

Oldfield Residential Care Ltd

# The Grange Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Grange Residential Home provides accommodation and personal care for up to 34 older people. There were 32 people living in the home when we inspected. There was a registered manager in post. 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.

At our last inspection on 24 February 2015 we found that improvements were required to ensure people were supported appropriately when they were unable to make decisions for themselves. We also found that there were not enough staff to meet people's needs in a timely manner or support people to take part in activities to prevent them becoming bored. We undertook an unannounced inspection on 10 March 2016 to ensure that improvements had been made in all of these areas.

Staffing levels had been re-considered and improved since our last inspection. People received timely support from a sufficient number of suitably recruited staff who sat with them in the communal areas. Staff understood their responsibility to protect people from avoidable harm and potential abuse and knew how to report concerns.

People's views were respected and staff sought their consent before providing care. There were capacity assessments in place to support people who needed support to make decisions which were in their best interest. Applications had been made to deprive some people of their liberty to keep them safe from harm. However for some people these were not necessary and demonstrated staff did not fully understand the Mental Capacity Act 2005.

Staff received training and support to provide effective care and support for people living in the home. People received kind and compassionate care from staff who treated them with dignity. People were encouraged to retain their independence and their privacy was respected. Staff understood people's likes and dislikes and provided care which met their preferences. People's physical, mental and psychological health was monitored by staff. Specialist advice was sought and implemented when necessary.

People's relatives and friends could visit whenever they chose. People and their families were happy to discuss concerns or complaints with the registered manager and felt reassured by the responses they received.

There were opportunities for people to join in group social activities or receive support on a one-to-one basis to reduce the risk of boredom and social isolation. People's care was reviewed regularly to ensure it continued to meet their needs.

People were encouraged to voice their opinion of the service and feedback comments and suggestions. People, relatives and staff were happy with the management of the home and felt supported by the

registered manager. The quality of the service was reviewed and monitored to ensure the systems in place were safe and effective.

## 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. There were a sufficient number of suitably recruited staff to care for people and meet their needs. People's medicines were managed appropriately to ensure they received their prescribed treatments at the right time and the correct dose. Staff understood their role in protecting people from harm and abuse and the action they should take if there were any concerns.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective. Staff did not fully understand the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were offered a choice of nutritious food and plentiful drinks which met their individual needs. People were supported by healthcare professionals to maintain their physical, mental and psychological health and wellbeing. Staff were encouraged and received support to improve their knowledge and skills to care for people.

### Is the service caring?

Good ●

The service was caring. People were treated kindly by patient and caring staff. Staff encouraged people to maintain their independence, recognised their right to privacy and promoted their dignity. Relatives and friends felt welcomed by staff to visit whenever they wanted.

### Is the service responsive?

Good ●

People were supported to take part in hobbies and activities which interested them. Staff understood people's likes and dislikes and provided care in the way they preferred. People and their relatives told us they would be happy to raise concerns or complaints with the registered manager.

### Is the service well-led?

Good ●

The service was well-led. People and relatives were happy with the management of the home. Staff, people and their relatives were provided with opportunities to voice their opinions of the service and receive updates about planned improvements. The

registered manager monitored the service to identify where changes should be made.

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# The Grange Residential Care Home

## **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 10 March 2016 and was unannounced. There were 32 people living in the home at the time of our inspection. The inspection was carried out by two inspectors.

We looked at the information we held about the service and the provider including notifications they had sent us about significant events in the home. Before the inspection, the provider 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 plan to make. We reviewed the information in the PIR when we planned the inspection.

We spoke with eight people who used the service, four relatives, five members of the care staff, the registered manager and the deputy manager. We did this to gain people's views about the care and to check that standards of care were being met.

Some people were unable to tell us about their experience of care so we observed how the staff interacted with them. We looked at four people's care plans to see if their records were accurate, up to date and reflected the care people received. We also looked at records relating to the management of the home.

