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The Grange

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

The inspection took place on 21 September 2018 and was unannounced, which meant that nobody at the service knew we would be visiting. At the last inspection in April 2015, the service was rated good. At this inspection we found the service continued to be good. However, the safe domain had deteriorated to requires improvement, this was due to environmental factors.

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

The Grange is an 18 bedded home providing care and support to older people. The home also provides care and support to people living with dementia. The home is a converted older property near the centre of Stockport.

At the time of our inspection the service 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.

The service was clean. However, the environment was tired and many areas were not well maintained to be able to be effectively cleaned. The registered provider following our inspection provided us with an action plan, this detailed the affected areas and showed the improvements required with dates for completion.

People told us they felt safe. Staff were knowledgeable regarding safeguarding and were aware of how to identify possible abuse and use the correct procedures to record and report. Risks associated with people's care had been identified and staff were knowledgeable on how to manage the risks. Systems to manage medications were in place and followed.

We observed that although there were enough staff available to meet people's needs this was not always in a timely way due to ineffective deployment of staff.

Accidents and incidents were monitored and the registered provider ensured lessons were learned.

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.

Staff received training on a regular basis. Staff were knowledgeable about their role. People received a nutritious diet. People had access to healthcare professionals and staff followed their advice.

We observed staff interacting in a positive way with people. People told us the staff were very kind and

caring. Staff were observed to be kind and considerate, the interactions we saw was very respectful. People's privacy and dignity was respected.

The care staff provided a range of activities took place. However, people told the activities could take place more often although when they were delivered they said they were very good. People told us they felt able to raise concerns and complaints and were listened to.

Audits were in place to ensure policy and procedures were followed. However, we found they were not always formally documented. The registered provider had identified this and was improving the systems.

There was evidence that people had a voice and were given opportunities to be engaged and involved in the 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 had deteriorated to requires improvement.

The service was clean; however, areas were not well maintained so could not be effectively cleaned.

There were enough staff available to ensure people's needs were met but deployment could be improved to ensure it was in a timely way.

People were safeguarded from the risk of abuse.

Risks associated with people's care had been identified systems were in place to manage medicines safely.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 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.'

The inspection took place on 21 September 2018 and was unannounced. The inspection was carried out by one adult social care inspectors. At the time of our inspection there were 18 people using the service, However, two people were in hospital at the time of our visit.

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 ten people living at The Grange and two relatives. We spent time observing people throughout the day going about their daily lives and looked round the home's facilities.

We spoke with staff including a senior care worker, two care workers, the cook, the registered manager and the registered provider. We also requested the views of professionals who were involved with supporting people who lived at the home, such as the local authority.

We looked at three people's care files, as well as records relating to the management of the home. This included minutes of meetings, medication records and two staff files. 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

At our inspection in December 2105 we rated this domain good. However, at this inspection we found it had deteriorated to Requires Improvement. This was because the environment was very tired and was not well maintained to be able to be effectively cleaned. We found floor coverings were damaged and posed a risk of tripping. Equipment was rusty, carpets stained, chair covers stained and marked and some were damaged. We also identified the laundry room was in a poor state the room had flooded due to high rain fall. The registered provider told us this happened regularly as there was an underground stream. The walls in the laundry were badly damaged, cupboards were rusty and the floor was damaged and uneven and was not possible to keep clean. We discussed this with the registered provider, who informed us they were intending to do some work to the room to make improvements. They have confirmed since the inspection that they are looking at ways to resolve the issues. We have also had confirmation that the issues that posed a risk of tripping have been rectified and new floor coverings were to be fitted the week following our inspection.

During the inspection we observed there were staff on duty in sufficient numbers to keep people safe. The registered manager said staffing numbers were regularly reviewed to ensure they could meet people's fluctuating needs, and that they had the flexibility to add to staffing numbers when needed. However, we saw at times when people required assistance and asked for help or support, staff were not always able to respond in a timely way. We observed this was because staff were responsible for the cleaning and laundry and at times staff were not available as they were cleaning upstairs. We talked with staff regarding this and they felt the cleaning could be better managed. For example, it could be completed after lunch when the next shift came on duty as this was a quieter period and staff could always overlap for a period to enable the cleaning to be completed without effecting the support that people required. We discussed this with the registered manager who told us they had been considering a similar idea and were to discuss this with staff at the next meeting.

People spoken with all said they felt safe living at The Grange. One person said, "I am very safe here. the staff are excellent and look after me very well." Relatives we spoke with told us they were confident people were safe. One relative said, "[relatives name] is certainly safe here, I am very happy with the care."

The registered provider had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us they could report any concerns to the registered manager and they were confident they would be listened to and taken seriously.

Risks associated with people's health had been identified and staff were able to tell us about people risks and how they were managed.

We saw personal emergency evacuation plans (PEEP's) were in place to ensure people were able to evacuate the premises safely in the event of an emergency.

Accidents and incidents were recorded and a monthly analysis completed. The analysis and lessons learned

were very detailed and ensured any themes or triggers were explored to reduce risks. However, there could have been more detailed analysis around the times of incidents and accidents occurring. The registered manager agreed this would be helpful and told us this would be implemented immediately. We received confirmation following our inspection that this had been completed.

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. The service carried out risk assessments where appropriate for any contentious DBS findings. DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place to guide staff and ensure safe medication administration. We found medicines were managed and stored safely. Audits were taking place to ensure that medicine records were up to date and correct and all staff received the appropriate training prior to administering medicines.

