

Alliance Care (Dales Homes) Limited

The Grange 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?

Good 

Overall summary

We carried out an unannounced inspection of The Grange Care Home on 1 December 2014. The Grange Care Home is registered to provide accommodation with nursing or personal care for up to 40 people. At the time of the inspection there were 32 people accommodated in the home.

The Grange Care Home is a converted and extended Victorian house, which is situated in a residential area on the outskirts of Colne. The Grange is close to shops and is on a main road bus route.

At the previous inspection on 31 July 2013 we found the service was meeting all standards assessed.

There is a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People described the registered manager as 'approachable'. Comments included, "The home has improved and is more settled now there is a permanent manager" and "There have been a number of different managers but the current manager seems settled; that's

Summary of findings

what we need.” Staff told us, “We all work well together as a team. She is an excellent manager. She listens to all sides.” A relative told us, “The manager is very caring and very approachable. She’s very good at her job.”

During the inspection we did not observe anything to give us cause for concern about people’s wellbeing and safety. People told us they felt safe and did not express any concerns about the way they were treated or cared for. People told us, “Oh yes, I feel safe” and “I’m looked after very well; I am safe and content.” Staff were confident to take action if they witnessed or suspected any abusive or neglectful practice and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care.

We found there were sufficient numbers of suitable staff to attend to people’s needs and keep them safe. Staffing numbers were adjusted to respond to people’s choices, routines and needs. We noted calls for assistance were responded to in a timely way and people told us they did not usually have to wait long. We found a safe and fair recruitment process had been followed and appropriate checks had been completed before staff began working for the service.

Staff were given support and received a range of training to give them the necessary skills and knowledge to help them look after people properly. People made positive comments about the staff. Comments included, “The staff are a good crew. They are an established team and they are stable and settled”, “There are enough staff around to help me when I need help. I use my call bell and they come quickly” and “The staff are kind and lovely people.” Staff told us they were supported and provided with regular supervision; however, not all staff had received an annual appraisal of their work performance. The registered manager told us timescales had been set for completion of this. This should help identify any shortfalls in staff practice and identify the need for any additional training and support.

We observed staff being kind, friendly and respectful of people’s choices and opinions. We heard a number of friendly conversations between staff and people living in

the home. All the staff spoken with had a good knowledge of the people they supported and were kept up to date with any changes. We saw staff being kind and reassuring whilst moving a person in the hoist.

People said their privacy, dignity and independence were respected. We observed people spending time in the privacy of their own rooms and in different areas of the home. We saw people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us, “I like to do what I can for myself but staff are around if I need them.”

There had been four recent incidents involving people’s medicines. The registered manager had introduced new systems to help make sure the ordering, receipt, administration and disposal of medicines were managed safely; this had resulted in some improvements. Staff had received training to help them to safely administer medication and regular checks on their practice were undertaken to ensure they were competent.

People told us they enjoyed their meals. They said, “The meals are very good; there is always a choice” and “The food is good and a choice is offered; I can have a supper if I want.” People were given the support they needed during the lunchtime meal. The meals looked appealing and the atmosphere was relaxed with good interaction throughout the meal between staff and people living in the home.

People told us they experienced good care and support. People’s needs were assessed and planned for before they moved into the service. Comments from visitors included, “The standards are very good”, “It is brilliant. As soon as I walked in it felt right.” Arrangements were in place to monitor and respond to people’s health and well-being. The service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Each person had a care plan that was personal to them. The information in the care plans was detailed and had been kept up to date in line with people’s changing needs. However, it was difficult to gain an over view of people’s needs from the amount of information available. Any risks to people’s safety had been identified and guidance recorded to inform staff on how to manage these risks. The registered manager told us the format of the care plans was currently being reviewed.

Summary of findings

People were involved in discussions and decisions about the activities they would prefer which should help make sure activities were tailored to each individual. Interesting activities were arranged for groups of people or on a one to one basis. One person said, "We can do different things; staff let us know what is going on." People told us they were able to keep in contact with families and friends and their visitors were made to feel welcome.

The home was warm, comfortable and clean. People were satisfied with their bedrooms and living arrangements. People's comments included, "It is very clean and bright" and "I have a lovely room, I have everything I need and I have a good view from the window." We were told a plan of refurbishment was due to commence early 2015.

People told us they were confident to raise any issues of concern and that they would be taken seriously. One person said, "I can speak up if things are not going well; they listen and do what is necessary." There had been six concerns or complaints made since the last inspection; all had been effectively investigated and resolved to the satisfaction of the complainants. People had also made positive comments about the service they received.

