

Roseland Care Limited

# The Grange

## 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 inspection was carried out on the 1 March 2017. The Grange is registered to provide accommodation and personal care to a maximum of nine older people some who may have a disability and may be living with dementia. The service is set in a large retirement village. At the time of our inspection the service provided care to two people.

There was a registered manager in post at the time of the inspection. 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.

There were enough staff to support the needs of people at the service and people said that they received support and care when they needed.

People were protected from the risk of abuse and staff understood their roles and responsibilities. People told us that they felt safe and were looked after in a safe environment.

Staff understood the risks to people. Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way. Accidents and incidents were recorded and action taken to reduce the risks to people.

Staff receiving appropriate induction, training and supervision to provide effective care to people. Staff were encouraged to develop their skills.

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were being followed. MCA assessments were completed where needed. Staff understood MCA and why it was important to understand if people had capacity to make decisions.

People enjoyed the food at the service. Staff supported people nutritional and hydration needs and people accessed health care professionals when needed.

Staff were caring and considerate to people's needs. People said that staff were caring and kind to them and treated them with dignity. People and relatives were involved in their care planning and the care that was provided was person centred.

Care plans were detailed and provided guidance to staff on best to support people. Staff communicated with each other the changes to people care. Staff understood people's needs.

People were able to participate in activities and people had opportunities to go on trips out.

Systems were in place if complaints and concerns were received. The provider had systems in place to regularly assess and monitor the quality of the care provided. The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and management were approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

## 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 enough staff at the service to support people and people felt that staff were always there when they needed them.

People had risk assessments based on their individual care and support needs. Staff understood the risks to people and helped to keep them safe.

Medicines were administered, stored and disposed of safely. People were happy with how their medicines were managed.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities and people felt safe.

### Is the service effective?

Good ●

The service was effective.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. .

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness, dignity and respect.

People's privacy were respected and promoted.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People were supported to remain as independent as they could be.

People's relatives were able to visit when they wished.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed on a continuous basis.  
Information regarding people's care and support was reviewed regularly.

People had access to activities and there were a range of activities available within the service and outside.

People were supported to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

### **Is the service well-led?**

**Good** ●

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service.

The registered manager of the service was described as supportive.

# 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.

This was an announced inspection which took place on the 1 March 2017. We gave notice to the service in the morning of the inspection because there was a chance that people who lived there may not have been in. We needed to be sure that people and staff would be there. On this inspection there was one inspector.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the 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. However as the PIR was completed some months ago this did not necessarily reflect the most up to date picture of the service as there had been changes to how the service was being managed. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager and both people that used the service. We looked at the care plans for one person who used the service, medicine administration records and supervision and training records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The service was last inspected on the 22 May 2015 where we identified breaches.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. When asked why one person said, "There are various staff around (when I need them) and they are there to help me." Another person said, "There are always staff around here at night and during the day. They are all very nice to me."

Staff were aware of the safeguarding adults' procedures and what to do if they suspected any type of abuse. One member of staff said, "If I saw something I would record it and report it immediately. I would take action at that moment." Another member of staff told us, "If I saw something I would tell the person (who was abusing) that it was wrong and that I would report it. I would then go straight to the manager." There had been no safeguarding concerns raised at the service. There was a safeguarding adults policy that staff were able to access and staff had received training in safeguarding people.

There were sufficient staff to support people that lived at the service. One person required two care staff to assist them and there were always two staff during the day and at night. People told us that there were sufficient staff. One said, "Staff are busy but there are enough of them" whilst another person said, "There is always staff when I need them." During the inspection we saw that people's needs were responded to quickly and when needed. The staffing levels were assessed regularly and dependant on people's needs. There were bank staff available for when staff were on leave or off sick. Staff told us that there were enough of them at the service to provide care. When asked how they knew there were enough staff comments included, "Because we are meeting people's needs. We are able to interact with them (people) and people are well looked after" and "People are getting what they need. We manage to accommodate their needs."

Assessments were undertaken to identify risks to people. Risks assessed included nutrition, mobility, emotional wellbeing, personal care, skin integrity and pain control. There were risk management care plans to minimise, if not to eliminate risks. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff were aware of the risks to people. One member of staff said, "We provide reassurance to people that need support when they are walking around. One person likes to go walking and we ensure that we are close to monitor their safety." Another member of staff said, "We ensure the equipment is safe for people. One person has an issue with the mobility and we always make sure there are two staff around when helping X to move." People told us that the environment was safe for them. One told us, "I find it easy to walk with my frame and staff always make sure I have my walking stick in reach."

Incidents and accidents were recorded in forms and action taken to reduce the risks of incidents reoccurring. For example, there had been incidents where people had fallen at the service. Steps had been taken to ensure that staff monitored people more frequently and reminded people to use their call bells if they required assistance to move. One member of staff told us, "If an incident occurred I would record the detail of it and any action I had taken and then report it to my manager." They told us that one person had fallen when they first came to the service and that they had called an ambulance and updated their care plan as a result. We saw that this incident had been recorded in detail and actions that had been taken.

