

Carlton Care Homes Ltd

Grange Hill House Residential Home

Inspection report

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Date of inspection visit: 2 June 2015
Date of publication: 31/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Grange Hill on 2 June 2015. The inspection was unannounced. The provider is registered to provide accommodation and personal care for up to 38 people. At the time of the inspection 32 people lived at the home.

At the last inspection in April 2014. We found that the provider was in breach the Health and Social Care Act

2008 in relation to how they were supporting workers. Following that inspection we were sent an action plan informing us how they would address this. We found that improvements had taken place.

Grange Hill House has a registered manager in place. This person was on duty on the day of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 who lived at the home told us that they felt safe from potential risk. Relatives told us that they believed their family member to be safe. Staff were aware of their responsibilities to keep people safe and the action they need to take if they had concerns.

At the time of our inspection there were sufficient staff on duty to meet people's care needs. Risk assessments and care plans were in place however these were not always up to date to provide staff with the information they needed to ensure care was consistently provided in a safe manner.

People were able to make choices and were supported to make day to day decisions. However for some decisions had been made or people's freedom restricted without the appropriate authorisation in place.

People were supported to eat and drink where needed and we found that people liked the food available. People had access to other healthcare professionals to provide treatments or guidance to support their needs.

People told us that they felt well cared for and that they liked the staff who provided the care. Staff confirmed they had received training and support to enable them to provide care to people. We saw that staff maintained people's privacy and dignity and that they were kind to people while they carried out care and support. Relatives felt staff were approachable and they could raise concerns with them or with the registered manager.

People were able to maintain their interests and were supported by staff to do this. The registered manager made regular checks to monitor the quality of the service provided to people and addressed shortfalls when these were found in order to improve the quality of the service provided.

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

Staff recognised types of abuse and knew how to respond to any concerns. Relatives were happy that people were safe. People were supported by sufficient staff numbers to meet their care needs. People's medicines were stored and managed in a safe way. Staff were recruited using safe principals to ensure they were suitable to work with people who lived at the home.

Good



Is the service effective?

The service was not consistently effective

People's consent and right to free choice had not always been obtained, recorded and acted upon. Staff had received training and on-going support to help them provide care to people. People received input from healthcare professionals and people's dietary needs were assessed.

Requires improvement



Is the service caring?

The service was caring

People told us that staff were kind and considerate. People were supported to maintain their privacy and dignity by staff who cared for them and assisted them to remain independent.

Good



Is the service responsive?

The service was responsive

People received personalised care that was responsive to their individual needs. People were able to engage in their personal interests and hobbies and felt confident to raise concerns about the service provided.

Good



Is the service well-led?

The service was well led

People who lived at the home as well as relatives and staff were complimentary of the registered manager and felt that their views were listened to. The provider had systems in place to monitor the quality of the service provided to people.

Good



Grange Hill House 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.

The inspection was undertaken on 2 June 2015 by two inspectors 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. This inspection was unannounced.

We looked at the notifications that the provider had sent to us. Notifications are reports that the provider is required by law to send to us to inform us about incidents that have happened at the service such as deaths and serious injury.

We spoke with 14 people who lived at the home and seven relatives. We spoke with seven members of staff, one member of catering staff, the registered manager and one of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the records of four people's care, complaint records, staff recruitment records and the provider's audits including medicines, care plans and accidents and incidents.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Grange Hill House throughout both the day and night-time. One person told us, “I feel safe here. I have somewhere to keep my possessions locked up. I have never heard a raised voice.” People were seen to be at ease with staff members when interactions took place.

We spoke with relatives. One person told us, “I am more than happy for my relative to be here. I have no worries about their safety.” Another relative told us that Grange Hill House is, “Not a place I have to worry about” and “I have never heard them (the staff) speak sharply to anyone.” Relatives told us that they felt confident on leaving Grange Hill House that their family member was safe and well cared for.

