

Mr Alan Baker & Mrs Michelle Baker

Grange-lea Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

Grange-lea Residential Care Home is registered to provide personal care and support to 32 older people.

The home had a registered manager. 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.

This inspection took place on 21 and 26 April 2016. The first day was unannounced. At the time of our inspection, 30 people were living in the home. Some people were living with the early stages of dementia. The home had a contract with Torbay and South Devon NHS Foundation Trust to provide intermediate care. Staff supported people to recover health and previous activity levels under the guidance of the intermediate care team.

People were at the centre of everything that happened within Grange-lea. This was reflective of the outstanding leadership and management of the service. The registered manager worked in partnership with other organisations and was constantly looking for ways to improve all aspects of people's care and quality of life.

People and their relatives consistently told us how happy they were with the care they received and that they enjoyed living at Grange-lea. People told us "What more could I want, it's all here to hand" and "It's just wonderful". One relative told us they were so impressed they wanted to book their place at the service. Another relative commented that they knew it was the right home for their loved one. The atmosphere in the home was warm and welcoming and we saw laughter and warmth between people and staff.

People were listened to and involved in the running of the home. People took part in the recruitment process and their views were taken into account when selecting new staff. People who lived in the home spent time with potential staff. People also spent time with the students who visited from the local college. They discussed what was important to them and how they liked to be respected. People told us they benefited from 'residents meetings'. Suggestions people had put forward had been adopted by the service. Surveys of people who used the service, their relatives, staff and professionals were completed on an on-going basis. Responses to surveys were all complimentary with the majority of people reporting the service as outstanding in all areas.

People were encouraged to maintain their independence. People moved independently around the home and spent time how and where they wanted to. Staff had also supported people to re-gain their independence. Each person that had come in for intermediate care in the past year had met their goal of returning to their own home.

People were supported to maintain a high quality of life in different circumstances. Staff spent time working

with people on an individual basis to settle them when they moved into the service. They introduced people to others with similar interests and friendships had developed as a result.

People we spoke with told us they trusted the staff supporting them and felt they were well trained.

Comments included "we're so well looked after" and "They're (staff) excellent". The registered manager was able to give us lots of evidence of how training had had a positive impact for people who lived in the home. For example, staff completed additional diabetes training which led to a positive outcome and better quality of life for one person. The lead district nurse delivered training. This had resulted in stable blood sugar levels and no further hospital admissions for the person. The person used to become very distressed because of their diabetes but now they were able to socialise more with other people. The person's relative said that the decision to move them into this home was the best one they had ever made as they could see their loved one's quality of life had greatly improved. The provider had achieved accredited training centre status. An accredited independent training company had assessed the quality of the training delivered at the service. This shows the staff training is of a high standard. Staff told us "Training is on-going, it's great" and "I have been supported to increase my skills". One new staff member told us "It's the best home I've worked in, I've had time to get to know people, how things work and where to find things". Staff were highly motivated and very enthusiastic about their work and training and how this could be used to improve people's wellbeing. Staff told us they felt really well supported and encouraged to develop their skills through supervision, appraisal, and mentoring.

Staff were kind and caring and people were treated with dignity and respect. Staff spoke passionately about people. A number of the staff had worked at the home for a long time and staff knew people really well. Staff commented "the residents are great" and "I think if it was my mum or dad, how would I want it to be".

People told us they enjoyed the food at the home. Mealtimes were a sociable event with some people coming in early at lunchtime for a glass of sherry. Comments included "The choice of food is phenomenal" and "The food is very good."

People had access to activities every day. The service was registered with National Association For Providers Of Activities For Older People (NAPA). They used this to find ideas for activities. During our inspection, people enjoyed a visit from the hairdresser, a party, a trip to a local restaurant and the sea front, and musical entertainment. One relative said "there's lots to enjoy".

People's care was planned in partnership with them. One relative told us "they look after people in a person centred way". Each person or their representative took part in a monthly care plan review. We found the service was really person centred and was very good at helping people who used the service to express their views. This meant people's views were understood and they were involved in all aspects about their care, treatment and support. People's likes, dislikes, preferences, routines and histories were included in their care plans. Some people were living with dementia and were not able to make some decisions in relation to their care. Staff sought consent on day to day decisions where people were able to respond. There was evidence the service had thought about people's needs and relatives had been involved in making best interest decisions.

