

Burlington Care Limited

The Grange

Inspection report

Whinbush Way
Darlington
County Durham
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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

The inspection took place on 24 May 2017. The inspection was unannounced.

The Grange care home is a residential care home based in Darlington, County Durham. The home provides personal care for older people and people with dementia. It is situated close to the local amenities and transport links. The home is registered for up to 74 people and on the day of our inspection there were 68 people using the service.

The service had a registered manager in place. 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 service had not been rated under the new registered provider of Burlington Care Limited so this was a first rated inspection for The Grange Care Home.

The atmosphere of the service was homely and very welcoming.

People who used the service and their relatives that we spoke with told us they were satisfied with the service.

We saw staff interacting with people in a caring and attentive way.

We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness.

We saw that people were encouraged to enhance their wellbeing and take part in activities.

We spoke with a range of different team members; care, kitchen staff and activity staff, who told us they all felt well supported and that the registered manager was supportive, and they were all polite, receptive, open and approachable. We also spoke with visiting professionals from the community nursing team.

Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had a positive rapport with the registered manager and also with each other.

From looking at people's care plans we saw they were written in plain English and in a person centred way. They also included a 'life map' that made use of personal history and the plans described individuals care, treatment and support needs.

Care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm.

People's health was monitored and referrals were made to other health care professionals where necessary, for example their GP, community nurse or dentist.

People who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

Staff had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

Robust recruitment processes were in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and we found that the process was safe.

People were encouraged to eat and drink sufficient amounts to meet their needs. Drinks were out for people and we observed people being offered a varied selection of drinks and snacks.

People and their relatives were knowledgeable about the complaints and compliments procedure that was in place.

People also had their rights respected and access to advocacy services if needed.

The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found.

People who used the service and their representatives were regularly asked for their views about the care and service they received at meetings and via surveys. Views were then taken on board using a 'you said we did' system.

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 had individualised risk assessments in place.

Medicines were stored, managed and administered in a safe manner.

Recruitment was robust and safety checks were in place.

Accidents and incidents were monitored to reduce repeats.

Is the service effective?

Good ●

The service was effective.

Peoples nutrition and hydration needs were met

Staff were supported and trained appropriately to meet the needs of the people.

Staff received regular supervisions and annual appraisals.

The service worked together with other professionals to support people.

Is the service caring?

Good ●

The service was caring.

Staff were caring and attentive.

People were supported with dignity and respect.

People were supported to maintain their independence.

People had access to advocacy support.

Is the service responsive?

Good ●

This service was responsive.

Peoples care plans were reflective of their preferences and included their history information.

People were encouraged to take part in activities to improve their wellbeing.

People know how to use the complaints procedure and these were managed appropriately.

Is the service well-led?

Good ●

This service remains well-led.

The service was well led

The service had made links with local community businesses to benefit the home.

An effective programme of quality audits were in place and carried out regularly.

Quality assurance was carried out by the manager regularly and people were engaged in this process.

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 inspection took place on 24 May 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of two Adult Social Care inspectors and one expert by experience that had a professional background in nursing across varied patient groups.

At the inspection we spoke with 10 people who used the service, six relatives, the regional manager, the deputy manager, five care staff, kitchen staff, laundry staff and activity staff. During the inspection we were able to speak with visiting professional from the community nursing team.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, observing lunchtime in the dining rooms and by observing practices and interactions between staff and people who used the service.

We also reviewed records including; four staff recruitment files, medication records, safety certificates, four care plans and records, four staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Is the service safe?

Our findings

People who used the service told us they felt safe and that there was enough staff to meet their needs safely. One person told us; "Yes I certainly do feel safe and it's great to feel that way - not worried about being bullied or made to do things I don't like." And another told us; "Safe for me is knowing I will not feel anxious or concerned about anything and here I am at peace."

We saw staff interacted with people and helped people to take part in activities. Staff were not rushed and had time to talk with people and their relatives. People who used the service told us there were enough staff available to them. One person who used the service told us; "Staff are ever present." And another told us; "I had a couple of falls because I got wobbly but I need not have worried the staff were there in a flash to pick me up. Now have a walking aid."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse.

