

The Grange (Sandiacre) Limited

The Grange Residential Care Home

Inspection report

39 Bostocks Lane
Sandiacre
Nottingham
Nottinghamshire
NG10 5NL

Tel: 01159399489

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08 March 2017

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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 visit was unannounced and took place on 8 March 2017. At our last inspection visit in May 2016 we asked the provider to make improvements to the assessments they completed when people did not have the capacity to make decisions. The provider sent us an action plan in June 2016 explaining the actions they would take to make improvements. At this inspection, we found improvements had been made. The service was registered to provide accommodation for up to 34 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 32 people were using the service.

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.

People were supported to make choices and when required assessments had reflected the person's capacity. Best interest assessments were then completed to ensure the decision was made in conjunction with the relevant people. The home had enough staff to support people's needs. The staff employed had received a range of checks to ensure they were suitable to work in the home. The manager and provider had established a range of audits to support the improvements within the home. We saw feedback was sought from people and relatives and any areas raised had been considered and responded to.

People told us they had established positive relationships with staff who showed respect for them. People were able to choose the meals they wish to eat and special diets had been catered for to ensure people received the correct support for their nutritional needs. We saw that medicines were managed safely and administered in line with people's prescriptions. Referrals had been made to health care professionals and any guidance provided had been followed.

Care plans provided details about the person's life, preferences and how they wished to receive their care. People were encouraged and supported with activities they wished to engage in. There was a complaints policy which was available, however no one had felt the need to raise any concerns.

Staff felt supported by the manager and there was a clear process in place to cascade information about the service and the needs of people. Staff had received training and the manager was planning to invest in further training to expand the staff knowledge in supporting people that were living with dementia.

We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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

People felt safe and were confident the staff knew how to protect them from abuse and report concerns. Staffing numbers were sufficient to ensure people received a safe level of care and systems were in place to ensure staff were suitable to work within the care sector. Medicines were stored, ordered and administered in a safe manner

Is the service effective?

Good ●

The service was effective

People were asked how they preferred to receive their care and where they no longer had capacity, assessments had been completed to demonstrate whether they could make certain decisions for themselves. Staff had a good understanding of people's care and health needs and had received training to meet individual needs. People made decisions about what they wanted to eat and drink and were supported to stay healthy and had access to health care professionals.

Is the service caring?

Good ●

The service was caring

People were supported in a caring way by staff they were happy with. People were encouraged to be independent and make choices about how to spend their day. People's privacy and dignity was maintained. Friends and relatives were free to visit when they chose.

Is the service responsive?

Good ●

The service was responsive

Staff knew people and their preferences and these were reflected in the care plans. People had the opportunity to participate in activities they enjoyed. There was a system in place to manage concerns or complaints.

Is the service well-led?

Good ●

The service was wellled
Staff told us they were supported by the manager and provider.
The provider had effective systems in place to monitor and
improve the quality of the care people received. The manager
understood the responsibilities of their registration with us.

The Grange Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

We spoke with five people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff, the activities coordinator, the cook, two visiting professionals, the deputy manager and the registered manager. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for four people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive

improvement.

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "It's a nice place to live." A relative we spoke with said, "I feel comfortable knowing they are safe here." We saw that staff had received training in safeguarding and were able to explain the possible signs of abuse and how to report any concerns. One staff member said, "We know to keep people safe, however if needed I can report any concerns to the senior. I know I can report to the local authority or CQC." We saw the manager had raised a safeguarding concern with the local authority and ensured we had been notified of this event. The manager had taken measures to protect the people following the safeguard and was open to support from the local authority. This meant we could be sure people were protected from harm.

Risks to people were managed in a safe way. For example, some people required the use of equipment to transfer them between areas of the home. We saw there was a risk assessment and plan to identify what equipment the person needed which provided guidance to staff on how to support each person. One person told us, "I don't like the hoist, but I know it's necessary. The staff provide reassurance and make me feel safe when I am using it." We observed people being transferred and staff providing guidance. One staff member said, "Can we use this machine to lift you up and down to get you in the chair." The person responded to the staff before they received the support.

Other people required specialist equipment to reduce skin damage. We saw that different pieces of equipment were used to support the needs of the individual. When people moved from one seat to another we saw the supportive cushion was also transferred with them. This meant people received the correct equipment and staff who knew how to use it to ensure people's care needs had been met.

Environmental risks were assessed to ensure that people were protected. Plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and levels of support people would need to be evacuated in an emergency situation. Staff we spoke with were aware of the plans and the level of support people would need. This meant people were supported if an emergency occurred.