People told us they felt safe and would talk to staff if they had any concerns. People were confident if they needed to make a complaint this would be dealt with promptly. Safe staff recruitment procedures were in place. People benefited from sufficient staff to meet their needs. The provider had reviewed people's care needs and increased staffing levels accordingly. People told us if they needed help, staff always came. Staff responded to people's needs and requests in good time. One person told us they had recently been unwell overnight. They said 'staff came within seconds, they were excellent'.

Risks to people had been assessed and identified. We saw risk assessments relating to skin care, mobility, nutrition, and medicines. Staff monitored these to reduce the potential risk of harm to people. Advice was appropriately sought from healthcare professionals. All of the healthcare professionals we spoke with confirmed that staff made referrals quickly when people's needs changed. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People had received their medicines as they had been prescribed by their doctor to promote good health.

We found the leadership, management and governance of Grange-lea Residential Care Home assured the delivery of high-quality care, supported learning, and innovation, that promoted an open and fair culture.

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 were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People benefited from sufficient staff to meet their needs. The provider had reviewed people's care needs and increased staffing levels accordingly.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified. Staff had been given information telling them how to manage risks to ensure people were protected.

Is the service effective?

Good ●

The service was effective.

The provider had achieved accredited training centre status. Staff were highly motivated and very enthusiastic about training and how this could be used to improve people's wellbeing.

Staff told us they felt really well supported and were encouraged to develop their skills through supervision, appraisal, and mentoring.

People enjoyed the food at the home and mealtimes were a sociable event.

Some people were living with dementia and were not able to make some decisions in relation to their care. The service had thought about people's needs and relatives had been involved in making best interest decisions.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and people were treated with dignity and respect.

Staff spoke passionately about people. A number of the staff had worked at the home for a long time and staff knew people really well.

The service had a strong, visible person centred culture and was very good at helping people who used the service to express their views. People's likes, dislikes, preferences, routines and histories were included in their care plans.

Is the service responsive?

Good ●

The service was responsive.

People, and their representative's, were actively encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them.

People were encouraged and supported to engage with the local community and there was a wide range of varied activities available within the service.

People were confident if they needed to make a complaint this would be dealt with promptly.

Is the service well-led?

Outstanding ☆

The service was well-led.

People were at the centre of everything that happened within Grange-lea. This was reflective of the outstanding leadership and management of the service.

There were robust and effective systems in place to assess and monitor the quality of the service. The quality assurance system was used to develop and drive further improvement.

The service worked in partnership with other organisations, including specialist health and social care professionals to ensure they followed current best practice.

Grange-lea Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 visit took place on 21 and 26 April 2016. The first day was unannounced. One social care inspector carried out this inspection.

At the time of our inspection, 30 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with fourteen people and two relatives. Although some people were at early stages of dementia, they were able to speak with us and tell us their opinion on the service they received. We spoke with the provider, registered manager, head of care, and four staff. We received feedback from three healthcare professionals.

We looked at four care plans, medication records, staff files, audits, policies and records relating to the management of the service. We looked around the environment including bedrooms, bathrooms, and communal areas.

Is the service safe?

Our findings

People told us they felt safe and would talk to staff if they had any concerns. One person commented "Everything's here to hand, I don't have to worry". A relative told us they felt their loved one was extremely safe.

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. They felt the registered manager would listen to their concerns and respond to these.

People benefited from sufficient staff to meet their needs. The provider had reviewed people's care needs and increased staffing levels from six care staff to eight care staff each day. People told us if they needed help, staff always came. One person told us they had recently been unwell overnight. They said 'staff came within seconds, they were excellent'. Staff responded to people's needs and requests in good time. Staff did not seem rushed and remained calm and attentive to people's needs. They had time to have one to one conversations with people. The registered manager was on duty with nine care staff including senior staff. In addition, there was a cook and a cleaner. The provider also employed a gardener and maintenance staff. Rotas confirmed the staffing levels. There was an additional staff member on a Monday to support doctor requests, assessments, and audits. The deputy manager worked two half days a week to assess staff's competency. This included shadowing staff members whilst providing care for a six hour period (new and existing staff) to ensure standards remained high.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had also been obtained. DBS checks were carried out every three years to ensure the provider had up-to-date information. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Risks had been assessed for each person. Where people were at risk of pressure sores, risk assessments had been carried out. These included information about action to be taken to minimise the chance of these developing. We saw that equipment was in place; such as pressure cushions and pressure relieving mattresses. This meant the risk of skin breakdown was reduced. No one living at the home had a pressure sore.