Training records showed staff had received safeguarding training. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. This showed us that staff knew how to recognise and report abuse.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had not used agency because there was sufficient staffing to provide cover arrangements within the existing staff team.

We looked at four staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

We saw that systems were in place to ensure medicines had been ordered, stored, administered, disposed of and audited appropriately, in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and their preferences regarding how they liked to take their medicines. We watched staff administer medicines. Staff carefully explained what they were doing and

asked the person's permission. They offered people water to take their medicines. Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely. Any faults or maintenance issues were recorded in a maintenance book and we saw that action was taken in relation to any issues identified.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks. We spoke with a visiting professional from the community nursing team who told us, "If ever any one falls we are asked to come in to make an assessment for any medical issues, or to make referrals to physio and can help put things into place like crash mats."

We looked around the home and found that all areas were clean and well presented. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when dispensing medicines.

We saw records that showed the service undertook regular cleaning, including deep cleaning when required. When we spoke with the registered manager they explained how cleaning tasks were delegated to the domestic staff and how these were recorded and also audited.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, people who used the service and their relatives felt that staff knew them and their care needs well. One person told us; "The staff know exactly what they are doing." One relative told us how, when their family member was admitted to hospital, the staff were well equipped for this and provided plenty of information and knew what was needed.

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as the advanced nurse practitioner, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments. At the time of our inspection a dentist was visiting people.

During the inspection we spoke with a member of the community nursing team who was visiting and they told us, "I find the staff to be excellent they all communicate very well. I know the staff are not all nurses, but they are very vigilant."

Supervision and appraisals took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development. Staff members told us; "They are very proactive here about training." And another told us; "I have been made to feel like a team member from day one and I see myself going far in this organisation."

The service had made some environmental changes to make the service more accessible for people living with dementia by making adjustments and placing clear signage on bathroom/toilet doors. There were displays for people to interact with including a washing line for people to tend to laundry and a fiddle board that included various plumbing and fixtures for people to explore. These would be used by people to help stimulate memories and conversation.

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed the 'Care Certificate' to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. We saw evidence of how this was monitored in the staff supervision files.

We saw the training list and this showed us the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included; diabetes, dementia awareness and focus on food.

We saw people enjoying their lunch in both dining rooms. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. People could have their lunch in their room if they wished. The atmosphere in the dining areas was relaxed

and not rushed. People who needed support to have their meal were supported with dignity and patience.

Throughout the inspection we observed people being offered a selection of drinks and snacks and support to have them if needed. Drinks were also available in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal. We could see that if a person didn't want what was on the menu or even changed their mind, this wasn't a problem and other options could be arranged. One person who used the service told us; "I choose the food I want and not until on the day it's cooked so I nearly always remember what I have ordered that way." And another told us, "Cook is brilliant she makes my eggs the way I like them, what a memory."

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 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the registered manager.

Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

Is the service caring?

Our findings

When we spoke with the people who used the service and their relatives they told us the staff were; caring, supportive and professional at all times. One person who used the service told us; "The staff notice when I am upset and come and sit with me and have all the time in the world." Another told us; "If I get upset about being asked to do something they call my next of kin and I chat and then it is all ok." And another told us "I am so lucky to have found The Grange."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm, homely atmosphere. Relatives we spoke with told us they were always made to feel welcome. They told us; "We are always offered drinks and made welcome." And another told us; "Staff here care and that shows because they listen and act. I have seen this first hand when visiting my relative."

Staff we spoke with were able to clearly demonstrate how they promoted peoples independence. We observed staff offering support to people and encouraging people to be independent, for example when we observed the medicines, staff put them in people's hands so they could take them themselves.

People who used the service told us how they were encouraged to make choices for themselves and be more independent. They told us; "I can still have a shower on my own but the staff knock and check I am ok. This little thing means a lot to me, makes me feel like I can still do things on my own."

We saw staff interacting with people in a positive, encouraging, attentive and caring way. We spent time observing the support that took place in the service. We saw that people were respected at all times by staff and treated with kindness. We observed staff intervene to comfort a person who was becoming distressed and this was done discreetly and respectfully.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. One person who used the service told us; "Staff visit me and chat away to me and make me feel valued and they also know the names of my visitors and they remember as well."

