

Your Health Limited

The Grange and Elm Court

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 ●

Summary of findings

Overall summary

This comprehensive inspection took place on 30 January 2019 and was unannounced.

The Grange and Elm Court 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 can accommodate up to 43 people with mental health needs. The Grange is staffed 24 hours a day, whilst Elm Court provides support during the day for people who are more independent.

At the last comprehensive inspection in July 2016, the service was rated Good. At this inspection we found the service remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Grange and Elm Court' on our website at www.cqc.org.uk

The service had a registered manager in post 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 continued to be safe. All people we spoke with said they felt safe and staff understood their roles and responsibilities to safeguard people from the risk of harm.

Staff had been safely recruited and there were enough staff to meet people's needs.

Risk were managed to ensure peoples safety. Risk management plans were in place to guide staff on the action to take to mitigate any identified risks.

People received their medicines as prescribed. However, documentation could be improved.

People had access to healthcare support. People received a nutritious and balanced diet and their dietary needs and choices were met.

The service was predominately clean and maintained. However, there were some areas that could be improved. We found these had been identified as part of the provides' audit systems and were included in the homes environmental action plan.

People continued to be supported by staff to make their own decisions and choices. Staff were knowledgeable and understood the principles of The Mental Capacity Act.

Incidents and accidents were monitored effectively. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People spoke positively about the relationships they had with the staff team. People told us staff were kind and caring, maintained their dignity and respected them.

Care plans detailed people's needs and people were involved in developing their plans. The registered manager was in the process of developing more person-centred plans so they were individualised and contained people's choices and decisions.

There was a varied and appropriate activity programme and people had regular access to the community.

The service had an open and inclusive culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

The registered provider and registered manager continued to effectively monitor and audit the quality and safety of the service and that people who used the service and their relatives were involved in the development of the home and were able to contribute ideas.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

The Grange and Elm Court

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 was a comprehensive inspection. This inspection took place on 30 January 2019 and was unannounced. The membership of the inspection team was one adult social care inspector. At the time of our inspection there were 37 people using the service.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service. We spent time in communal areas with people observing interactions between staff and the people they supported.

We spoke with the, regional manager, the registered manager, the cook, two senior care staff and two care staff. We also spoke with two visiting health care professionals during our inspection and contacted a further two by telephone following the inspection to obtain their views.

We looked at documentation relating to people who used the service, staff and the management of the service. This included two people's care and support records, including the assessments and plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People who used the service were safe. Everyone we spoke with said they felt safe. One person said, "It is brilliant here. The staff are great. I am definitely safe here."

We saw that systems, processes and practices in the service safeguarded people from abuse. People we spoke with told us they felt confident to raise any concerns that they might have about their safety. One person said, "It is the best care home I have been in. I can talk to staff about anything."

All staff we spoke with understood the importance of safeguarding adult procedures. They knew how to recognise and report abuse and were aware of the correct procedures to follow. The registered provider had a policy in place to protect people from abuse. Staff had completed safeguarding of vulnerable adults training including whistle blowing.

Risk were assessed and managed. Each person had assessments about any risks that were pertinent to their needs and these had been reviewed regularly. The assessments clearly showed evidence of involvement of people who used the service. One person told us, "I go out alone, I know the risks, staff support me to understand what I need to do to stay safe."

Risk assessments had been developed where people could display behaviours that may challenge. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. The plans we saw were reviewed regularly and where people's needs changed in any significant way saw that referrals were made to health care professionals in a timely way. Health care professionals we spoke with confirmed staff always called them for advice or guidance and followed best practice to meet people's needs.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Maintenance was carried out promptly when required. Staff had received health and safety training including participating in regular fire drills and fire training.

We found there were sufficient staff to meet people's needs. All the staff members we spoke with said there was adequate staff on duty to meet people's needs. Elm court was not staffed at night but people told us they knew how to contact staff that were on duty in The Grange if they required assistance at night.