One person had a history of falls. They had four falls in a month. Staff monitored the falls and the falls risk assessment was reviewed and updated to include a new management plan. The person agreed to a falls sensor being introduced. The person's GP had been informed. Staff were alerted if the person moved and carried out regular checks to make sure they were safe. The person had not had any further falls.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People's medicines were stored safely and securely. Staff who

gave people their medicines had completed training. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Some people were prescribed 'as required' medicines. Staff had clear information about the reason for administration, the amount to give, and how to record when these medicines were given. The registered manager had introduced medicine administration record (MAR) sheets for the application of prescribed creams. They told us the forms had been devised by Plymouth University and showed clear recording. The sheets included a body map so staff knew where to apply creams. There was information on how much to apply and a space to record the time. The service's supplying pharmacy carried out a medicines audit in January 2016 and the service scored 100%. The registered manager told us they carried out an audit of medicines every month. The audit tool was recognised and used by the local authority quality team. Where a medicines error had occurred, the registered manager had arranged additional supervision and training for the staff member. The management team carried out regular observations of staff to ensure medicines were administered safely.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire, gas, electrical installation, lifts and hoists. Staff told us they put any maintenance issues in the repairs book. One staff member commented "Everything gets done. If they can't do it they get someone else".

There were arrangements in place to deal with foreseeable emergencies. For example, there were emergency plans for fire, loss of heating, loss of electricity, and gas leakage. On the first day of our inspection, staff tested the fire alarms. They let people know this was about to happen. People confirmed this happened every week. Each person had a personal emergency evacuation plan so staff knew how to assist them in the event of a fire.

All areas of the home were clean and smelt fresh throughout. Staff we spoke with confirmed they had received infection control training. We saw all rooms had disposable gloves, aprons, hand wash, paper towels and pedal bins.

Is the service effective?

Our findings

People and their relatives consistently told us people received the care they needed. Comments included "we're so well looked after", "They're (staff) excellent" and "They know what they're doing. I am very happy with their support". One person said their relative's quality of life had greatly improved since moving into the home.

Staff told us "Training is on-going, it's great" and "I have been supported to increase my skills". One new staff member told us "It's the best home I've worked in, I've had time to get to know people, how things work and where to find things". We saw lots of examples of how training was tailored to meet people's needs. Staff had completed additional diabetes training which led to a positive outcome and better quality of life. When a person with complex diabetic needs moved into the home, the registered manager identified further training was needed. The person was admitted to hospital 12 times in the first month they lived in the home. The registered manager asked the lead district nurse to visit the home and discuss the person's diabetes care. As a result of the learning and competency assessments being carried out with staff, the person has had no further hospital admissions and their blood sugar levels had stabilised. This person used to become very distressed but now they were able to socialise more with other people.

Senior staff had recently completed first aid training. One week later, a person had a seizure and their heart stopped. The two senior staff on duty performed CPR (Cardiopulmonary resuscitation) and were able to resuscitate the person. By the time the paramedics arrived, the person was breathing. The paramedics and the GP praised the staff for their actions.

The local hospice had provided training in end of life care. Every staff member had completed the 'Purple Angel' training to increase their understanding of dementia care. The Purple Angel is a dementia awareness campaign which was launched by a person living with dementia. People living with dementia benefited from better social activities as a result. Staff held 'my diary' sessions with people every three days. They wrote down past events and compared them to recent events. At the next session staff and the person reflected on these and discussed them again. This led onto another topic for discussion. People responded well to this and read their diary between the sessions and shared their stories with others. All staff had completed or were working towards diplomas in health and social care.

Staff were highly motivated and very enthusiastic about training and how this could be used to improve people's wellbeing. The head of care told us about the communication training she had completed and how this had helped to improve the information in care plans. For example, where one person became anxious, staff were given more information about them so they could talk with the person about their interests or a familiar safe place.

The provider had achieved accredited training centre status. An accredited independent training company had assessed the quality of the training delivered at the service. This showed the training is of a high standard and allowed the service to use the name of the company on their training certificates. Staff were supported to take part in regular training. Records and certificates of training showed that a wide range of

learning modules were provided for all staff. These included areas such as fire awareness, first aid, food hygiene, moving and handling, infection control, safeguarding adults and health and safety, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), and person centred care. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, dementia awareness, end of life care, re-ablement, stroke awareness, falls and nutrition. Each staff member completed 30 courses every year. Healthcare professionals had visited the home to deliver additional training in catheter care.