# Is the service safe?

## Our findings

At our previous inspection on 24 February 2015 we found there were insufficient staff to care for people safely. We judged this was a breach of Regulation 22 of the Health and Social Care Act (HSCA) 2008 Regulated Activities 2010 which corresponds with Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection people told us that there were sufficient staff to care for them. One person said, "There are always staff around. They stay in the lounge in case we need them. If I'm in my room and call for them they always come quickly to see what I want". Another person told us, "There are plenty of staff". Staff told us they felt there were enough staff. One member of staff said, "The staffing levels are okay. We all work together as a team". We saw that four people needed support from two members of staff working together but the remainder of people were able to move themselves independently or with minimal support. We observed that there were staff based in the communal areas throughout the day who responded to people's requests for support in a timely manner. The registered manager told us that staffing levels had been reviewed and improved, in line with the action plan the provider submitted following our last inspection. The staffing rotas confirmed that the planned number of staff was regularly achieved.

People told us they were safe living at The Grange. One person said, "I'm very safe here". Another person told us, "I'm sure they keep me safe here". Staff spoke confidently about the actions they would take if they were concerned about people's wellbeing and risk of abuse. One member of staff told us, "I would look out for changes in someone's behaviour as well as the obvious signs like bruising. I'd go straight to the manager and higher if I didn't think action had been taken". Another member of staff said, "We have the contact numbers to report safeguarding concerns if we need to but I would report it to the manager. I know it would be taken seriously". Staff told us that there was recruitment process in place. New staff said that it was necessary to complete all of the pre-employment processes before they were able to start working. One member of staff said, "I had an interview and provided names of previous employers for my references. I had to wait then for my security check to come back before I started". This demonstrated that the provider had recruitment screening arrangements in place to ensure staff were suitable to work with people living in the home.

People's risk of harm associated with their care had been assessed. There were assessments and management plans in place for all aspects of people's care including protection plans for people with delicate skin, a risk of falling or problems associated with eating and drinking. We observed people being moved or assisted to move safely, in line with their risk assessment. Staff recorded accident and incidents in the home and monitored the information to ensure risks associated with repeated falls were identified and the appropriate action was taken. A member of staff told us, "If anyone falls we get them checked over by the senior and keep an eye on them for 24 hours to make sure they are okay". There were arrangements in place should an emergency, such as a fire occur. We saw that people's ability to evacuate the building had been assessed and the level of support they would require was reviewed regularly to ensure it remained accurate.

We saw that people were supported to take their prescribed medicines. Staff asked people how they would like to take their medicines and stayed with them to ensure they had swallowed them successfully before

moving onto the next person. Some people were receiving their medicines covertly. This means without their knowledge and is permitted when people do not have the capacity to understand that refusing their essential medicine would present a risk to their health. We saw that the necessary permissions, risk assessments and guidance for staff were in place to ensure people taking medicine without their knowledge were supported appropriately. Staff recorded, stored and disposed of medicines correctly and there were management processes in place to ensure staff were competent to administer people's prescribed treatments.



## Is the service effective?

### Our findings

At our last inspection on 24 February 2015 we judged there was a breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 which corresponds to Regulation 11 of the HSCA 2008 (Regulated Activities) Regulations 2014. We found that people were not supported to make their own decisions and were being restricted without the legal authority to do so. 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 make particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

At this inspection care plans we looked at indicated that where necessary people's ability to make decisions had been assessed and regularly reviewed. When people needed to be supported with specific decisions we saw their options had been considered and staff had demonstrated how the decision was made in their best interest. For example, some people were unable to administer their own medicines and best interest decisions were recorded for staff to do this for them. The decision making process for some other decisions made on behalf of people without capacity were not recorded, for example, what had been considered before a person was administered an influenza vaccine.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that applications had been made on behalf of everyone living in the home. However we found that some people who had the capacity to express their views said they did not want to leave the building without support from staff and therefore were not being deprived of their liberty. This demonstrated a lack of understanding of the MCA and DoLS.