The registered provider followed safe recruitment system. Staff files we checked evidenced pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people.

There were medicines policies and procedures in place to ensure safe management of medicines. We saw staff followed the procedures. However, staff did not always document following procedures. For example,

medicines that were given as and when required were not recorded on the back of the medication administration record, some medication administration records were not signed when medicines were administered and a medicine was given regularly when it was prescribed as and when required and no detail to explain why it was given regularly.

Staff had been trained in the safe handling, storage, administration and disposal of medicines. Staff were able to explain why medication was given and they were given as prescribed it was lack of documentation to evidence this. The regional manager had identified this as part of the audit systems and could evidence it had been discussed in staff meetings. The regional manager agreed to ensure it was covered again and the practices embedded into practice.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. Areas of the home we saw were predominantly clean and maintained. However, some areas required some work so they were maintained in a condition that could not be effectively cleaned. The provider had identified this as part of their environmental audit and were being addressed as part of the on-going renovation works. The regional manager also told us they were introducing a new audit tool for infection control and a staff member would be designated the infection control champion.

Is the service effective?

Our findings

People received care that was effective. All people we spoke with were very positive about living at the service. One person said, "I like it here. The staff are nice and friendly."

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professionals to enable the service to plan effectively and provide person centred care and support. All health care professionals we spoke with told us the staff were very good at assessing people's needs and always sought advice and guidance to ensure their needs were met.

Health care professionals also told us the registered manager ensured positive relationships were made with them and other agencies involved with people's care. This meant people received effective care, support and treatment.

All the staff we spoke with told us they were formally supervised and appraised and confirmed that they were happy with the supervision and appraisal process. Staff supervisions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. Staff said they worked well as a team.

People were cared for by staff who had received effective training to be able to fulfil their roles and responsibilities. Staff said the training was good and they were able to attend regular training to ensure their knowledge was kept up to date. Training records we saw confirmed this.

People were offered a nutritious and balanced diet, which met their individual needs and preferences. We observed lunch on the day of our inspection we saw people choosing what they wanted to eat and where they wanted to eat it. People told us the food was good and they enjoyed the lunch. We spoke with the cook who told us they prepared a main meal each day for people who wanted it. However, some people did their own shopping and cooking depending on how independent they were. People could choose what food they fancied and there were no restrictions what time to eat. We observed people making drinks and getting snacks when they wanted.

The adaptation and design of the service met people's needs. There were separate areas for people to relax and a garden. The accommodation met the needs of the people who used the service. Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. There was an ongoing environmental improvement plan that took account of peoples wishes. For example, the people who lived in Elm Court had requested a smoke shelter, although there was one in the grounds but they wanted one close to the flats. The registered provider had agreed this would be added to the improvement plan.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. We found applications for DoLS had been made for people who required this. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety.

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered. People and health care professionals, we spoke with confirmed that staff sought consent before delivering any support.

Is the service caring?

Our findings

From our observations and speaking with people and their relatives we found that staff were kind, considerate and caring and understood people very well.

One person said, "It is brilliant here it is like a holiday camp. The staff are fantastic." Another person said, "The staff are lovely, they care for you, I like it here." Health care professionals we spoke with also told us the staff were very good, treated people as individuals and were caring. One told us, "The staff are very caring, they always call for advice to ensure they are doing things right."

We spent some time talking with people and observing interactions between people and staff in communal areas during the inspection. We saw that staff understood people and their needs and showed kindness towards them when they were providing support in day to day conversations and activities. The registered manager told us that staffing numbers were configured to ensure people's needs were met and where required to give support to participate in activities in the community. The staffing levels meant the activities could be individualised and meet people's preferences.

Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, we saw care workers knocked on doors before they entered, gave medications discreetly and asked people's choices before supporting them.

The care plans we looked at detailed what was important to that person including their preferences and choices. They were reviewed and detailed what was not working and why to ensure people's needs were met. People told us they were involved in their care plans if they wished.