Staff had regular supervisions and appraisals were carried out in April each year. Staff set three objectives for the year ahead. The registered manager held one to one performance development meetings every month to discuss progress on these objectives. The management team carried out observed competency assessments for each staff member. This was used as part of training and induction. The assessments were carried out every three months with all staff. Areas observed included person centred care, moving and handling, medicines, and food safety. Staff were being developed to take on the role of champions in dignity, dementia, falls, end of life, activity, bones, infection control, and safeguarding. Assessments were being used as part of a training programme with a view to staff becoming competent champions within the next six months.

Grange-lea Residential Care Home had worked in partnership with the health and social care department at South Devon College for over six years. The college learning co-ordinator told us the home had supported a number of students with apprenticeships and valuable work experience. Students spent time with people to gain a better understanding of health and social care, at the same time people benefited from one to one social discussions.

People were supported to enjoy mealtimes as a social occasion, which in turn encouraged them to eat more healthily. People told us they enjoyed the food at the home. People came into the dining room early at lunchtime for a glass of sherry. Comments included "The choice of food is phenomenal" and "The food is very good." There was a choice of two dishes at lunchtime. If people wanted an alternative, these were always available. Staff sat down with people and offered them a choice of dishes for tea. One person didn't want either choice and after some discussion about what they liked, they decided on a banana sandwich on brown bread. The registered manager and staff told us that the provider would buy specialist foods if people wanted something different. For example, one person liked decaffeinated coffee. Some people went out to a local restaurant for a meal on the second day of our inspection. Two people living with dementia were supported to take part in the outing. An additional staff member was brought in to support them and another staff member volunteered their time. This meant these people had one to one staff support and attention. The service has a car which follows the coach to the destination so people can be returned to the home quickly if they should become distressed. Families were invited to join the outing and three relatives attended. When they returned, one person chatted with the registered manager and said it had been really good but they would prefer a smaller portion. The registered manager said they would make sure they requested this next time.

People's individual care records contained food and fluid intake charts, nutrition, hydration and swallowing assessments, likes and dislikes, allergies, risk assessments and weight management records. This meant there was a range of safeguards in place to promote people's dietary support needs.

Staff sought and acted upon advice to ensure people received the most effective support, based on best practice. People had regular access to healthcare professionals such as GPs, occupational therapists, chiropodists, sensory team, older persons mental health team, opticians, and dentists. All of the healthcare professionals we spoke with confirmed that staff made referrals quickly when people's needs changed. Care

records contained evidence of lots of referrals to professionals. For example, one person's health had deteriorated. Staff had identified the person's swallow seemed to be poor. A referral was made to the speech and language therapy team. The person's medicines were also changed and their swallow had improved. Where another person's health had deteriorated, the registered manager had arranged a meeting with the GP and the person's family to discuss the changes.

Some people were living with dementia and did not have capacity to make their own decisions in relation to their care. Staff sought consent on day to day decisions where people were able to respond. 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.

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. Care files contained capacity assessments. There was evidence the service had thought about people's needs and relatives had been involved in making best interest decisions. We heard the registered manager talking with relatives and explaining what best interests were so they understood the process.

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). Staff had a good understanding of DoLS. DoLS applications had been made for eight people living in the home. Although this would authorise staff to deprive people of their liberty for their own safety, staff worked hard to ensure that people had freedom, with supervision. For example, staff told us how they supported people when they wanted to go on outings, and spent time in the garden with them.

Grange-lea Residential Care Home provided a homely atmosphere. People told us they were happy with their bedrooms. One person said "I feel very lucky to have this". Many bedrooms on the ground floor had direct access to the gardens. Each bedroom was redecorated and furnished with new carpets and curtains before a person moved into the home. The decoration was discussed with the person and they were involved in the decisions. People were able to bring their own belongings if they wanted to. The provider purchased all of the required equipment and ensured it was in place to meet people's needs. Some people were in the early stages of dementia. There was signage in place to help them find their way around the home.

Is the service caring?

Our findings

People and their relatives spoke very highly of the care and support they received. Comments included "they're a wonderful team, they're all great"; "I'm very happy" and "they always greet you with a smile". The atmosphere in the home was warm and welcoming and we saw laughter and warmth between people and staff. Relatives told us they were always made to feel welcome. A visiting healthcare professional commented that staff were "helpful and courteous".

During our inspection, the registered manager spoke with relatives about one person's care. They made themselves available to the relatives. They said "If there's anything you want to know just ask. Get staff to ring me if I'm not here. We're here to support you". The relative's response was "It's lovely here". The staff team welcomed us during our inspection. They were keen to tell us about Grange-lea.

The provider had signed up to the social care commitment. Staff signed up to promote people's privacy, dignity, rights, health and wellbeing as part of this commitment. People's privacy was respected. Staff were observed to knock on people's doors, announce their name and their reason for visiting, before entering. When the GP visited a person, the consultation was carried out in private.

