

St Andrews Care GRP Limited

The Grange Nursing and Residential Home

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 

Overall summary

This inspection at The Grange Nursing and Residential Home took place on 27 April 2015 and was unannounced. We last inspected the service in June and July 2014 and found it was not meeting some of the regulations at that time. These were in relation to ensuring people were protected against the risks of receiving care or treatment that was appropriate or unsafe, risks associated with the unsafe management of medicines and not notifying us of

incidents. Following our last inspection the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found the actions we required had been completed and these regulations were now met.

The service had a registered manager who was available throughout the day of the inspection. A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Grange is a nursing and residential care home for up to 50 older people, some of whom have dementia. At the time of our inspection there were 28 people using the service. Accommodation is on two floors and there is a lift for access between floors. The building is going through a process of decoration and refurbishment which has started on the ground floor.

People who lived at the service told us they felt safe, secure and well cared for. The service had systems and checks in place that were used with the intention of keeping people safe. Accidents and incidents were dealt with in a timely manner and any actions and lessons learned were recorded and reviewed by the provider.

Staff knew what actions to take should they suspect abuse and received appropriate training in keeping people safe. Arrangements were in place to keep people safe in the event of an emergency.

The provider had arrangements for the safe ordering, administration, storage and disposal of medicines. People were supported to take their medicines at a time when it was needed.

People were supported to maintain good health and had access to health care services when it was needed. People were supported to eat a nutritionally balanced diet and were given choices of meals.

The registered manager and the staff team followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff training records showed staff had attended training in MCA and DoLS.

People received care and assistance from staff who knew their needs well. Each person at the service had their own care plan and their needs, choices and preferences had been clearly documented and were known to staff. People were supported to maintain contact with their family and friends and visitors were welcomed to the home.

Some people told us there were not enough staff working at the home. We found there were sufficient staff to meet people's needs and call bells and requests for assistance were responded to in a prompt and timely manner. The registered manager had recognised more staff were required at certain key times and was in the process of recruiting.

The provider sought feedback on the care it provided and monitored the service to ensure that care and treatment was provided in a safe and effective way and when necessary changes were implemented.

Any complaints that were received were documented along with the actions taken. There was an effective system in place to monitor the quality of service provided. The registered manager and the staff team had made a number of noticeable improvements since the last inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People using the service and their relatives thought the service was safe. Staff knew the procedure to follow if there were allegations of abuse.

There were sufficient staff available to maintain people's safety. The registered manager had recognised the need for additional staff at certain key times and was in the process of recruiting.

Medicines were stored and administered safely by suitably qualified staff.

Recruitment procedures were robust and ensured that suitable people were employed.

Good



Is the service effective?

The service was effective.

Principles of the Mental Capacity Act and Deprivation of Liberty Safeguards were known and followed.

People were referred to the relevant health care professionals when required, which promoted health and wellbeing.

People's dietary requirements with regards to their preferences, needs and risks were being met.

People were cared for by staff trained in areas specific to the needs of individuals at the service.

Good



Is the service caring?

The service was caring.

People living at the service and their relatives told us they liked the service and the way staff cared for people.

We saw that people were treated with dignity, kindness and compassion. The staff knew the needs of the people well and took an interest in their well-being.

People were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's individual needs and preferences. People were encouraged to share their views about the service.

People knew how to make complaints. Complaints records showed that complaints were responded to and addressed appropriately.

People had opportunity to engage in a range of social activities that reflected their interests.

Good



Is the service well-led?

The service was well-led.

The service had a registered manager in place and a clear management structure.

Good



Summary of findings

The service had systems in place to monitor the quality of the service. The registered manager was effective at acting on this information and sought the views of those using the service.

There was an open culture and staff told us they would not hesitate to report any concerns they had.

The Grange Nursing and Residential 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.

Before the inspection, we reviewed the information we held about the service, including the previous inspection and notifications the provider had sent us. A notification is about important events, which the provider is required to send to us by law.

We contacted the local authority contracts and commissioning team that had placements at the home.

The inspection took place on 27 April 2015 and was unannounced. The inspection team comprised of three

inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse with experience of nursing older adults.

On the day of our inspection we spoke with 12 people at the service, seven staff, the registered manager, the regional manager, 11 visiting relatives and health professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

During the inspection we looked at records and documentation relating to the running of the home. We reviewed four care plans, and records in relation to the management of the home such as audits and checks.

Is the service safe?

