watch television and talk with others.

The views of people were sought once they had left the home and returned to their own property or moved to another care home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Where people needed assistance with their medicines these were not always stored as required.

People were protected from the risk of abuse by a staff team who were knowledgeable about their responsibilities.

Risk assessments associated with people's care were undertaken.

Regular staff were on duty to provide consistency in people's care.

Is the service effective?

Good ●

The service remains Good

People were supported by staff who had received training and felt supported by the management.

People were able to make choices about their lives and were not subjected to restrictions.

People were able to select what they wanted to eat and drink.

People were supported by healthcare professionals.

Is the service caring?

Good ●

The service remains Good

People were cared for by staff who were kind and friendly.

People were involved in their care and encouraged to regain their independence.

People felt their privacy and dignity was upheld.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's individual needs were not always responded to consistently.

People were not always supported to engage in activities such as hobbies and interests.

People were aware of how to make a complaint and were confident they would be listened to.

Is the service well-led?

The service was well led.

Management systems were in place to ensure safe practice was followed.

Feedback had been sought from people, relatives and staff and was acted upon. People and staff were complimentary about the manager and the management team.

Good ●

The Grange

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.

This inspection took place on 19 and 20 September 2017. The first day of our inspection was unannounced. We let the team leader know we would be returning and indicated it was likely to be the following day. The inspection was completed by one inspector 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.

Prior to our inspection the provider had 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 intend to make. We reviewed the information we held about the service and looked at notifications they had sent to us. A notification is information about important events which the provider is required by law to send to us. The inspection considered information shared by the local authority who have responsibility for commissioning services.

During the inspection we spoke with 14 people who lived at the home, three visiting relatives and two healthcare professionals.

We also spoke with five staff members including senior care staff. In addition we spoke with the team leader and the provider's representative. Following the inspection we spoke on the telephone with the registered manager. We looked at care plans and risk assessments relating to two people plus medicine records for four people. We also looked at records maintained by the management team such as audits, minutes from meetings and compliments and complaints.

Is the service safe?

Our findings

Following our previous inspection on 3 August 2015 we rated this question as Good and found people were receiving a service which was safe. Following this inspection we have changed the rating to Requires improvement.

People we spoke with confirmed they received their medicines when they wanted them and were able to request items such as painkillers if they needed them. Some people self-administered their medicines while other people had theirs administered either by staff or under the guidance of staff. The majority of medicines were stored in people's own bedrooms to enable people to be more independent with the management of their medicines.

However, we looked at the storage arrangements for certain medicines. We found these were not stored within the requirements for a specific type of medicine. Staff we spoke with confirmed the arrangements in place at the time for these medicines. The team leader undertook to take immediate action to improve the storage arrangements. Following our inspection the registered manager confirmed they had been made aware of the shortfall identified and confirmed the actions taken to ensure these medicines were stored safely and in line with requirements. The records for these medicines were found to be in order.

We saw staff administering medicines to people. Staff were seen checking people's Medication Administration Records (MAR) sheets prior to administering people's medicines. This was to ensure they were administered correctly and safely.

People who were living at the home told us they felt safe at the home and with the staff who were caring for them. One person told us, "I feel safe, too happy to be anything other than safe." Another person told us, "Feel safe here they [staff] are very good, can tell them how I feel." A further person told us they liked the home because staff gave them time to do things and this made them feel safe. Staff we spoke with were aware of their responsibility to report any suspected or actual abuse to the registered manager. These members of staff were aware of other people and agencies they could report any concerns about people's safety to. Information was on display giving a confidential telephone helpline number for anyone wanting to report abuse.

Risk assessments were in place and staff had an awareness of the risks people were subjected to. For example staff were aware of people at risk of weight loss. Risks relating to eating and drinking and falls were also identified. Staff told us people's care and support needs were discussed as part of sharing information about people's needs between shifts. We saw systems were in place to audit accidents and incidents to establish whether there were any trends and to identify methods to reduce the risk of injury to people. The registered provider had a leaf system in place. Coloured leaves identified people who had a history of falls prior to moving into the home and people who had fallen at the home itself. We saw staff encouraging people to use walking aids and remind people to use these if they had gone without them as a means of keeping people safe from the risk of injury. Equipment within the home such as hoists to assist people with bathing were serviced as required to ensure they were safe for people to use.