Staff were kind and caring and people were treated with dignity and respect. Throughout both days of our inspection, we spent time observing people in the communal areas. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately. Staff spoke in a friendly manner and took time to listen to people and respond to them. Staff always sat next to people during conversations or knelt next to them so they were at the same level.

Staff spoke passionately about people. A number of the staff had worked at the home for a long time and staff knew people really well. Staff commented "the residents are great" and "I think if it was my mum or dad, how would I want it to be".

Staff were bright and cheerful and took time to speak with people. On the first day of our inspection, people were watching the Queen's 90th birthday and some people told staff they were looking forward to the party later that day. Staff responded by telling them the cook had made a special celebration cake. Each person's birthday was celebrated in the same way.

People were clean, looked well cared for and well dressed. On the first day of our inspection, people enjoyed having their hair done by the hairdresser. It was a social event with people sitting in one of the lounges and chatting. People moved independently around the home and spent time how and where they wanted to. We saw staff support one person with their mobility. They did this at the person's pace and encouraged their independence by saying "Well done, you're walking well". One person commented "I do what I can for myself". A care plan showed one person's goal as "maintain as much independence as possible. Encourage to things themselves when possible". The person confirmed staff supported and encouraged them to do this.

Staff listened to people and talked to people in a way they understood. For example, staff told us how they used closed questions to support a person living with dementia to make basic decisions.

Staff responded in a caring way to difficult situations. For example, when a person became distressed, staff went to them immediately. They talked with the person in a calm and reassuring way which helped to settle the person. They supported the person to go to their bedroom and we saw this had a positive outcome for this person. The registered manager told us the person would come back down when they felt ready.

We found the service had a strong, visible person centred culture and was very good at helping people who used the service to express their views so they could be understood and involved in all aspects about their care, treatment and support. People and their relatives were involved in decisions about their care. People's likes, dislikes, preferences, routines and histories were included in their care plans. People's relatives were included in the planning of people's care and kept informed of any changes. One relative said "I feel involved. If there's any problem they ring me".

We saw leaflets in the hall area that gave people information about how to contact advocacy services. The registered manager told us they offered support to relatives if they needed it to complete benefit forms.

All of the staff had been trained in end of life care. This helped to ensure staff could provide a compassionate, empathetic and pain free service for people nearing the end of their lives and their families. The registered manager told us they used the 'National Council for Palliative Care Dying Matters' framework. This framework was set up to promote awareness of dying, death, and bereavement. This was to help people talk more openly and to make plans for end of life. People had the opportunity to complete an advanced decision care plan. We saw these clearly told staff what the person wanted to happen and how the person wanted their current and future care to be delivered. This meant people's preferences would always be respected and adhered too as far as possible. During our inspection, the registered manager discussed advanced care planning with one person's relative. The head of care told us how one person had requested staff from the Hospice visit during their final days. This had been arranged and the person had received constant support from the Hospice staff overnight. The provider told us he was passionate about providing the best possible care and support at this time. People's relatives were welcome to stay at the home and a bed was always available for them. This meant relatives could spend time with their loved ones in their final days. The head of care told us they had information leaflets to give to relatives to support them. They had arranged for these to be available in a different language for one family, so they could easily understand them.

We saw complimentary letters received from family members of people who had passed away. These expressed their gratitude for the loving care and kindness they and their relative had received during the final days at Grange-lea Residential Care Home. For example, one relative commented "Thank you to all the wonderful staff at Grange-lea, my mum was able to continue to have quality of life even in the end stages of life, you have all been wonderful and we are so grateful for the care provided".

Is the service responsive?

Our findings

People were actively involved in developing their care plans. Initial assessments were completed before people moved into the home. As part of this assessment, the registered manager visited the person to discuss their individual care needs and wishes. They used this to check they could meet the person's needs. People were encouraged to visit Grange Lea before they made a decision to move in. This gave people a chance to spend time in the home, meet other people, and meet the staff. Initial assessments of people's needs were detailed. One person had recently moved into the home. Staff spent time settling them into their new home in a way that acknowledged the move as a major change to their life. The person wanted to go to their room and did not want to meet anyone else. The deputy manager came into work as an extra staff member to ensure that the person had individual time on that day. The person was given a list of all staff names and their photos and a discussion was held about when they could expect to meet them. Staff received information on how to approach the person to minimise their anxiety. As a result the person became more comfortable with the staff and was then slowly introduced to other people.