Staff were able to describe different types of abuse that people could be subjected to and confirmed that they had received training in safeguarding and how to keep people safe from harm. Staff told us the actions they would take if they witnessed abuse or if they were concerned about people’s welfare. Staff were confident that if they ever needed to report a concern that it would be taken seriously by the registered manager and registered provider to ensure that people were protected against harm.

Staff were aware of how to manage many of the risks associated with people’s care needs to support them safely. Where people needed assistance with mobility or to transfer from a chair we saw staff carry this out safely with people. The registered manager was aware that some risk assessments and care plans as a result of risks begin identified were in need updates to ensure that they fully reflected the needs of people who lived at the home. For example one person’s care plan was not amended to reflect a change in their care needs. We spoke with staff we had some knowledge about the change but the information we received was not always clear such as the amount of fluid the person should have. We did not however find any impact on the person as a result and discussed our findings with the registered manager.

People we spoke with believed there were sufficient staff on duty to meet their care needs. One person told us, “They check on me regularly and I have a call bell if I need to use it but I don’t usually. I don’t have to wait for staff to come and support me”. Another person told us, “When or if I need to use my call bell, I never have to wait long before someone comes.” We saw that people who were sat within their bedrooms had access to a call bell if they needed to seek assistance. Throughout our inspection staff were seen to respond to requests for assistance or support in a timely manner.

We saw that staff on duty gave time to people when they needed time and offered them the care and support they needed. However staff told us that at times fewer staff were on duty. The registered manager confirmed that the rota showed times when there were less staff on duty due to illness and holidays. It was confirmed that staff had to undertake additional duties such as prepare tea which resulted in less care staff available to provide care. The registered manager acknowledged that they needed a system in place to ensure they were able to assess the overall dependency levels of the people who lived at the home.

People told us that they received their medicines on time. A visitor told us, “The staff really know how to care for [relative’s title] care needs, she has medication on time.” Staff were seen to support people with their medicines. We heard staff explain to people what their medicines were and encouraged people to take them to help maintain their well-being. People’s medicines were kept safely and staff were seen to update people’s records once they had taken their medicine.

We saw that staff were not employed until essential checks had taken place. These checks were to ensure that potential staff were fit to carry out their role. Staff we spoke with confirmed that these checks had taken place and were aware of why they were carried out. These checks included a Disclosure and Barring Service (DBS). A DBS check identifies if a person has been banned from working with people or has any criminal convictions. Staff were required to make an annual disclosure to state that they did not have any convictions.

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) ensure that the human rights of people who may lack mental capacity to make particular decisions are protected if they are unable to give consent. The registered manager told us that people were not deprived any their liberty and therefore there had been no need to make any applications to the local authority to restrict anyone's freedom. We saw that some bedrooms had sensors on them and were told that other people had sensors on their bedroom floor to alert staff when they had either got out of bed or had left their bedrooms. The registered manager initially told us there were people who had sensors in place who did not have the mental capacity to consent to the sensors and there were no written consents in the care records to show that specific decisions had been made in people's best interests. Following the inspection the registered manager told us that these people did have consent and had agreed to have the sensors in place. Staff told us that they had received training in both MCA and DoLS. Staff told us that people who used the service were not restricted in their freedom. However staff we spoke with told us they would need to accompany people who lived at the home if they wished to leave to ensure their safety.

Throughout our inspection we saw that staff offered people choices regarding the day to day care and support they provided. For example we saw that people were offered a choice of where they wanted to sit in the lounge and whether they wanted to join in with an activity. We heard staff ask people for their permission before they provided care and support such as when they transferred people from the dining room to the main lounge.

At our inspection in April 2014 we found that the provider did not fully support staff by training to deliver care and treatment to an appropriate standard. During this inspection we found that improvements had taken place and that staff had received training. One member of staff told us, "I feel that the training that we do is relevant to meeting the resident's needs." The same member of staff told us, "I have done health and safety, dementia training, end of life, first aid and that is just recently." Another

member of staff told us that their training was, "Always up to date to make sure not missing anything". One member of staff informed us they requested additional training in dementia and the training was provided so the member of staff had a greater understanding of how to support people living with dementia.