People we spoke with believed there were sufficient staff to meet their needs. People told us staff were not only very good with them but also responded when they needed support such as when they used their call bell to summon assistance. The majority of staff told us the staff ratio was sufficient for them to meet the physical care needs of people who were at the home at the time of our inspection.

The home was split into three units. On the first day of our inspection eight people were living on each of the two ground floor units and two people were living on the first floor. Staff were assigned to each of these units. Due to the relative low number of people on the first floor the member of staff from that unit was assisting elsewhere in the home. Staff told us they would at times have an extra member of staff who worked across the units. Staff told us they would work additional hours if needed to cover absences such as holiday and sickness. If needed bank staff [relief staff] employed by the provider were available to cover these absences or agency staff would be employed.

At the time of our inspection the provider had a number of staff vacancies. They were making attempts to recruit to these vacancies. We spoke with the most recently appointed member of staff who confirmed checks including one to the Disclosure and Barring Service were undertaken prior to them starting working for the provider. These checks are to ensure the potential employee is of good character and suitable to work with people.

Is the service effective?

Our findings

Following our previous inspection on 3 August 2015 we rated this question as Good and found people were receiving a service which was effective. The rating continues to be Good.

People we spoke with told us staff knew what they were doing and therefore felt they had received suitable training. Staff we spoke with were complementary about the training and the support they received from both the provider and the registered manager. Staff told us they believed their training to be up to date and confirmed they received individual support from the management.

Staff told us refresher training took place at the home over a period of five days every two years. Newly appointed members of staff had received an induction including working with experienced staff and completed the care certificate. The care certificate is a nationally agreed set of standards which health and social care workers follow in their daily working lives. One member of staff told us they had recently attended training in nutrition and hydration. They told us this had heightened their awareness around the importance of people receiving sufficient fluids. Another member of staff described the training they had received as, "Intense". A further member of staff was complimentary about the training they had received to ensure they had the skills and knowledge to safely transfer people. For example assisting people to stand and the use of equipment if needed. Staff told us they were periodically observed carrying out these tasks by senior staff to ensure they were working in a safe way.

People we spoke with as well as the team leader and staff members confirmed people living at the home were able to make their own decisions. They confirmed nobody had their liberty restricted and no decisions had been made on people's behalf under best interests. Staff we spoke with confirmed they had received training in and had an understanding of the Mental Capacity Act. This act 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.

Throughout the inspection we saw examples of when people were able to make choices for themselves such as where they sat for meals. We saw staff seek permission from people before they provided assistance. Comments from people included, "Staff ask me before they do anything" and, "Staff ask permission before doing something."

People told us they were able to access drinks and were given a choice of drinks by members of staff. Comments from people included, "Have more drinks than I would normally have" and "Staff always saying would you like a drink". Other comments included, "Can have a drink whenever you like" and, "Drinks anytime, only got to ask."

The majority of people told us they liked the food provided and were complimentary about it. One person told us they had met the chef to discuss their dietary needs when they first arrived at the home. We heard

one person say when they were served their meal, Looks nice, very nice." Other comments about the food included "Meals here good" and "Good cooked meals, happy with the food." Other comments however included, "A lot of sandwiches" and "Boring".

We saw people served their meal by members of staff. People were asked whether they wanted more to eat. Staff confirmed they always had a choice of meal available to offer to people. Staff told us they were aware of people who needed a diet to meet their needs such as vegetarian options or a special diet in the event of people with swallowing difficulties. We saw staff washed their hands before they served food to people and were seen wearing plastic aprons in line with good food hygiene procedures.

People had available to them healthcare staff to assist them in their rehabilitation such as physiotherapists and occupational therapists. People told us these healthcare staff were working with them and assisting their confidence building to improve their mobility. A visiting healthcare professional told us staff at the home managed people with complex needs very well and felt they were called upon appropriately for guidance and support.

Is the service caring?

Our findings

Following our previous inspection on 3 August 2015 we rated this question as Good and found people were receiving a service which was caring. The rating continues to be Good.

People we spoke with told us they were pleased with the care and support they had received. Everyone we spoke with was positive about the staff caring for them. We saw people smiling and sharing laughter with each other. People's facial expressions indicated they were at ease with the staff team. Comments from people we spoke with included, "Very kind, any problem attend to, been amazed at the kindness of people", "Care very good, very jolly lot" and, "Ambiance of the place is good". Other comments included, "Care very, very good, excellent, can't do enough for you" and, "Everything very good." We spoke with staff to seek their views on the care provided. They all spoke positively of the standards within the home. One member of staff told us, "I think the care is very good."