People's care was planned in partnership with them. One staff member commented "The residents are all unique". One relative told us "they look after people in a person centred way". Each person or their representative took part in a monthly care plan review. Staff told us they gave people a draft copy of their updated care plan. If people were not happy with any aspect of their care plan, they made amendments and these were discussed.

The home had a contract with Torbay and South Devon NHS Foundation Trust to provide intermediate care. Staff supported people to recover health and previous activity levels under the guidance of the intermediate care team. The registered manager told us each person that had come in for intermediate care in the past year had met the person's goal of returning to their own home. Health professionals who worked on the local authority intermediate care team told us the quality of the care provided was always of a high standard. They said staff at the home were able to manage complex needs. They said communication was excellent and staff were proactive in communicating progress and deterioration.

Staff were responsive to people's individual needs and found creative ways to meet people's expressed wishes. For example, one person who moved into the home had been unable to walk for six months. Due to a lack of improvement, the person was discharged from the intermediate care team and Grange-lea became their permanent home. When discussing their care plan, the person continued to express a wish to return to their own home. All staff were assessed as competent and continued to support the person with an exercise plan. Staff followed the plan every day and reviewed progress each month. Within three months, the person was walking with support from one staff member. The registered manager supported the person to arrange a care package and the person was able to return home. The person now lived in their own home without any care. The person said "I would never have made it home if it wasn't for the staff at Grange-lea".

Staff recognised that one person didn't like going in the lift. They had been supported to move to another room where they didn't have to use the lift, which meant they came out of their bedroom more often. Another person wanted to sit in a chair by the window in their bedroom. Staff moved their chair and an extra

call bell point was put in so they could call for assistance if needed.

People enjoyed spending time with each other, were comfortable in each other's company and chatted together. When people moved into the home, staff asked them about their hobbies and interests including previous employment. The staff team then identified other people who liked to socialise with similar interests and decided to introduce these people to each other first. A staff member with similar interests helped start conversations. As a result people benefited from friendships. During our inspection, people spent time doing puzzles, listening to music, watching television, and enjoyed chatting with staff. Several people went out with relatives.

Activities took place every day for those who wished to take part. People enjoyed a visit from the hairdresser, a party, a trip to a local restaurant and the sea front, and musical entertainment, during our inspection. Other activities included games, quizzes, and arts and crafts. People's art work was on display in the home. Events such as Birthdays, anniversaries, and Christmas were all celebrated. One relative said "there's lots to enjoy". Chair based exercises were provided four times a week. Staff had obtained brochures from the local trust so people could do exercises in their own time. The service was registered with National Association For Providers Of Activities For Older People (NAPA). They used this to find ideas for activities. A member of staff felt that activities could be improved. They discussed activities with people during a 'residents' meeting. As a result, there were now monthly outings and more arranged one to one sessions for people who were unable to leave the home. This staff member had now been employed as an activities co-ordinator and champion. Regular activity meetings were planned to give people the opportunity to give feedback. People felt social stimulation on a personal level had greatly improved as a result. People who lived in the home had consented to the use of social media. This meant relatives could access photos of activities and events on their computer or mobile phone to see what their loved ones had been doing. People religious and spiritual needs were met. A vicar visited the home every four weeks to hold a service. Many people had their own vicar visit at their request.

People were confident if they made a complaint this would be dealt with. When we asked one person could anything be better. They said "It's a good report on all points, there's nothing to complain about". The registered manager kept a complaints log. When a complaint had been received, they had followed the complaints procedure and checked that people were satisfied with the outcome. The service kept a record of the compliments they received. Comments included "The staff are wonderful & take such amazing care of my Nan. I'm so glad she is in such a lovely, safe place. Absolutely wonderful care home" and "Thank you so much for taking the animals down to my Nannie. That will have made her so happy. You really are a wonderful care home & I'm so glad she is with you". A GP commented "Grange-lea go above and beyond to provide care to the clients at the home and help support us at the surgery".

Is the service well-led?

Our findings

People and their relatives consistently told us how happy they were with the care they received and that they enjoyed living at, and visiting, Grange-Lea. People told us "What more could I want, it's all here to hand" and "It's just wonderful". One relative told us they were so impressed they wanted to book their place at the service. Another relative commented that they knew it was the right home for their loved one and that their relative's quality of life had greatly improved since coming to live at the home. In addition, people who preferred to live in their own home, were supported to achieve this goal. Healthcare professionals commented "The staff and management at Grange –Lea have always communicated extremely well and have impressed with their level of dedication to their residents"; and "I have always found the management at Grange-Lea to be particularly proactive".