People told us that they liked the meals provided for them. One person told us, "The food is really good. There is plenty of choice and it's well cooked". Another person told us, "If there was something on the menu I didn't like I would be able to choose an alternative". A further person told us, "If I was at home I would not have made myself such a nutritious meal."

During lunchtime one person told us, "We have a choice of three including a vegetarian dish." Another person during the same meal told us, "We always get fresh vegetables and a choice of salad." While staff were clearing the meal away one person said to the staff member, "That was lovely thank you."

We saw staff offer support to people with their meal if they needed assistance. This was done in a discreet manner. People were offered hot and cold drinks throughout the day. One person told staff that their cup of tea was cold. Staff responded to this and replaced the drink with another one. People who choose to remain in their bedrooms had drinks available to them and within reach.

We spoke with the cook who told us that they had a winter and summer menu and that they spoke with people about what they would like to have on the menu. The cook was aware of people who had special diets and was able to explain how they meet their needs.

People told us that they were able to access health and medical support as needed. One person told us, "I see the district nurse and the GP regularly" while another person told us, "I have my own chiropodist come in." A relative told us that they were pleased with the liaison with the GP who attended their relative. We saw that GP's regularly visited the home and that district nurses were involved as necessary to ensure that people were not at risk of developing sore skin. Other healthcare professionals were involved in people's care and treatment such as dentists.

Is the service caring?

Our findings

People we spoke with told us that they liked living at Grange Hill. One person told us about the staff who worked at the home and added, "Every one of them is kind and patient. They are lovely." Another person told us, "I think all of the staff are great. Very patient and can't do enough for you." We saw people respond well with staff members often with a smile.

Relative we spoke with were positive about the standard of care provided and about the staff employed to care and support their family members. One relative told us that people were, 'Well looked after'. Another relative told us that, "Care staff are first rate" and "Always show a lot of care". The same relative described the service provided to be, "One of the best I have known."

We spent time with people and found the atmosphere within the lounges and dining room to be warm, calm and caring. We heard numerous conversations take place which involved people who used the service and staff. We heard staff speak in a respectful manner and saw that people were given time to make choices and respond. For example we heard a member of staff ask someone who lived at the home what they wanted for breakfast. The member of staff offered a range of different options. These were delivered

at a suitable pace. Once the person had selected their breakfast the same member of staff returned to inform the person that the cook was preparing it and that it would be ready shortly.

Staff told us that they got to know people and their care needs by talking with them and their family members as well as by reading their care plan. People we spoke with told us that they had been involved in contributing to their own care plan and had been involved in reviews which had taken place. We were told by relatives that they were involved in care planning and that their views were considered.

Throughout the day we saw examples when people's privacy and dignity was respected. For example people were assisted in a discreet way. For example we saw a member of staff wipe a person's mouth after they had eaten. This was done with the person's consent and was carried out in a caring and discreet manner. We spoke with staff and they were able to tell us how they maintained people's privacy and dignity when they were providing personal care. We saw that bedroom doors were closed while personal care took place and that staff knocked on bedroom doors before they entered. We heard staff address people in a courteous way using people's preferred name.

Is the service responsive?

Our findings

People we spoke with told us staff assisted them as needed to ensure their care needs were met. Relatives we spoke with were positive about the care provided for their family member. One relative told us that their family member was, “Comfortable” at the home and that their needs were met. Another relative confirmed that their family member received the care and support they needed and described the home over all to be, “Pretty good.” People we spoke with felt that staff knew them well and knew their likes and dislikes.

People were encouraged to maintain their independence as far as possible. For example we saw that one person on respite had continued to self-medicate rather than hand their medicines over to staff for them to take charge. One person told us, “I was worried about coming to live in this care home and thought that it would be regimental but it’s not and I am allowed to be myself”.

People told us how they spent their days and how they were able to maintain their interests. One person told us, “On Fridays I go out on the minibus. Sometimes we go shopping or to a garden centre, I enjoy that and look forward to it.” Another person told us, “We have different entertainers and exercise groups. I have been doing some flower arranging and I love it when we get to sing hymns and songs.” Another person told us that they were looking forward to the next exercise session. A further person told us that the activities provided met their needs and confirmed that they were able to take part in them.