People told us the staff knew how to care for them. One person said, "They know what they're doing". Staff told us they had access to training to provide them with the knowledge and skills they needed to care for people effectively. One member of staff said, "They are good with the training here". Staff told us they were able to gain nationally recognised qualifications in care in addition to topics they covered online. There were arrangements in place to support staff by providing supervision and annual appraisals. Staff told us they received supervision regularly and saw it as an opportunity to discuss their performance, any problems they had and their needs for the future. One member of staff said, "We can discuss training needs at our supervision". Another member of staff said, "We don't have to wait for supervision if something's worrying us. We can either request an earlier supervision or just 'take five' for a quick meeting".

People told us they had plenty to eat. One person told us, "The food is lovely. I've put on weight since I've been here". We saw that people were offered a choice of nutritious food. During the morning we heard staff discussing the choices for lunch with people and asking them what they would prefer to eat. One person said, "They would give you something different if you didn't like what was on offer and you can ask for a

takeaway if you want. My family brought a Chinese meal for me one day". When necessary people were assisted to eat and we saw that staff spoke with people as they supported them and ensured they ate at their own pace. We saw that the way people's meals were provided met their assessed needs. For example people who had difficulty swallowing had been seen by a healthcare professional and were provided with pureed food at their recommendation. Other people had been prescribed supplements to enhance their calorie intake. We heard a member of staff say, "It's your milk shake from the doctor, it's important that you drink it". People were offered regular drinks and snacks throughout the day and we heard staff reminding people to finish their drink. We saw that staff identified the amount of fluid which each person required to maintain their health and wellbeing and recorded their intake on a daily basis.

People told us they were able to see other healthcare professionals whenever they needed additional support to maintain their health and wellbeing. One person told us they were not feeling too well and said, "They asked me if I'd like to see the doctor". A relative told us, "The chiropodist comes in regularly and the doctor. My relation is a lot healthier since they moved into the home". We saw that the provider employed a dietician who visited people when they first came to live in the home to ensure any risks were identified immediately and the appropriate dietary support was put in place. The dietician visited the home regularly to ensure that people maintained a healthy diet and weight.

## Is the service caring?

### Our findings

Everyone we spoke with was complimentary about the staff. One person told us, "The staff are lovely, very kind, very caring". Another person said, "They're very good and will do anything for you". A relative told us, "Staff are pleasant with everyone. Nothing seems to be too much trouble for them". We saw there were respectful relationships between people and staff. Staff listened to people's views with patience and interest. A relative told us, "The staff are always happy to stop and chat with people".

People's dignity was promoted by staff who spoke with them privately and discreetly when enquiring about their personal needs. We saw that people were supported to maintain their appearance and looked well presented in clothes they told us they had chosen for themselves. We saw staff noticed when people were not covered appropriately and adjusted their clothing to ensure they were covered.

People were supported to maintain their privacy and this was respected by staff. One person told us, "I like to go back to my room in the evening and watch television. Staff pop in and check on me but they always knock first". Another person said, "The staff always ask if you want the door closed or even locked if you want". A member of staff told us, "We always speak with people whilst we're providing care and make sure the doors are closed". We saw staff knocking on bathroom doors and checking the rooms were vacant before entering to protect people who may be using the facilities..

Staff understood the importance of supporting people to remain as independent as possible. We saw people being helped to move and heard staff encouraging them to do as much for themselves as they could. One person told us, "The staff help me with my shower but they leave me to do as much as I can". We saw another person trying to get out of a chair and we heard staff remind them to push themselves up by using the chair arms. A member of staff said, "I always encourage people to do as much as they can for themselves".

Staff knew which relationships were important to people. We heard staff speaking with people and referring to their relatives in their conversations. People told us they kept in touch with their friends and families. One person told us, "My family come in whenever they want. We usually sit in the conservatory if we want to be private". A relative told us, "I visit often and feel welcomed by the staff. They usually offer me a drink".