People were at the centre of everything that happened within Grange-lea. This was reflective of the outstanding leadership and management of the service. The service's website said their aim was to provide the best possible level of care. People were supported by staff who worked to ensure this aim was realised. The registered manager worked in partnership with other organisations and was constantly looking for ways to improve all aspects of people's care and quality of life.

People were actively encouraged to have a voice within their home and provide feedback on the quality of the service they received. People's views were actively sought to influence change, and before changes were made within the service. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. Responses to surveys were all complimentary with the majority of people reporting the service as outstanding in all areas.

The provider and registered manager listened to people's feedback and made improvements which resulted in a better quality of life. For example, three people had told the provider they found it difficult to use the lever taps in their en-suites. The provider asked the people what they would prefer instead and arranged to have push taps fitted for them. One person asked for extra flower pots outside of their bedroom as they liked gardening. The provider subscribed to gardening magazines and gave these to the person. The provider purchased six flower pots and arranged for the gardener to visit the person once a week. The person planted the seeds for the flowers and maintained them with the gardener. The person spent time walking in the garden with the gardener and chatting about the home's grounds. A regular gardening activity was introduced where people could sit in the lounge and create flower pots and hanging baskets. These were then displayed near people's rooms, or an area the person chose. People benefited from this as they were able to pursue their interest. A relative told the registered manager that a person living with dementia used to like oil painting. A staff member who also enjoyed painting was matched with the person to engage in this activity and weekly classes were arranged. The person's art work was displayed around the home and also in their bedroom. These sessions had helped the person open up to staff and helped to initiate great conversations. The paintings were also used to help comfort the person when they become emotional because of their dementia.

People were actively involved in developing the service and told us they enjoyed this. People were involved

in the recruitment process and their views were taken into account when selecting new staff. People who lived in the home spent time with potential staff. People also took part in staff competency assessments and observations. People told us they benefited from the 'residents meetings'. The minutes of these meetings showed that suggestions people had put forward had been adopted by the service. For example, people had asked for a bigger space for activities. Staff had cleared a room and started to use an additional lounge. This meant people had more space to take part in exercise classes and arts and crafts. Additional activities had also been introduced including large skittles and games. More people were now joining in with the activities. The other benefit was taking part in exercises was helping to maintain and improve people's health and mobility. The room was next to the garden so people were also making more use of the garden. People had asked to be involved in menu planning. Every three months, people took part in a menu planning activity. People chose the dishes they wished to see on the menu. The chef would then put the agreed choices up on the wall. People then chose when they wanted each dish on the four week planner and what they would like with each dish. People were pleased with their involvement, enjoyed this activity, and were very happy with the food.

The registered manager provided strong leadership at Grange-lea. They recognised the importance of having staff who felt valued and this inspired staff to provide a high quality service. Staff morale was high and the atmosphere within the home was relaxed, happy and supportive. Staff were committed to providing the best possible care and told us they looked forward to coming to work. Comments included "I absolutely love it" and "it's really organised". The provider had recently introduced a staff incentive scheme. The purpose of this was to recognise if staff went over and above what was expected to improve outcomes for people. This also gave people the opportunity to give feedback on individual staff members. One staff member said "It's not so much the manager said, it is more the person chooses". For example, one person living with dementia was invited to a local family wedding. A staff member came into the home on their day off, arranged all the person's clothes and also volunteered to attend the wedding. This meant the person was able to go to the wedding and had a lovely time. The person's family thanked the staff member personally for all the effort they had put in to ensure all family attended this event. The provider recognised this staff member's contribution and gave the staff member a bonus. This made the staff member feel valued.

The service had built strong links with the local community. For example, they had held a cake afternoon to raise money for a local charity. People who lived in the home had baked cakes and called out the raffle. The afternoon was open to the public and advertised in the local paper. At Christmas, children from a local school visited the home to sing carols. Students from the local college had visited the home to find out about each person's preferred activities and interests. They then went back to college to plan the activities, returning to the home to deliver them. People really enjoyed individual chats, letter writing, arts and crafts, manicures, poetry, and storytelling. Staff at the home also learnt more about people and what they enjoyed doing. This meant they were better informed on how to meet people's preferred social activities.