People were encouraged to express their views and opinions of the service through regular 'Resident Forum' meetings, care reviews, customer satisfaction surveys and during day to day discussions with staff and management. There were also systems to assess and monitor the quality of the service. There was evidence these systems identified any shortfalls and that improvements had been made.

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 told us they felt safe. Management and staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

The home had sufficient skilled staff to look after people properly. Staffing numbers were adjusted to respond to people's choices, routines and needs.

Good



Is the service effective?

The service was effective. All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

People told us they enjoyed their meals and were involved in the planning of the menu. This helped ensure people's dietary preferences and needs were considered.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Good



Is the service caring?

The service was caring. People living in the home, and their relatives, were happy with the staff team. Staff were kind, pleasant and friendly and were respectful of people's choices and opinions. Staff had a good knowledge of the people they supported.

People were able to make choices and were involved in making decisions such as how they spent their time, the meals they ate and activities.

People said their dignity and privacy was respected and they were supported to be as independent as possible. Care workers were knowledgeable about people's individual needs, backgrounds and personalities.

Good



Is the service responsive?

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in many interesting activities both inside and outside the home. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

People had no complaints about the service but knew who to speak to if they were unhappy. Processes were in place to manage and respond to complaints and concerns.

Good



Is the service well-led?

The service was well led. People made positive comments about the management of the home.

The quality of the service was effectively monitored to ensure improvements were on-going.

There were effective systems in place to seek people's views and opinions about the running of the home.

Good



The Grange 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 checked 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.

The inspection of The Grange Care Home took place on 2 December 2014 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service. We contacted the local authority commissioning and contracts team and visiting health care professionals. They provided us with some feedback about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people living in the home, one relative, three members of staff, the registered manager and the regional manager.

We observed care and support being delivered. We looked at a sample of records including three people's care plans and other associated documentation, recruitment and staff records, minutes from meetings, complaints and compliments records, medication records and audits. We also looked at the results from a recent survey that had been completed by staff, visiting professionals, relatives and people living in the home.

Is the service safe?

Our findings

We spoke with eight people using the service and with one relative who regularly visited the home. People living in the home told us they felt safe in the home. People said, “Oh yes, I feel safe” and “I’m looked after very well; I am safe and content.” People spoken with did not express any concerns about the way they were treated or cared for. During the inspection we did not observe anything to give us cause for concern about people’s wellbeing and safety.

We discussed safeguarding procedures with three members of staff and with the registered manager. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Our information showed management and staff had followed local safeguarding protocols and had responded appropriately to any incidents. Clear guidance and information about safeguarding vulnerable adults was displayed in the entrance hall. We looked at the overall training plan and found all staff received regular training on safeguarding vulnerable adults.

We found individual risks had been assessed and recorded in people’s care plans. Management strategies had been drawn up to guide staff on how to manage these risks. The risk assessments we looked at had been reviewed and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people’s needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff or by agency staff who were familiar with the home. This helped to ensure people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people’s choices, routines and needs. During the inspection we observed there were enough staff available to attend to people’s needs; we noted call bells were responded to in a timely way.

We spoke with eight people living in the home. They told us they were happy with the staff team and there were enough staff to support them when they needed. People spoken with told us they did not usually have to wait long for assistance. One person said, “The staff are a good crew. They are an established team and they are stable and settled.” Another person told us, “There are enough staff around to help me when I need help. I use my call bell and they come quickly.”

We looked at the records of three members of staff and spoke with three members of staff about their recruitment and induction. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. People using the service had been able to meet new applicants when they were shown around the home. However, they had not participated in the interview to help make sure any new staff recruited were capable of supporting them. New staff were provided with an in depth induction during which time they were given support and supervision, worked with more experienced staff and attended appropriate training.

We looked at how the service managed people’s medicines. The registered manager had reported four recent medication incidents involving medicines errors or omissions. We discussed the incidents with the registered manager who described the new arrangements in place to ensure people’s medicines were managed safely. We noted the changes had improved the safety of the systems. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to; we were told these were being reviewed to support safe practice. Staff had received training to help them to safely administer medication and regular checks on their practice were undertaken to ensure they were competent. All staff had received refresher training following the recent incidents.

We found accurate records and appropriate processes were in place for the ordering, receipt, administration and disposal of medicines. We observed two members of staff disposing of medicines in a safe way. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions.

Is the service safe?