There were enough staff available and we saw people did not have to wait for support. One person said, "The staff seem to manage, if I need help, there is always someone around." Another person said, "I feel settled, staff come when you need them." We saw that the manager used a dependency tool to reflect the level of staff required. This considered each person's level of need. The manager told us, "If we have more people with higher needs we would increase the staffing. When we have supported someone on end of life care, we had an extra staff member on duty." Staff we spoke with felt there was enough. One staff member said, "If we have the correct number and no one off sick, it works fantastically." Other staff we spoke to reflected the same sentiment. We discussed this with the manager, they told us, "We have some more staff being inducted and some bank staff so this should alleviate these concerns."

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to

work with people. These included references, identity checks and a disclosure and barring service (DBS) check. The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "They had to get a reference from my previous employers before I could start." This demonstrated that the provider had safe recruitment practices in place.

We saw that people received their prescribed medicines safely and at the correct time. One person said, "I get my medicines on time, at home it was easy to forget one or two. They do it all for me here." We saw that people were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. Some people were receiving their medicine covertly, this means without their knowledge. Medicines can be given covertly if the person has been assessed as lacking the capacity to understand the prescribed medicine is essential to maintain their health and wellbeing. We saw that the decision to administer their medicines in this way was made in their best interest with guidance from relevant healthcare professionals. The staff had received training in medicine administration and their competency had been checked. We saw all the medicines were stored correctly and a stock check was maintained to ensure the required amounts were available to meet people's prescribed needs.

Is the service effective?

Our findings

At our previous inspection in May 2016 we found that the provider was in breach of Regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people received an assessment in relation to their decision making or any consideration to people being restricted. At this inspection we found that the required improvements have been made.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed where people lacked capacity to make a decision. These assessments were specific to the decision the person was unable to consent to. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. Applications relating to DoLS had been completed to the relevant authority. Where DoLS authorisations were in place we saw that these were time limited and reviewed as needed.

We saw people were asked their consent before care was provided. One person said, "They always ask first." We observed staff asking people, for example, one staff member asked a person if they wished to have a cushion behind their back and another person if they would like a blanket." Staff were also discreet when they asked people if they wished to be supported for their personal needs. Staff we spoke with said, "It's important how we speak with people and give them choices, even if they may seem quite small like a choice of clothing or the meal." This meant people were supported to consent to their care and make choices.

The staff had received a range of training appropriate to their role. One staff member said, "The training here is good, we cover all areas." We saw that when people had received training, competency checks had been completed to ensure the staff had understood the training they had received. The manager told us, "We are looking into further training in relation to dementia and end of life, to support the staff in these areas."

We saw staff had been supported to complete induction training. One staff member told us, "I have completed the care certificate, it was really useful. I am looking forward to doing my next level of qualification." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People enjoyed the food and there was a choice available. One person said, "You get a choice, you just have to ask, they are pretty good." Another person said, "There are plenty of choices, always two." We saw people were provided with drinks throughout the day, along with a choice of snacks including biscuits or fresh fruit. One person said, "At this time of day they always bring some water, they keep you topped up with fluid."

We observed the midday meal. People sat in their chosen social groups. The tables were laid with condiments and a choice of sauces to accompany the day's meal. We saw that people's dietary requirements had been catered for. The cook told us, "I have a list on each person so I know everyone's needs. When they have been seen by the specialist team I have a copy of their needs so I can ensure they get the correct meal." We saw some people preferred a diet without meat and they received a choice suitable for this diet. One person was new to the home, the cook told us, "I will be discussing with the person what meals they like and so I can ensure I have the correct food available for them." We saw that a meeting took place on the day of our visit.

People were supported to be independent. Equipment such as plate guides was provided to enable people to maintain their independence with eating. Some people required support which was provided. When meals were taken to people's rooms they were covered and staff ensured they did not have to wait.

People told us they accessed healthcare services when needed. One person said, "I had a bad cough, the staff came to me and got the GP to call." We saw that referrals had been made in a timely way for people. One person had recently returned from hospital; however they continued to be unwell. The staff had requested a visit from the health care professional to ensure they were doing all they could to support the person. A health care professional said, "The communication here is good. They contact us if needed, even for advice." This meant people received the support they required to maintain their health.

Is the service caring?

Our findings

People told us staff knew them well and had established relationships with them. One person said, "I get on well with the staff, they are pretty good and we have a bit of fun." Another person said, "It's like a family affair here, the staff are great." We saw the staff took the time throughout the day to stop and chat with people. The atmosphere appeared relaxed and friendly. A relative told us, "It's clean, homely and welcoming." We saw staff supported people in a caring way. For example, when people became upset, the staff spent time talking to them at eye level and providing reassurance. Staff ensured people were comfortable, for example we saw staff supported people to sit comfortably in their chairs with cushions as needed. Drinks were placed within easy reach, to enable people to have a drink when they wanted one. A health care professional said, "People get good care here, the staff are very willing and helpful." Another health care professional said, "I am happy with the care being provided here, it's very supportive."