## Is the service responsive?

### Our findings

At our last inspection on 24 February 2015 people told us they were bored because there was not enough going on in the home. At this inspection we saw that action had been taken to protect people from social isolation. People were provided with opportunities to socialise together and take part in leisure activities if they wished. People we spoke with told us they could choose to join in or decline and staff respected their opinion. One person told us, "I'm happy doing my own thing but I join in as well when I want". A relative said, "I think it's important that there are activities for people to keep their minds active". We saw that the weekly social calendar was displayed and included, bingo, exercise, singing and arts and crafts. We saw people being supported to sing along and play small musical instruments in a music session and doing some chair exercises, encouraged by a member of staff. A member of staff told us, "We have a monthly budget now for activities and entertainment which is better".

People told us that the staff knew them very well. One person said, "They know what I like and what I don't". People and relatives we spoke with told us they had been asked for personal information when they came to live in the home and provided information about their past lives and important family relationships. We saw that staff demonstrated their knowledge of people through conversation with them and provided care and support in the way people preferred. For example one person preferred to have their drinks from their favourite cup and we saw this was provided at each drink they had. Another person told us, "I choose when to get up and go to bed and the staff know the times. They always come to me and say 'are you ready to go' at the time I like". We saw that people's level of care and support had been assessed before they came to live in the home to ensure their needs could be met. People's care was reviewed regularly to ensure it met their current needs. People could be supported during the review by their relatives if they wished. One relative told us, "I'm invited in for the reviews and have been involved in their care".

People told us that if they were unhappy about their care or had any concerns they would speak with the staff. One person told us, "I'd have a chat with the manager if I wasn't happy". We saw there was a complaints procedure in place to ensure that responses were made in a timely manner. From the complaints the service had received we saw that the registered manager met with people to discuss and address their concerns. We saw one family had met with the registered manager and stated they had been happy that their concerns were addressed and had been reassured by the meeting. Another family had raised concerns about the laundry. The registered manager told us the problems had arisen when both members of the laundry staff had unexpectedly been off at the same time. Additional members of staff had been trained to ensure that should this happen again; there were arrangements in place to avoid problems.

## Is the service well-led?

### Our findings

At our last inspection on 24 February 2015 we found that improvements were required to the home environment for people. At this inspection the registered manager told us there was a refurbishment programme in progress and we saw that improvements had been made since our last inspection. We saw that people's bedrooms had been decorated and flooring in communal areas had been replaced. Beds and mattresses had been replaced immediately following the last inspection. This demonstrated that the registered manager and the provider had recognised the concerns we had raised and taken action to address the issues. The registered manager told us, "If anything is urgent, it's done straight away".

The registered manager was monitoring the environment to identify any health and safety issues which might affect people's safety. Everyone we spoke with told us the registered manager and the deputy manager were visible within the home and familiar to them. One person said, "The two ladies in the office are in charge. I know them". Another person told us, "The people in charge are nice". Staff told us, "The manager is very supportive. If we're struggling they come and help us". Another member of staff said, "The home is well run. The manager is very good". This demonstrated that people and staff were happy with the management arrangements in the home.

People were encouraged to share their views on the service they received. We saw there were questionnaires for people to complete and regular meetings to discuss more recent updates. We saw that people had provided positive comments in the satisfaction survey about the upgrading in the home and the new flooring. People had commented on the kindness of the staff and we saw one person had referred to them as 'Smashing'. People confirmed that they were given choices. One person stated, 'The staff help choose my clothes for the day'. The registered manager told us that relatives meeting were not well attended and were no longer provided. Relatives confirmed that if they had any queries they would raise them directly with the registered manager or her deputy. Staff told us they had regular meetings to discuss any changes in the home which might affect them. One member of staff told us, "We're always changing things to try and make the best of everything". Another member of staff said, "I love it here. It's a nice atmosphere and the manager is really supportive".

There was an audit programme in place to monitor the quality of the care provided to drive improvements where needed required. We saw that the registered manager checked the accuracy of medicine recording and that the information in people's care plans was reviewed regularly to ensure it provided an accurate record of the persons care. The registered manager notified us about important events in the home which meant they met the requirements of registration with us.