Our findings

At our previous inspection we found improvements were needed in relation to the management of people's medicines in order to ensure their health, safety and welfare. This was a breach of

Regulation 13 of the Health and Social Care Act 2008. During this inspection we found improvements had been made to the management of medicines and this regulation had now been met.

People we spoke with told us they received their medicines when they needed it. We spoke to a health care professional who told us there had been progress and improvement since the last inspection. We looked at the arrangements in place for the storage and administration of medicines and found these to be safe. We found that people were supported to take their medicines by staff trained to administer medicines safely. There were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled drugs. There was a policy and procedure in place for ordering, receipt, storage, administration and safe disposal of medications. Medicines were now managed in a safe way and people received them as prescribed.

People and their relatives told us they felt safe with the care and support provided at the home. One person said, "It's lovely here, I couldn't wish for a nicer home." They went on to say, "I feel safe and secure." And, "It's lovely and clean and I would definitely recommend it." When asked if they knew who to speak with if they ever had a problem, the person stated, "X" [the registered manager].

Safeguarding procedures were in place and staff said they felt confident to raise any concerns they may have about people's care. Staff told us they knew they could report concerns internally and to relevant outside agencies. On the noticeboards there was information to explain what to do and who to contact if anyone felt unsafe or at risk from any kind of abuse. This indicated that the provider was aware of local procedures and worked collaboratively with professionals in protecting people from the risk of abuse.

A number of people's relatives we spoke with felt that staffing levels were not always adequate. For example, one relative told us, "What staff did, they did well, but there are not always enough of them." Staff we spoke with told us

staffing levels ensured people's safety, but also said they felt the quality of people's care was sometimes compromised due to insufficient staff. For example, people needed to go to the first floor when night staff were on duty as there was not enough staff to at this time to ensure people's safety if people were on both floors of the home. Staff told us they always ensured people's needs were met during these occasions.

On the day of our inspection, the service was one staff member short due to unexpected sickness and cover had not been arranged. Rotas showed that this was not a regular occurrence. However, throughout the day we observed staff responding quickly and promptly to people's requests for support and call bells were answered without delay.

We spoke with the registered manager about staffing levels at the home. They showed us the dependency assessment tool they used to determine the number of staff that should be on duty and we found rotas reflected these levels. However, the registered manager had also considered comments from staff and relatives about staffing levels in the early evening and was in the process of recruiting more staff. Staffing levels were sufficient to support people safely and plans were underway to improve staffing levels at key times.

People were cared for by staff who had demonstrated their suitability for their specific role. Recruitment procedures included Disclosure and Barring service (DBS) checks, an application form that required a full employment history and references along with suitability, knowledge, skills and experience. This meant staff had been checked to ensure their suitability to care for people living at the home.

The premises and equipment were maintained to a safe standard. Day-to-day repairs were attended to by the service's maintenance staff. We saw evidence of contracts for the servicing of utilities such as gas, electricity and water along with equipment such as hoists and baths. Care plans included Personal Emergency Evacuation Plans (PEEPS) and we saw documented evidence of fire evacuations taking place monthly; emergency evacuation equipment was situated and stored safely at the top of the stairs. This demonstrated that systems were in place to monitor the safety of the premises and ensure staff and people were familiar with emergency procedures.

Is the service effective?

Our findings

People were very complimentary about the staff who supported them however they also recognised staff were at times busy and not always able to respond to their needs and requests immediately. One person told us, “The only problem is we are kept waiting a long time for our meals. They bring us to the table and we are sitting ages before the food comes. It is excellent food though.” We spoke with the registered manager about staffing levels and found they had recognised the need for more staff at key times and that recruitment was underway.

People told us they enjoyed the food and it catered for their individual choices and preferences. People described the food as, “good” and “tasty,” and said that mealtimes were flexible to meet their needs and requests. One relative stated, “The meals are excellent.” During the inspection people were offered alternative food and choices that were not on the menu and this encouraged people to eat. Staff were aware of people’s favourite food when the person was unable to communicate this. People were supported and encouraged to eat a health balanced diet, suitable for their individual needs and personal tastes.

The provider assessed and monitored people at risk of malnutrition or dehydration using two assessments. Records showed some confusion regarding the results for one person as one of the assessments had not been used correctly; however staff were aware of their needs in relation to eating and drinking and had responded accordingly.

The Mental Capacity Act 2005 (MCA) is a law that protects and supports people who do not have the ability to make decisions for themselves. Records we looked at showed where people lacked the capacity to make decisions regarding their care and treatment, the MCA had been followed. This included carrying out mental capacity assessments in consultation with the individual, relevant people and professionals. This meant people’s legal rights were being maintained when they lacked capacity to make decisions at the time.