Relatives we spoke with were also happy with the care their family member had received. One relative told us they had, "No concerns" and added, "Very kind and caring."

People told us their family members were able to visit whenever they wanted. Relatives told us they were made to feel welcome when visiting their family member. People told us they were involved in discussions about plans for their future such as whether it was planned they would go home or to alternative providers of care and support. People were aware of the timeframe for the care at The Grange and when it was believed they would be able to return home if possible and felt their views were taken into account. People told us they were able to make choices such as when they got up in the morning and when they went to bed.

Staff we spoke with gave us examples of how they ensured people's privacy and dignity was maintained. Throughout our inspection we saw examples of staff putting into place the principles they had described. For example providing personal care with bedroom or toilet doors shut and speaking discreetly with people for example when people needed to go to the bathroom.

People we spoke with told us they were treated with dignity and respect. One person said, "Staff do treat people with respect". Other comments included, "One is given the privacy one would want" and "They treat me with dignity and respect."

We saw staff knocked on people's bedroom doors prior to them entering. People we spoke with confirmed this to be usual practice operated by staff members. One person told us staff are, "Very professional, always knock and always ask and always very friendly."

Information regarding bath temperatures was seen within bathrooms. People's names did not appear on these records in order to ensure their personal identity was secure. Staff told us all information was only shared on a need to know basis to ensure confidential details were not discussed or shared inappropriately or needlessly. We asked the registered manager for additional information following the inspection. They

were aware of systems in place to ensure confidential information was sent securely to us in a way which would not compromise people.

Is the service responsive?

Our findings

Following our previous inspection on 3 August 2015 we rated this question as Good and found people were receiving a service which was responsive. Following this inspection we have changed the rating to Requires improvement.

People we spoke with were pleased with the way staff responded to their care needs and how their needs were met. However, we saw and found occasions whereby people's needs were not always responded to as required. For example we saw a member of staff who did not respond to a person's needs in an appropriate way. Despite the person commenting about their embarrassment an individual need was not managed in a way which promoted the person's values. The response focused on a task rather than personalised care and maintaining the person's self-worth. We immediately brought our concern to the attention of the provider's representative and the team leader. Following our inspection we brought the incident to the attention of the registered manager. They told us this was not the sort of practice they wanted to take place at the home and undertook to address it.

We spoke with people about what they were able to do during the day when they were not undertaking exercises with healthcare professionals to assist them to return home. People told us they either spent time in their bedroom or relaxing with other people in the communal lounge. People told there was not a lot to do other than watch television or chat with people as staff were often busy. One person told us, "No real encouragement to do anything." A further person when asked what they were going to do that day said, "I will watch television" because there was little else to do. While another person said, "Not a lot" when we asked them what there was to do.

These comments were confirmed by staff we spoke with. Although staff were aware of the importance of providing opportunities for people to explore hobbies and interests they confirmed people spent most of their time watching television. One member of staff told us, "At times we get a quiz out. Not as often as it should be". The same member of staff told us at times they would have a dance with people. Another member of staff told us similar that they tried to do things with people when they could. They told us they had not done anything the day before because they did not have the time.

People we spoke with were aware they were living at the home for a short period of time. People told us of their experiences before coming to the home and of plans they and other significant people in their lives had in place for the future. We saw people going for and receiving the support of healthcare professionals such as physiotherapists and occupational therapists. We saw staff encouraged people to mobilise around the home. For example people were seen walking from communal lounges to the dining area for their meals. People we spoke with were confident and felt encouraged with the support they received and all had hopes for their future and their improved mobility.

We spoke with people who gave us examples such as when they used their call bell and how staff responded. People told us, "Use buzzer and staff come", "When you press buzzer they [staff] come. People told us this made them feel safe. We saw people in their bedrooms had a call bell readily at hand for them to

use. People told us they received the care they needed and felt involved in determining the level of support they required. One person told us, "Couldn't get anywhere better" and added staff are, "Only too happy to help."