Care records also contained the information staff needed about people's significant relationships including maintaining contact with family and friends. Staff told us about the arrangements made for people to keep in touch with their relatives and friends to ensure they maintained those links. People we spoke with confirmed staff supported their relationship and there were no restrictions on visiting or telephoning. One person said, "I regularly go out with my friend, the staff know what time I go out and what time to expect me back."

People had the opportunity if required to have an independent person to speak on their behalf to support them with making decisions if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Is the service responsive?

Our findings

People who used the service received care that was personalised. People were involved in making decisions about their care and support. We saw evidence of this in care files. The plans clearly detailed people's needs. However, the registered manager had acknowledged they could be more person-centred, this was a detailed action in the care plan audit to ensure the care being delivered was recorded fully with people's decisions and choices incorporated.

Health care professionals spoke very highly of the staff. one said, "The staff are extremely responsive to the people's needs, and work collaboratively with professionals." Another said, "They [the staff] work extremely hard in caring for people with complex and challenging behaviour."

People's plans included a personal history, individual preferences and people's interests and aspirations. They had been devised and reviewed in consultation with people.

We saw that people's care plans fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, gender, disability, age and religion. Staff had ensured people were treated equally.

We found all people who used the service were supported to pursue activities that they enjoyed, that were meaningful to them and promoted their wellbeing. People were supported to maintain their hobbies and interests. Activities people took part in were socially and culturally relevant and were appropriate. All people we spoke with told us they enjoyed the activities. One person was very enthusiastic and wanted to tell us the variety of activities that took place. They said, "We have loads of activities, especially in the summer, when we had games in the garden. We also play football, I really enjoy the games." They added, "It is like being on holiday all the time." We saw people accessing the community during our inspection some people went out independently while others were supported by staff. People were also encouraged to complete a wish and place it in the wishing well. The registered manager told us, "We are trying to get people to tell us a wish so we can look at ways to enable the person to fulfil their wish."

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. We observed that staff understood the different ways that people communicated and supported them to make themselves understood. People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives.

We saw there was a clear complaints procedure available for people who used the service, their relatives and friends. Records of complaints were clearly recorded and the investigation and actions taken were

documented to ensure any issues raised were dealt with satisfactorily and people were listened to. People we spoke with told us if they had any concerns they would not hesitate to raise them with staff. People were also encouraged to speak up and regular meetings were held for people who lived at The Grange and Elm Court.

Staff were aware of how to meet the needs of people who were at the end of their lives. The service had recently experienced a number of bereavements. Staff were able to explain how they had supported people at the end of their lives including their close family. Staff also explained how they supported each other as it had been a difficult time. One person they supported had lost a close relative the staff had a large framed picture of the person placed in the lounge and on special occasions they bought flowers to place by the picture they explained this helped the person they supported to remember good times and positively encourage talking and helping them grieve.

Is the service well-led?

Our findings

People who used the service told us they were happy with the quality of the care provided. One person said, "I would not move it is great here." Another said, "I like it here, we are well looked after."

Staff told us they enjoyed working at the home. They told us they felt respected by the registered manager and felt able to give their views on how the service could be developed and were given the opportunity to give their views in staff meetings and supervisions.

Quality questionnaires were sent regularly to obtain the views of people who used the service, their relatives and staff to enable the home to continually improve and develop. Systems were in place for the provider to communicate openly with and gather feedback from staff and visiting health care professionals.

The quality assurance system continued to ensure that the management team had a good overview of how the service was operating and that the service was of good quality. Audits completed by the registered manager and the regional manager were carried out regularly and had identified areas for improvement. An action plan and environmental improvement plan was in place and was continually reviewed to ensure any identified improvements were made and sustained.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. Staff told us that they had regular staff meetings and felt able to raise issues and suggest ideas that could potentially improve the service. Staff told us, "We work well together, I like my job." Another said, "We are a good team, we support each other and as such has a positive impact on people we support."