We saw people take part in a group activity. Following this one person told us, “I have been playing darts this morning. I really enjoyed it”. We also saw the activities coordinator spend time talking with people both individually and as a group throughout the day.

One relative told us they were aware their family member enjoyed the, “Art therapy” and the trips out. They told us about regular music sessions and that the home was seen

as part of the community. Another relative told us, “Lots of things to do, entertainment and crafts.” Relatives told us that they were able to make use of a facility at the home to have celebrations of family events. We were told that people were able to meet their religious needs by attending places of worship.

We saw that records contained information about people’s hobbies and interests as well as about their life before they came to live at the home. We saw that care plans were under review to ensure that they were more person-centred. However we found these were not always up to date to reflect changes in people’s needs. Relatives we spoke with confirmed that they had been involved in the care plans in the past. Two relatives told us they were invited to reviews to ensure the care plan of their relative was an accurate reflection of the person’s needs.

People we spoke with told us about a monthly newsletter. We saw that the newsletter was freely available throughout the home for people to read so that they could plan their days. The newsletter was pictorial and contained a plan for the month regarding activities such as the regular trips on a Friday as well as information about birthdays, news and puzzles.

People told us that they would feel comfortable if they needed to raise a concern or issue about their care provision. People told us that they would speak with the care staff. Nobody raised a concern with us but told us that they knew who to complain to if they needed to.

Relatives we spoke with were confident that if they raised concerns about the care provided that they would be listened to. One relative told us that they had raised issues about the care of their relative and that these concerns were dealt with. The registered manager told us that they had not received any complaints since our last inspection. A recent audit had found that some relatives were unaware of the provider’s complaints procedure. As a result the procedure had been brought to the attention of relatives so that they were aware of it if needed.

Is the service well-led?

Our findings

People we spoke with were aware of who the registered manager was and felt that they could approach them if needed to discuss any concerns. One relative told us that the registered manager was, “Very nice and very caring” and added that they “Do a good job”. We saw that the registered manager was visible around the home and that people responded in a friendly manner to them. People also knew one of the providers who was present during the inspection. We saw people engage with the provider who demonstrated they were aware of people and their interests.

All of the staff we spoke with told us that the registered manager was approachable and accessible. Staff told us that the manager was open and available to discuss any matters of concern. One member of staff told us that the manager, “Does a lot for people who use the service” and that they had implemented positive changes to the home. Staff told us that they were able to attend regular staff meetings and that they were able to participate in these meetings. The registered manager and staff we spoke with told us that they valued the opportunity to participate in regular meetings.

Staff told us that they felt well supported by the registered manager and that they received regular supervision. One member of staff told us, “I am happy working here. Any issues I could speak with either the manager or the deputy manager.” The same member of staff added, “We have a good team of staff”. Another member of staff made similar comments about enjoying their work.

The registered manager had opportunities in place to enable people who lived at the home as well as their relatives to share their experiences of the service provided. One person told us, “We are invited to resident’s meetings.” Relatives we spoke with were aware of meetings which had taken place and had involved their family member.

The provider had carried out a number of surveys earlier in the year. These sought the opinions of people who used the service, their relatives and healthcare professionals. The results were collated and a report written showed the findings. We saw that the findings were positive. Where comments had been raised the registered manager was aware of these and was able to tell us what they had done as a result. For example respond to relatives about the number of care staff on duty.

We saw that the registered manager had carried out audits on a range of documents such as care plans and risk assessments as well as the environment. Where shortfalls were identified we saw the action taken by the registered manager to bring about improvement. For example staff had been made aware of shortfalls found with the management of medicines. We saw that improvements had taken place regarding the recording carried out by senior staff. We were informed that the registered provider made regular visits to the home to provide support and supervision to the registered manager.

The registered manager was aware of the need to notify the Care Quality Commission of serious incidents, accidents and deaths that have happened in the home.