We observed that staff respected people's dignity and the people we spoke with told us how the staff maintained their privacy and dignity. People told us they felt supported with their personal care. One person told us; "I love my room and bed and everything and feel pampered when I have a shower just like a movie star. I know if I fall they will come and get me."

People who used the service had access to advocacy services and when we spoke with staff and the registered manager they were knowledgeable and knew who to contact if anyone needed advocacy. At the time of our inspection one person had an advocate to support them in decision making,

People who used the service, who wanted, had end of life care plans in place. This meant that the service

had supported people to make advanced plans if they wished.

Is the service responsive?

Our findings

The service had two activities co-ordinators and a programme of planned events and activities during the day, evenings and on a weekend. During our inspection there was a 'pets as therapy' activity taking place and a collie dog visited the service with a volunteer. We saw people thoroughly enjoyed the visit. There were different activities for different parts of the home. People told us; "This is a home not a care home. If I want a drink before dinner then as long as my meds are fine I have one. I love the cocktail evening." and; "I like going for a pint with the carers and other residents, just like old times."

People and their relatives had regular meetings to discuss the home, any issues and to share ideas with each other. Dates of the meetings were on display and planned in advance. People told us they valued these meetings. One person told us; "Yes I go to the meetings they are really informative and it's nice to meet other resident and relatives."

The care plans that we looked at were written in a person centred way and gave details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. People's histories were also recorded in 'my life map' documents that were easy to follow and included photographs.

The five care plans we looked at showed us that people had their needs assessed before they moved into the home. This ensured the service was able to meet the needs of people they were planning to come to the service.

The Deputy Manager showed us how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

People and their relatives were involved in creating and reviewing their care plans to the best of their ability and their relatives told us; "[name] is still involved in choices and care plan reviews but not sure they fully understand so I am there as well." And; "I know all about the care plan and I am always called if anything has to be changed; [name] would be anxious if they consulted her about it."

Everyone we spoke with was aware how to raise concerns or make a complaint if they needed to. One person told us; "If I need to complain I will go straight to the top, no messing about for me." One relative told us; "I did raise a concern recently, it was resolved within an hour. Not fair to say more as it was sorted the management were on it at once. Made me feel that I had done the right thing and no repercussions." Another told us; "Yes I know that if I had concerns there is always someone to turn to. We had a problem a few weeks ago and it was dealt with at once. Nothing major but it was taken seriously."

This showed us that the complaints procedure was well embedded in the service and staff and visitors were

confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments. Where the service had received complaints we saw they had been addressed by the registered manager appropriately and outcomes were recorded.

People were invited to spend time in the home before they moved in. The service held 'taster days' and one relative told us how beneficial their relative found it. They told us; "The taster days are really good as it meant that [name] could see how comfortable it was here and meet the other residents. [Name] told us 'if I had known it was this good I would have come here ages ago.' When they found out there was a space."

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in post. However, they were on annual leave. The regional manager and deputy manager were made available to us during our inspection.

We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

We asked people's relatives for their views on the management of the service and they told us; "The manager is a visible manager and always on the move which is great as she sees everything as it happens." And another told us; "All the management team are available and visible throughout the care home on a daily basis."

We spoke with the staff team and they gave positive feedback about the management of the service. One member of staff told us; "There is always an open door and loads of support." and another told us; "Excellent manager leads from the front."

We asked the regional manager if they did any partnership working with other organisations and they explained how they had made links with local businesses and recently held a Starbucks day which was very successful. They also told us how they had a good relationship with the local supermarket who contributed to the homes fundraising activities.

The registered manager ran a programme of audits throughout the service and these were carried out regularly. We saw there were clear lines of accountability within the service and external management arrangements with the registered provider.

We saw quality monitoring visits were also carried out by the registered provider and these visits included; staffing, health and safety and facilities. The registered manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the registered provider.

During the inspection we saw the most recent quality assurance survey results. Relatives and people who used the service could attend meetings to raise issues. The home had a 'you said we did' board on display to show how they listened to people and their relatives and how they reacted. One example was a coffee latte machine had been introduced so relatives could make drinks for a donation to the activity funds."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

We looked at notifications and the provider was meeting the conditions of their registration and submitted statutory notifications to us in a timely manner. A notification is information about important events which

the service is required to send to the Commission by law.