People were encouraged to be independent. One person said, "They are good at listening to me, I sometimes get a bit mixed up, but they guide me so I can be independent." We saw people were free to walk around the home. The manager said, "We like to encourage people to be independent and not restrict them to the one space."

Relatives and friends could visit at any time. One person said, "My family can come when they choose". A relative told us, "There are no set times here." We saw friends and relatives visited throughout the day.

People told us their privacy and dignity was respected. One person said, "They always shut the door and place a towel over me for privacy." We saw that people's privacy was considered when they used equipment, by placing a blanket over the person legs. A health care professional said, "I see people in their room, but if they don't wish to move, there is a screen used for privacy." This showed us that people were supported to maintain their dignity and their privacy was respected.

Is the service responsive?

Our findings

People received consistent and personalised care. We saw people were dressed in clothes of their choosing. For example, a gentleman had a tie on and another person wore a flat cap. Ladies had their own handbags and some had been supported to have their makeup applied. Some people received their post. Staff offered to open and read the mail for people. One person said, "I cannot open the mail myself so it's helpful." We saw when staff read the mail; they showed an interest and engaged in conversation. A health care professional said, "The staff know people well, if you need anyone to help they always do."

Care plans focussed on the person's whole life and any preferences they had including how they wished to receive their care. One staff member told us they found the care plans useful and provided us with examples of how this enabled them to support people according to their preference. For example information included if the person liked to wear make up and jewellery. The manager told us, "We have moved to some new care plans, which are taking time to transfer. However it gives you the opportunity to update any other information."

The senior staff completed a daily handover and there was a communication book. Staff told us they had to read the book and sign to confirm this. A staff member said, "If anything has changed for people it will be detailed, it's usually very clear and up to date." Another staff member said, "It's good when new people come, as it has their information. The system works." Staff we spoke with were able to tell us the changes recorded for that day. This ensured that people received continuous care as their needs changed.

People were encouraged to be independent and had choices about how they filled their time. For example some people attended a day care centre, other people enjoyed knitting and some read the daily paper. One person said, "I knit a little, I knitted a doll like we used to in the war." A staff member told us, "I love sitting with people, reading the paper or just chatting. We become part of a bigger family." On the day of our visit some of the people were practicing as part of the choir. The group call themselves, 'The Grangettes'. One person said, "We enjoy these sessions."

We saw events had been planned throughout the year. One person said, "We have singers in and they are really good, I enjoy the company." There was an activities coordinator at the home, who told us, "We aim to have an entertainer once a week. Other days we have a plan, but it can vary depending how people feel." One event taking place this June will involve a fly by from the RAF. This coincides with their summer fete. The coordinator said, "I sent a letter of request as we have several ex serving military people. I could not believe it when they agreed to make their flight path via us, on route to the Queen's birthday celebration." This meant people were supported to engage in activities of interest to them.

People felt able to raise any concerns. One person said, "I have no complaints whatsoever." Another person said, "I know who the manager is, they are always around." The service had not received any complaints; however there was a policy with clear guidance as to how any would be addressed. This meant that the provider had a system available to respond to complaints. The home had received many thank you cards;

these were being used by the activities coordinator to make bunting for the summer fete.

Is the service well-led?

Our findings

People told us they found the service to be kind and friendly. One person said, "It's a lovely home, I feel very comfortable here." Staff felt the home had a warm atmosphere, one staff member said, "It's like a big family here. You only have to ask for support and you get it."

Staff felt supported by the manager. One staff member said, "We have a good manager, they're very strong. If you want anything they always get it done." They added, "The provider is also very good, there is no restriction on the budget for the food." Staff told us they had received support in relation to supervision. One staff member said, "The manager knows all the people." Another staff member said, "They are fair here, what you see is what you get." The manager felt supported by the provider and told us, "They are always available as they visit weekly and I can contact them on the phone if I need to." This demonstrated that staff received the support they required for their role.

We saw the manager had a range of audits to support them to manage the quality of the service and make improvements. For example, audits had been completed in relation to accidents and incidents. One person was noted to be having several falls. We saw a referral had been made to the 'fall team' and an interim safety measure had been implemented to reduce the risks to this person receiving any further injury. The falls team are health care professionals who provide guidance and support when a person is a risk of falls. Other audits reflected different areas of the home, including medicines management. These ensured that medicines had been stored correctly and that staff had followed the correct guidance. This demonstrated the provider had systems in place to review the care provided

The provider had asked for feedback from the people who use the service and relatives. We saw that surveys had been completed and areas raised had been addressed. For example, some people had asked for fish cakes and these had been added to the menu. Other feedback received had related to the refurbishment of the home and we saw these areas had been planned to be improved. For example, the tiles to the bathroom and a bathroom refurbishment. This demonstrated that the provider listen to people's views and made the relevant changes.

The provider understood their registration with us and had notified us about important information affecting people and the management of the home. For example serious injuries or events affecting the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website