The provider's vision and values were imaginative and person centred and put people at the heart of the service. Observations showed staff put these into practice. Staff told us the registered manager led by example and encouraged them to make suggestions about how the service could be improved for people. For example, after a competency assessment relating to nutrition was carried out with a senior staff member, they identified that additional nutritional screening may benefit people who were most at risk. The registered manager, head of care, and staff member sat down and designed a new screening assessment pack. The new assessment was introduced and identified that two people were entering high risk. Both people started on additional food supplements and within three weeks had put on weight. The risk was reduced as a result. Each person from then on was monitored using this assessment and action was taken sooner. The senior staff member has taken on the role of assessing people on a weekly basis. This shows

that staff were actively encouraged to use assessments of their own work to identify ways to improve outcomes for people who lived at Grange-lea.

Grange lea has a well-qualified and stable management team. The registered manager has worked at the service for 17 years. They had completed the Level 5 Diploma in Leadership and Management, a care assessor's qualification, and were an accredited trainer. They were working towards the Level 7 Diploma in Strategic Management. This showed the registered manager was committed to further developing themselves and the service. The head of care had worked at the service for 18 years and was working towards their Level 5 Diploma in Leadership and Management.

Good oversight and governance arrangements were in place. The provider visited the service at least three times a week and could be contacted at any time. They provided effective leadership and support to the management team. We met with the provider and they were clearly committed to providing the best possible care for each person who lived in the home. One staff member told us "If we ask for something, we generally get it once we explain why we need it". The provider purchased any equipment that people needed. For example, during the past year, a substantial sum of money had been invested in buying new profile beds, bath hoist chairs, and commodes.

The provider actively encouraged and supported staff with their professional development to further improve the support people received at Grange-lea. They told us with pride of the achievements of both current staff and those who had left the service. Staff and management had been supported and encouraged to develop their skills within the service. Staff were given the opportunity to take on increased responsibility. The management team provided mentoring support to staff. The head of care told us how they had supported staff to write care plans. New responsibilities were monitored through observations and supervision. Feedback was given to staff so they knew how they were doing. The head of care said if staff wanted to take on more responsibility this was adapted to their areas of interest. Staff told us they felt supported. One staff member said "(Name of the registered manager) was brilliant. She talked through things. I go to her with ideas now". Each staff member had five supervisions per year or more if they were needed.

The registered manager told us "Grange-lea has a very open and honest culture, staff can approach all management team members with any suggestions or concerns". The culture in the home was open and transparent. Staff told us they felt confident in raising any issues and knew they would be dealt with professionally and sensitively. For example, one staff member told us they had raised an issue that was affecting their work. They said the registered manager dealt with a difficult situation effectively which led to improvements for staff. Staff told us they worked well as a team. Comments included "Everybody looks out for each other"; "All staff are brilliant"; "I feel very valued and part of the team"; and "I feel very empowered. I would feel secure in suggesting anything". When there was an issue with the administration of medicines within the home, the registered manager had contacted the CQC immediately. They let us know what had happened and the actions they had taken to ensure people were protected. Staff were made aware of the duty of candour (being open) during training and meetings.

The provider and registered manager were committed to continual improvement. The service had a comprehensive audit system in place to monitor safety and the quality of care. This identified any areas where improvements could be made. Where issues or possible improvements were identified, these had been addressed and resolved promptly. An overall audit of the quality assurance process was sent to people and their relatives or representatives each year, so they knew what had been happening in the home. The provider carried out an unannounced inspection in the home every month.

The provider and registered manager worked with other organisations to keep up-to-date with best practice and ensure the best outcomes for people. The registered manager took part in a local GP surgery's patient participation group (PPG) meetings to improve people's medical care. The GP surgery had approached the home as a result of their excellent working relationship over the past 19 years. At these meetings the registered manager was the voice of local care homes; they were able to put forward suggestions and discuss how to improve joint working with the GP surgery. The provider had taken part in the 'Health & Social Care Sector Focus Group' meetings hosted by the local college. They gave an update of the skills issues affecting homes, and as a result this informed the content of the college training programme. They attended other events such as the care certificate consortium, provider forums, and the National Care Association conference. They also kept up-to-date with changes through care magazines and websites. The service was taking part in a care home pilot relating to falls reduction and management that had been set up by the local Trust. The service had a 'bone champion' who attended meetings to discuss the management of falls. This reduced the risk of falls within the service. The registered manager had for a number of years been a guest judge at the Health & Social Care World Skills Competition (South West Heat) hosted at the local college.

Records were stored securely, well organised, clear, and up to date. When we asked to see any records, the registered manager was able to locate them promptly. All staff had completed training in how to manage information.

We found the leadership, management and governance of Grange-lea Residential Care Home assured the delivery of high-quality care, supported learning, and promoted an open and fair culture.