Appropriate arrangements were in place for the management of controlled drugs which are medicines which may be at risk of misuse. Controlled drugs were stored appropriately and recorded in a separate register. We checked one person's medicines and found it corresponded accurately with the register. We saw the medication system was checked and audited on a monthly basis and prompt action taken in the event of any shortfalls. Weekly checks had been introduced following

the recent incidents. This should help ensure people's medicines were managed safely. People said, "I get my medicines on time and when I need them" and "Staff make sure I get my tablets; I don't worry about them."

From looking at records we saw equipment was safe and had been checked and serviced regularly. Training had been provided to ensure staff had the skills to use equipment safely and keep people safe.

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, fire safety, first aid, health and safety, food safety and infection control. Staff were also trained in subjects such as end of life care, malnutrition, management of medicines, dementia care, dignity and respect and equality and diversity. Some staff had achieved a recognised qualification in care. There were effective systems in place to ensure training was completed in a timely manner.

Records showed there was an induction programme for new staff which would help make sure they were confident, safe and competent. This included a review of policies and procedures, initial training to support them with their role and shadowing experienced staff to allow them to develop their role.

Staff told us they were supported and provided with regular supervision. We noted not all staff had received an annual appraisal of their work performance; the registered manager was aware of this shortfall and told us timescales had been set for completion. This should help identify any shortfalls in staff practice and identify the need for any additional training and support.

Staff told us handover meetings were held at the start and end of every shift and a communication diary helped keep them up to date about people's changing needs and support needed. Records showed key information was shared between staff. Staff spoken with had a good understanding of people's needs.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of the inspection none of the people using the service were subject to a DoLS. Information included within the PIR (Provider Information

Return) showed us staff had received training on the MCA 2005 and DoLS. The service also had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS. The provider had a designated person who could provide staff with advice as needed.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff were aware of people's capacity to make safe decisions. Information about people's ability to make choices and decisions about their lives was recorded. This should help make sure people received the help and support they needed.

We looked at how people were protected from poor nutrition and supported with eating and drinking. We observed the lunchtime meal and saw people were given the support they needed. The meals served looked appealing and plentiful and the dining tables were appropriately and attractively set. The atmosphere was relaxed with good interaction throughout the meal between staff and people living in the home. The menu was displayed around the home. People had been given the opportunity to influence the menu during 'residents meetings' and by participation in the customer satisfaction survey.

People told us they enjoyed their meals. They made the following comments, "The meals are very good; there is always a choice", "The food is good and a choice is offered; I can have a supper if I want", "The food is good; I can have it in my bedroom" and "Lovely meals." People told us they could have their meals in their rooms or with others in the dining room. Care records included information about any specialised equipment needed such as plate guards or adapted cutlery, information about people's dietary preferences and any risks associated with their nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their health. People's healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team. We found staff at the service had good links with other health care professionals and specialists to help

Is the service effective?

make sure people received prompt, co-ordinated and effective care. One person said, “They arrange for me to see my GP when I need” and “The doctor comes when I need one.”

Is the service caring?

Our findings

People who lived at the home told us they were happy with the home and with the staff that supported them. Comments included, "Staff are nice and friendly", "I like the staff", "This place is excellent", "I think it is a very good place", "They can't do enough for you" and "The staff are kind and lovely people."

During our visit we observed staff interacting with people in a kind, good humoured and friendly manner and being respectful of people's choices and opinions. There was a relaxed atmosphere in the home and care and support was provided in an unhurried way. We heard conversations about various issues including a recent TV show, planned activities and Christmas events. We observed people being asked for their opinions on various matters. We observed one person being moved in a hoist. Staff were kind and reassured the person throughout this procedure.

Relatives spoken with were complimentary about the service offered at the home. A relative told us there were no restrictions on visiting and they were able to visit at any time. They also told us they were involved in discussions about care and support. Comments from visitors included, "The standards are very good", "It is brilliant. As soon as I walked in it felt right" and "Dad is happy. He's come out of his shell."

We looked at three people's care plans and found they, or their relatives had been involved in ongoing decisions about care and support and their preferred routines had been recorded. This helped ensure people received the care and support they both wanted and needed. The registered manager told us the care records were currently being reviewed.

There were opportunities for people to express their views about the service. From a review of records and from talking to people we found people had been encouraged to express their views and opinions of the service through

regular meetings, care reviews and during day to day discussions with staff and management. Customer satisfaction surveys had been sent to people using the service, their relatives, to visiting health and social care professionals and to staff to determine their views on the service. The results had been analysed and action had been taken to respond to any suggestions.