The provider had made applications to deprive people of their liberty. The Deprivation of Liberty Safeguards 2009 (DoLS) are a law that requires independent assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The provider had recognised that people may have been cared for in a way that deprived them of their liberty to keep them safe and had followed appropriate processes.

The provider had systems in place to ensure the health and well-being of people. For example, there were weekly visits from the community matron, who reviewed people’s health needs. The visits meant the nurses were updated in relation to any changes, improvements or deterioration in people’s condition. This demonstrated the staff were aware of working proactively and in partnership with health professionals.

Staff told us as people’s health changed there would be a referral made to the relevant health professional for advice and guidance. Records confirmed this and we found staff had contacted the ‘Speech and Language Therapist’ (SALT) for assessment and advice. Instructions had been provided and had been transferred into the persons care plan for continuity and consistency. Feedback from professionals showed this was happening and working well. Staff monitored and responded to people’s health needs.

All staff we spoke with said they received the training they needed to perform their respective roles. They said the arrangements for training were really good and they were always encouraged to attend. Everyone we spoke with described the induction and training as good. All staff said they received regular individual supervision and periodic appraisals. We saw this included a performance assessment and a self-assessment completed prior to the appraisal meeting. All staff were registered and working towards completing the care certificate. The Care Certificate is a set of fundamental standards that health and social care workers work towards. Staff had received the training and support they required to meet people’s individual needs.

Is the service caring?

Our findings

People told us staff were kind and caring. One person receiving care said, “Staff are so respectful and they are always kind and caring.” All the people receiving care spoke very highly of the staff and one individual told us, “Care is brilliant,” and, “Staff know my needs and how to support me.” One relative told us, “Staff are worth their weight in gold, but there just aren’t enough of them”. The registered manager was in the process of recruiting more staff.

We saw staff respect people’s right to dignity and privacy and before entering people’s bedroom staff knocked on the doors and waited before being invited in. We did however overhear some staff at lunchtime say such statements as, “Who’s a feeder?” and “X is a feeder.” These terms can be perceived as lacking in compassion and dignity. We spoke with the registered manager about this and they assured us they would take action to address this with all the staff.

Downstairs we found staff interacting with people in a positive manner. The staff in the main lounge were heard and observed to communicate with the people respectfully, in a form that was easily understood and enriched communication. For example, we observed gentle and reassuring touch. We also saw staff ensure they were at eye level with people who were seated. We saw staff talking with the people about mutually interesting topics, and these interactions were respectful.

Time and patience was taken with each person to ensure they took their medicines in a safe and dignified way. During our inspection we saw a lot of warm, positive and gentle interactions between staff and the people living at the service.

We were told there were no visiting restrictions in place. One person’s relatives told us they were always welcomed when they visited. Another relative told us that due to their own work commitments they visited at varying times of the day and on some occasions they were there quite late at night. They told us they were always made welcome and encouraged to take an active role in their relatives care.

We saw staff greet relatives in a way that indicated they knew them well and had developed positive relationships. We observed relatives visiting at varying times during the day. Staff had encouraged people to maintain relationships that were important to them.

People choose where they spent their time during the visits. We saw some people choosing to meet in the communal areas and others in their bedrooms.

We also saw people being offered the opportunity to attend the visiting hairdresser. Those who attended told us they enjoyed this experience. One person was attending the hairdresser and a member of staff provided lots of support and reassurance. The member of staff was gentle in manner and chatted to the person in a supportive and reassuring way that helped reduce any anxiety. Staff had formed positive relationships with people.

Is the service responsive?

Our findings

At our previous inspection we found that proper steps were not in place to ensure that each person was protected against the risks of receiving care or treatment that was inappropriate or unsafe. This was a breach of Regulation 9 of the Health and Social Care Act 2008. We asked the provider to take action to rectify this. At this inspection we saw improvements had been made and this regulation had now been met.

People told us they were involved in decisions about how they wanted to be cared for. Each person had an individual and personalised care plan which identified specific care and nursing needs. We saw the care plans covered daily living activities and areas specific to each individual's care needs. The care plans were updated and reviewed monthly and adapted to the changing needs of the individual. We saw staff follow guidelines made by health care professionals. For example, requests for people to be given specialist diets.

One person told us they enjoyed visiting a local club for some activities and we could see from care plan entries that this had taken place. Another person said they enjoyed the activities provided at the service and even though they were not always physically able to join in they enjoyed the engagement of talking and watching. They went on to say they enjoyed going outside in their wheelchair with the assistance of staff and they were able to do this when staff were available.