There were appropriate plans in place in the event of an emergency. In the event of an emergency, such as a fire. Each person had a personal evacuation plan detailing the support people needed. There was a file left in reception that could be accessed quickly and easily if needed. Staff understood what they needed to do to help keep people safe. There was a service contingency plan in place so that in the event of an emergency people could be evacuated to another building on the site of the retirement village.

People told us that they were happy with the way their medicines were managed by staff. One told us, "They always give me my meds in the morning and the evening and they make sure that I have swallowed them before they leave the room." Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines from pharmacists. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. There were PRN (as and when) medicine guidelines for staff with details of what signs the person may show should they need pain relief.

People were protected from being cared for by unsuitable staff because robust recruitment processes were in place. Staff told us about the selection procedure that they went through to ensure that they were safe to start work. One member of staff said, "I was not allowed to start work until all of the checks had been completed." Staff told us that they were interviewed for the job and had to provide two references and had to undergo Police checks. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. Notes from interviews with applicants was retained on file and showed that the service had set out to employ the most suitable staff for the roles. The provider had ensured that staff had the right to work in the country and screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.



## Is the service effective?

### Our findings

People received care from staff that had the training and experience to meet their needs. Before staff started work they undertook a detailed induction. One member of staff told us that their induction was thorough and this had helped them prepare for their role. They said, "The induction was really good. I spent three weeks undertaking training and reading care plans." Staff were kept up to date with the required service mandatory training which included areas specific to the people who lived there. The training included moving and handling, health and safety, safeguarding and infection control. One member of staff said, "We have lots of training. It helps me to understand the care more. There are so many changes in care. It's a way of improving what we do." We saw that new staff were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff were also supported to complete National Vocational Qualifications (NVQs). The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. One member of staff said that they had requested computer training and the service was providing this.

We saw that staff's competencies were assessed regularly and recorded. Staff confirmed that they had one to one meetings with their managers. Things discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "I like have the supervisions. It shows me direction of where I'm going and any improvements I need to make." Another member of staff said, "I like having these one to ones with my manager. If there is something I didn't know I can get the answers from my manager."

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were being followed. 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. The registered manager had identified that updated MCA assessments needed to be updated for one person at the service to ensure that their capacity to make decisions had not changed. At the time of the inspection people at the service did not lack capacity to make decisions.

Staff had good knowledge of MCA and DoLS. One member of staff said, "You always assume capacity. If I doubted it I would get the manager to assess this and involve the GP and family if any best interest decisions needed to be made." Another member of staff said, "Everyone has the right to make the wrong decisions. You always assume they (people) have capacity. Don't restrict people and if you need to make decisions you do this in people's best interest." They explained in detail the process of DoLS and where people may be being restricted that applications may need to be submitted to the Local Authority. No DoLS applications were required to be submitted to the Local Authority at the time of the inspection.

People at the service told us that they enjoyed the meals provided. As there were only two people at the service they would often join people in the restaurant downstairs for people that lived in the retirement

village. Comments about the food included, "They always come in and offer choices for meals. I like the food, it's very good and I can have drinks whenever I want them" and "The food is quite nice and you always get a choice." We saw staff supporting people with menu choices when we arrived at the service. People were given drinks throughout the inspection and staff were aware of people's dietary needs. For example one person was on a soft diet to assist with their eating.

People were weighed regularly and where staff had a concern the appropriate health care professional was consulted. One person was supported had been losing weight and appropriate measures were taken to address this. The person was being weighed weekly, their food and fluid intake was monitored and they were being provided with supplements to assist with their weight gain. As a result the person's weight was now stable. People's care records showed relevant health care professionals were involved with their care. These included GPs, optician, dentist and Speech and Language Therapists (SaLT). People's changing needs were monitored to make sure their health needs were responded to promptly.

## Is the service caring?

### Our findings

People felt staff were caring and attentive towards them. One person said, "The staff are very nice. They never leave me alone. They are very chatty with me" whilst another said, "Staff are very nice. They chat away with me. We talk a lot and they ask me if I want to go out with them."

Staff and the registered manager showed concern for people's wellbeing in a caring and meaningful way throughout the inspection. We saw staff chatting and laughing with people and it was clear that people enjoyed the company of the staff. One person was teaching staff another language and the person was laughing and enjoying spending time with them. Despite our presence staff ensured that the needs of the people were their priority. On one occasion we knocked on the door of one person, staff answered the door and asked if we could return as they were providing care to them. Staff told us that they enjoyed working at the service, one told us, "Our residents are fantastic. I enjoy looking after them. I look after them the same way I would want my mum to be looked after." Another member of staff said, "I love caring, to give people whatever they need."

Staff treated people in a respectful and dignified way. Staff were aware of the importance to people to maintain their appearance and supported them to do this. One person's care plan stated that they liked to wear make-up and nail varnish and we saw that staff supported them with this.

When personal care was being delivered staff ensured that the doors were closed to protect people's dignity. When asked how they would ensure they treated people with dignity and respect one member of staff said, "Give people time to make choices" whilst another said, "We knock on people's doors and make sure people's belongings are kept in their room." They said that one person liked to be on their own in their room at times and they respected that. We saw examples of this during the day. We observed staff knock on people's doors and wait for a response before they entered. One person said, "Staff always knock on my door and wait before they come in."