The healthcare professionals based at the home provided a service five days per week. Some people received this input daily depending upon their assessment. A healthcare professional as well as other staff told us the amount of input people received depended on their assessed needs. One person said, "Been to the gym very good, very kind [staff], don't make you do what you can't do." Another person said, "Even exercising lovely. Never make you [staff] do more than you can." Staff told us they encouraged people to do exercises especially at the weekends. This was confirmed by people we spoke with although we did not see any staff carrying out this level of support during our inspection.

We saw people as well as their family members had been involved in devising care plans and risk assessments. Due to the short amount of time people were at the home these were often basic however they contained sufficient details to assist staff to provide people with appropriate care and support. Staff were aware of people's needs and told us they would speak with people to establish their care requirements as well as read the care plans and risk assessments.

People and their relatives we spoke with told us they were confident they could raise any concerns or complaints they had. People we spoke with were complimentary about the care they received and told us they had no complaints. One person told us they would tell someone if they were not happy. Another person was aware they could speak with someone in the office if not happy.

The team leader was aware of a recent complaint received and was aware a manager from another location had investigated it. The registered manager sent details following the inspection of complaints received over the previous 12 months. We were aware of concerns raised by the family of a person who lived at the home. These concerns were investigated by Worcestershire County Council safeguarding team and details were sent to us. We saw details of a more recent complaint and a draft response from the County Council regarding staff attitude and respect. We saw the registered manager intended to reiterate to staff the impact their action and comments could have on people.

Leaflets about the provider's complaint procedure were seen around the home displayed with other information for people to read.

Is the service well-led?

Our findings

Following our previous inspection on 3 August 2015 we rated this question as Good and found people were receiving a service which was well led. Following this inspection we have changed the rating to Requires improvement.

Prior to our inspection we became aware of an incident which was not reported to the Care Quality Commission at the time. A notification was sent to us retrospectively once we brought the oversight to the attention of the new manager prior to them becoming registered. Other incidents needing to be reported to the Care Quality Commission had been completed in a timely way and we saw no evidence at the time of the inspection of any other incidents we were not informed of.

The provider had systems in place to monitor and assess the quality of the service provided. We saw audits were undertaken by the registered manager or a representative of the provider. The provider had recorded the management to be responsive to any defects identified as part of these audits.

Care records were in place and staff were seen to make daily recordings of people's progress. We saw records were not always complete when a person had a drink to ensure they were an accurate reflection of people's needs. For example staff were recording retrospectively when people who were identified as needing their fluids monitoring had received a drink.

People who used the service were complimentary about the management of the home. As people were spending a short period of time at the home for rehabilitation meetings to formulate the views of people were not in place. The registered provider did however seek the views of people. We saw information following customer service surveys completed in July, August and September 2017 when people had left the home and returned to their own property or to an alternative service. The majority of answers to the 15 questions were either very good or good. Comments recorded included, 'All the staff are very approachable and kind and there when needed', 'Staff are excellent', 'I find the quality of care excellent', 'Staff so cheerful, helpful and respectful. The food was brilliant.' One person had made a comment about a lack of drinks late in the evening. We saw evidence of previous surveys. These also contained positive comments about the care and support people had received.

Staff we spoke with were complimentary about the new registered manager. One member of staff told us, "I think he is lovely, one of the best." The same member of staff also told us, "Easy to talk to" and, "Good listener." Other comments included, "Approachable", "Helpful" and, "Brilliant". Staff told us they could speak with the registered manager if needed and felt supported in their work.

The registered manager had held meetings involving the staff team. Staff told us they felt involved in the running of the home and were able to make suggestions regarding the care people received to make their experience of care better. Staff told us they enjoyed working for the registered provider. One member of staff told us, "I wouldn't work anywhere else. It's a home from home." Another member of staff told us, "I love it. Nice place to work."

We saw a folder containing a month by month collection of thank you cards completed by people who had spent time living at the home or their family members. Over the last four months comments included, "Totally amazing and so kind", "Miss pampering and good food", "Patience, kind and helpful assistance given", and "Felt safe, well cared for and amongst friends." Other comments included, "Was shown dignity and respect", "You have all been exceptional", and "Top class, nothing is too much trouble." In addition we saw on display positive comments from customer service feedback dated June 2017.

Information to advise people of the previous rating made by the Care Quality Commission was prominently displayed on the main entrance door and throughout the home to for people to see.