People said their privacy, dignity and independence were respected. We observed people spending time in the privacy of their own rooms and in different areas of the home. One person commented, "They always knock on my door to see if they can come in." The home had two members of staff who were designated 'Dignity Champions'; their role was to ensure staff were aware and up to date with respect and dignity issues. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us, "I like to do what I can for myself but staff are around if I need them."

Bedrooms had been personalised with personal belongings. Each person had a single room and could have a key to their room if they wished. People's comments included, "I like my room; it suits me", "It is very clean and bright" and "I have a lovely room, I have everything I need and I have a good view from the window." On the ground floor there were two comfortable lounge areas and two dining rooms with quiet seating areas on both floors. Bathrooms and toilets were located on both floors, were fitted with appropriate locks and suitably equipped for the people living in the home. We were told a plan of refurbishment was due to commence early 2015.

There was information about advocacy services displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People also had a guide to The Grange Care Home which included useful information about the services and facilities available to them.

Is the service responsive?

Our findings

People received personal care and support that was responsive to their needs. We looked at a completed pre admission assessment and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. We noted the assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

Each person who lived at the home had a care plan that was personal to them. The care plans were detailed but difficult to gain an over view of people's needs. The registered manager told us the format of the care plans was currently being reviewed. Processes were in place to monitor and respond to changes in people's needs and circumstances. We saw the care plans had been updated on a monthly basis or more frequently, in line with any changing needs and people had been consulted about their care. The care plans contained information about people's likes and dislikes as well as their care and support needs. We saw they contained information about how people communicated, any risks to their well-being and their ability to make safe decisions about their care and support. The registered manager regularly checked people's care plans and developed an action plan where shortfalls had been identified.

From looking at records, photographs, and from discussions with people who used the service, it was clear there were opportunities for involvement in many

interesting activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which should help make sure activities were tailored to each individual. People were also supported to follow their chosen faith. Activities were arranged for groups of people or on a one to one basis. On the day of our visit people had been to a local venue for a Christmas meal and concert. People said, "There are things to join in with but I prefer to spend time in my room; staff respect what I want", "There are activities if you want to do them" and "We can do different things; staff let us know what is going on."

People told us they were able to keep in contact with families and friends. Visiting arrangements were flexible and people could meet together in the privacy of their own rooms or in the lounges. One person told us, "My relative is made to feel welcome."

The complaints procedure was given to people at the time of admission and was displayed around the home. People who used the service and their relatives were encouraged to discuss any concerns during regular 'Resident Forum' meetings, during day to day discussions with staff and management and also as part of the annual survey. One person said, "I can speak up if things are not going well; they listen and do what is necessary." Another said, "If I had any concerns I would have a word with the deputy manager." Records showed there had been six concerns raised since the last inspection. Records showed they had been effectively investigated and resolved to the satisfaction of the complainants. Complaints were monitored and the information was used to improve the service. There were also a number of compliments made about this service. Comments included, "I am so happy here, I want to say thank you for the care I have here", "Staff really are the best" and "Staff deserve a medal for excellent care."

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. Staff were aware of their roles and responsibilities. There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager had worked at the service for twelve months. The registered manager was supported and monitored by a senior manager and was able to regularly meet with managers from other services in the group. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

We saw people appeared to be relaxed with the management team. People described the registered manager as 'approachable'. Comments included, "The home has improved and is more settled now there is a permanent manager" and "There have been a number of different managers but the current manager seems settled; that's what we need." Staff told us, "We all work well together as a team. She is an excellent manager. She listens to all sides" and "You can go and speak to her (the manager). She would listen." A relative told us, "The manager is very caring and very approachable. She's very good at her job."

The registered manager was committed to ongoing improvement of the service and was able to describe the key challenges. They had notified the commission of any notifiable incidents in the home in line with the current regulations.

There were effective systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, care plans, money, activities, staff training, infection control and environment. There was evidence these systems identified any shortfalls and that improvements had been made. All accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement.

There were effective systems in place to seek people's views and opinions about the running of the home. There were regular meetings held for people living in the home and their relatives. People said, "You can say what you think at resident's meetings". People living in the home, their relatives, health and social care professionals and staff were asked to complete annual customer satisfaction surveys. This enabled the home to monitor people's satisfaction with the service provided. The results from a recent 'meal time' survey were positive and showed action taken to respond to people's suggestions.

The service had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.