People were supported to be independent. One person told us that they were able to go out when they wanted and liked being able to use the service in the way they wanted to. One member of staff said, "We encourage independence. X likes to fold the towels and likes to make their own bed. It's important to X that she can still do this. As long as people are safe we support them doing as much for themselves as they can." People's rooms were personalised and people were encouraged to choose the décor that they wanted in their rooms. People told us that they liked their rooms and that they felt homely. One person said, "I like the view from my room and it's nice and bright in here."

People were able to make choices about when to get up in the morning, what they wanted to eat and drink and when they wanted to have their meals. Care plans detailed people's routines and staff did what they could to ensure that these preferences were met. One person liked particular drinks with their meals and staff provided this. Each care plan detailed people's 'Life style profile' with information about their family, previous employment, hobbies and the music they liked. One person told us that they liked classical music and this was detailed on their care plan. Staff told us that they read care plans as it helped them understand more the person they were caring for.

## Is the service responsive?

### Our findings

On the previous inspection in May 2015 we had identified a breach in regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Complaints had not always been responded to or improvements made when people raised concerns. The process for making a complaint had improved on this inspection.

The complaints procedure was in an accessible format and was on display on the noticeboard and a copy was placed in people's rooms. One person told us that they understood how to complain and would not hesitate if they needed to. Staff told us that they would support people to make a complaint if people were unhappy about something. There had not been any complaints since our last inspection.

At our previous inspection the service was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not sufficient activities for people and people did not have opportunities to access the community. This had improved on this inspection.

People had the opportunity to join in with activities with people at the retirement village including coffee mornings and music events. One person told us, "There are always things going on if you want to join in. Staff take me out once a week." Another person told us, "I can listen to my music when I want to and staff do take me out." In addition to the activities on offer at the retirement village staff undertook activities with the people in the service. This included pamper sessions, games and puzzles. There were separate lounge areas in the service if people wanted to spend social time with their families. Where appropriate people went out independently and once a week staff took people out to the local garden centre or the local pub. One member of staff said, "There are plenty of activities. People go out every week. There is plenty to occupy them."

People and their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. There were detailed care records which outlined individual's care and support. For example, how best to communicate with people, personal hygiene and dressing, their skin care, their sleeping routine and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. The registered manager told us that they would always ensure they were at the handover each morning. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. One member of staff told us, "We update the care plans and staff have to sign that they have read the changes. At the handover we discuss how the day was and what still needed to be done and any changes that have occurred. We also keep the communication book updated with appointments for people. There is good communication here."

Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs.

## Is the service well-led?

### Our findings

At our previous inspection the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not sufficient systems in place to quality assure the service to make any necessary improvements. At this inspection this had improved.

Despite the short length of time the registered manager had been there they had already undertaken several audits of the service. They told us that they knew what areas required improvements and plans were underway to make these improvements. For example revision of the care plans so that they were more stream lined and reviews of people's capacity. There was a system of audits that were being used to improve the quality of care. The provider undertook audits around staff training, activities and the environment. In addition the registered manager undertook audits in 'professional practice', 'documentation and record keeping' medicine audits and 'the lived experience'. As a result of the audits, actions plans were developed and action taken. For example it was recognised that people had not been as involved in their care planning as they should have been and steps were taken to address this. Other shortfalls addressed included the replacement of MAR sheets and maintenance around the building. Staff informed the maintenance staff when any improvements were required inside the service. The registered manager would ensure that things were fixed in a reasonable time.

People and relatives attended meetings and were asked their views on the running of People were asked about menu choices, how people could access health care professionals and activities. One relative asked if a large puzzle could be placed in the lounge for their family member to do when they wanted and we saw that this was in place. People were also informed of new staff starting and arrangements were made for other outings. People's and relatives feedback about how to improve the service was sought. Surveys were sent out each year and those returned were all positive. On one of the surveys one person was asked how they wanted their room to be decorated and we saw that this had been done. The positive comments on the surveys included, 'Its comfortable surroundings. It's a nice part of the country. I'm quite happy here. Everyone is pleasant'; 'The carers and general staff are all exceptional.'

Staff attended meetings and these were used as a way of improving the service. One staff member said, "Our opinions are listened to. We sit and discuss things and feel very involved." Staff told us that they felt valued. One said, "The fact that I'm listened to shows me that I am valued. I find meetings useful. It's where we can discuss a lot of things." Another member of staff said, "The manager values me and the team of colleagues. They care about what I have to say."

The registered manager was new to the service. People were happy with how the service was being managed. People were comfortable and relaxed with the registered manager. On the day people were engaging and talking with the registered manager and were relaxed in their company. One person described the registered manager as, "Very pleasant. She checks on things." Staff were also complimentary about the manager. Comments included, "The new manager is very good, so kind and open. You can go to her with anything. I'm not scared to talk to her", "The manager teaches you things you don't know and is very encouraging."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.