Is the service effective?

Our findings

People we spoke with were all very happy with the care provided. they praised the staff and the registered manager. One person said, "The care is spot on. We are all very well looked after."

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 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). At the time of inspection people who used the service did not have an authorised DoLS in place because they did not need a level of supervision that would amount to a deprivation of liberty. The registered manager was fully aware of the need to review this as people's needs changed and was aware of the process to follow if the need arose.

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to them being placed at the home. People's needs were assessed and delivered in line with current standards, for example each person's initial assessment included information such as cognition, psychological, expressing sexuality, physical needs, nutrition, communication, mobility, personal safety, social needs and end of life.

People received adequate nutrition and hydration to meet their needs. We observed lunch, people enjoyed the meal and told us the food was always very good. However, we did not see people given choices at the time of the meal. The cook told us that people made their choice in the morning, they said, "I have been around and asked people this morning, it should have been a choice of fish today with chips but people asked if they could have egg and chips." We saw this was what was served. We saw from records people's weight was monitored and most people maintained their weight. This evidenced people received adequate nutrition.

Staff received regular training that was relevant to their role. Training included moving and handling, fire safety, nutrition and safeguarding. We identified that first aid training was only completed on line and did not include any practical face to face training. Staff told us they would prefer fact to face to be able to do a practical session to ensure they were confident that they could administer first aid if required. The registered provider has confirmed since our inspection that this has been arranged to ensure staff have the necessary skills to meet people's needs.

People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals

when necessary.

Is the service caring?

Our findings

Everyone spoken with said the staff were kind and caring and they were happy with the care and support they received. One person said, "The staff are lovely, we are well looked after." Another person said, "I love it here, the staff are all lovely. The manager is brilliant, everyone is very kind."

Relatives told us the staff were kind and very caring. They also confirmed they had always seen staff treat people with respect. One relative said, "The staff treat everyone with respect, they are very kind."

Relatives told us they were always made to feel welcome at the home and were free to visit at any time. One relative said, "I am always made to feel welcome."

Staff had a very good knowledge of people's needs and preferences, and understood each person's individual personalities well. Staff understood when people required support and involved representatives and advocates to ensure people understood their care and were involved.

We looked at people's care plans. The plans detailed what was important to the individual including their preferences and choices. Staff knew people well and were able to tell us how they supported people. 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 and they asked for people's choice and consent before supporting them.

We found staff spoke to people with warmth and respect. Care workers were proactive in promoting the independence of people and encouraging them to learn new skills. Care staff had identified that one person loved reading magazines, so regularly bought these in for them. Staff said, "We thought they didn't like reading as family had told us they never read. But they love reading the magazines and often read out something that is of interest to them."

Is the service responsive?

Our findings

People we spoke with could not fault the staff. One person said, "I like it here, staff are very good." Another person said, "All the staff are lovely, the manager is extremely helpful and very good."

From speaking with staff and people who used the service we found people received personal individualised care which was responsive to their needs and preferences. People told us they were involved in their care planning if they wished. We looked at care plan documentation and found care plans were in place. The care plans described the support the person needed to manage their day to day health needs. People's communication needs were also met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. There was a call bell system in the home and people were supported to use this. People who had hearing difficulties were referred to an audiologist and staff were aware who required hearing aids and the need to ensure they were working properly and worn.

People told us they were provided with a programme of social activity. They told us the care staff arranged activities and if they wanted to they joined in. Staff we spoke with told us they did organise activities, these were usually group activities in the lounge. Although staff said they felt the home would benefit from a dedicated activity coordinator, we did not get any negative feedback from people we spoke with.

Relatives told us they were confident the service would respond well to any complaints or concerns they might raise. They were also confident their concerns would be taken seriously. People were given information about how to complain. This included the provider's complaints policy which told people what they should expect from the service and who to contact if they wanted to complain.

The service supported people at the end of their life to have a comfortable, dignified pain free death. This was reflected within people's care plans and people were supported to make choices about their death and the plans they wished to implement before dying. There was no one being cared for at the end of their life at the time of our inspection. However, staff were able to explain how they had recently cared for someone who had died. They told us how they respected their wishes and ensured they were comfortable and pain free. They also explained how they ensured that they also understood what their family members were feeling and staff clearly showed empathy and understanding.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The management team consisted of a registered manager and senior care workers. Staff told us they worked well as a team and supported each other. They told us they felt supported by the registered manager and the registered provider. People we spoke with praised the registered manager and said they led by example. People we spoke with also spoke highly of the registered manager. one person said, "[the registered manager] is lovely, they are very passionate and really care."

Observations of interactions between the registered manager and staff showed they were inclusive and positive. The staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the registered provider and registered manager were approachable, supportive and they felt listened to.

The registered provider had some systems in place to monitor the service and to identify areas to develop. However, we found these were not always formalised and documented. The areas we had identified that required improvement the registered provider confirmed they were aware of these and intended to take action. Yet we found no detailed action plan. We discussed this with the registered provider who told us they would implement one. Since our inspection we have been provided with a plan that identifies the issues we found and give clear timescales for completion.

Resident meetings took place regularly throughout the year to enable people to feel part of the planning to improve the service. People told us at the last meeting they had discussed what activities they would like to be involved in and if they had any ideas for different meals they would enjoy.

Staff could attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about how people had been and what they had been doing. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.