On the day of our inspection we saw activities taking place in the main lounge and a group of people were engaged in a baking session. People told us they liked the activity and they could be seen and heard chatting to each other. Everyone in the lounge was given the option of whether or not they wanted to join the session and the staff who participated in the session did so with compassion whilst promoting participants' self-esteem. The people were all given the opportunity to guide the staff in how the activity should be carried out and we saw that each person enjoyed the activity. People were supported to enjoy activities and interests that were meaningful to them.

Staff told us they did not always have time to spend with people and they were not always able to respond to requests for assistance in a timely manner. However, we saw when people used their call bells or asked for

assistance, staff did respond in a timely manner. We spoke to the registered manager who told us there were times when people did have to wait for a short time, but this was due to implementing safe moving and transferring of people which required two staff. More staff were in the process of being recruited.

We saw staff knew people well and were aware of respecting people's individuality. For example, at lunchtime we saw that someone was left asleep and not woken. We asked why this was and were told the person was known to not like being woken and preferred to wake in their own time. We were told the person would be offered lunch once they had woken and we saw this happen.

The registered manager held 'tea with the manager' meetings with a small group of people to consult and gather feedback about the service. The registered manager explained the smaller meetings gave people a louder voice, in a smaller and less intimidating group. People we spoke with said they liked having the meetings and tea with the registered manager and told us they felt more at ease and listened to. We reviewed minutes of the last three 'tea' meetings and they showed people were consulted about the food, activities and day-to-day life at the service and any requests or suggestions were actioned.

One relative told us they had regular meetings and contact with the manager to ensure the needs of their relative were met. Meetings for relatives also took place with the registered manager of the service. The minutes showed the registered manager took relatives' concerns and queries seriously and responded accordingly.

People and their relatives were involved in the running of the service and their views and opinions were sought and acted on.

We asked people at the service if they felt confident in raising any concerns they may have. People told us they knew how to make a complaint. One person said, "I never have any problems, but if I did I would tell [the registered manager]." People's views were obtained and acted upon with regards to how their service should be provided. There was a complaints procedure in place and we saw evidence that the registered manager took people's concerns seriously. We saw written accounts of complaints being responded to in a timely manner and in line with the provider's policy and procedure. There was an effective complaints procedure in place.

Is the service well-led?

Our findings

At our previous inspection we found that following incidents which affected people's lives the registered manager failed to report to the appropriate authorities and take the necessary action. This included failure to notify the Care Quality Commission under Regulation 18 (Registration) Regulations 2009. At this inspection we saw improvements had been made and this regulation had been met.

We spoke with people and family members about how they thought the service was led by the registered manager. People told us that they knew who the registered manager was and were aware they could discuss any concerns they might have had. One person said the registered manager was, "nice" and, "A breath of fresh air." Another person said they would speak to the registered manager if they had any problems and went on to say they were, "Very approachable."

Staff told us that staff meetings were regularly held and all felt confident to raise any concern they may have about people's care. The staff we spoke with understood their roles and responsibilities for people's care and described appropriate communication and reporting systems at the home. Examples given were staff meetings, handovers, reporting of accidents, incidents and safeguarding concerns. All of the staff we spoke to said the registered manager was approachable. One staff member said the registered manager had, "An open door, but didn't always listen to what was said." They gave the example of needing an increase staffing numbers. However, the registered manager was in the process of recruiting more staff.

All the staff felt there was good team working and staff knew and understood people's care needs. We found that people's views, comments and concerns had been considered and actioned by the registered manager.

The registered manager explained that the service was committed to providing a good quality service and since the last inspection a variety of auditing systems had been implemented to promote continuity; such examples of checks were, 'Managers daily audit', 'Flash meetings', infection control, catering and health and safety. The registered manager had also undertaken an analysis of accidents and had implemented 'falls meetings' where falls were considered and root cause analysis and corrective actions applied. The registered manager told us the implementation of a variety of audits since the last inspection had proved to be very positive and resulted in any issues being highlighted early ensuring a quick response and resolution. This meant the people living at the service could be confident that the quality of service being provided was monitored and responded to.

The registered manager explained that a program of improvement and re-decoration had commenced with the ground floor. They acknowledged this would be a lengthy process and hoped it could be completed with the least disruption as possible to the people. The registered manager told us the provider's senior management team was supportive and was confident any resources needed for the effective running of the service would be available.