

Mr David William Skeath

The Grange Residential Care Home

Inspection report

33-34 Woodside Grange Road
London
N12 8SP

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25 February 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Grange provides accommodation and personal care for up to 28 older people. On the day of our visit there were 26 people living in the home.

People's experience of the service

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs and recruitment processes and procedures were safe. Medicines were managed safely. The service appeared clean and well maintained.

Staff received training and supervision for them to perform their role. People's nutrition and health were supported and promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and care plans were detailed and provided staff with clear guidance on how to meet people's needs. Staff respected people privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home.

People received personalised care and support which met their needs and reflected their preferences. People benefited from a variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The service was well led. The service is owned by an individual who was also managing the home, and which did not require a registered manager to be in post. People, staff and relatives spoke positively about the manager. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

More information is in the full report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (report published August 2017). The service remains good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

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.

Details are in our safe findings below,

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

The Grange Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

The Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is owned by an individual who was also managing the home, and which did not require a registered manager to be in post. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 25 February 2020. It was unannounced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information

about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the manager, two senior care staff, a care worker, the chef and the activities co-ordinator. We also spoke to six people who used the service and two relatives. We looked at three care records and three staff files; we looked at various documents relating to the management of the service which included medical records, training data and quality assurance records. We also spoke to one visiting health care professional who worked closely with the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments included, "Yes the carers are really good, and I feel safe" and "Everything makes me feel safe here."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member told us, "We can always tell if something is wrong for example when people are refusing personal care."
- The manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and weight assessments.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.
- Regular safety checks were carried out on portable electrical appliances, hoists, gas equipment and lifts.

Staffing and recruitment

- There was enough competent staff on duty during the day and night.
- On the day of our visit, when people needed assistance staff responded promptly.
- We noted that the service did not use any agency staff and most of the staff had worked in the home for many years, this ensured continuity of care for people living there.
- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work.

Using medicines safely

- The service had safe arrangements for the storing, ordering and disposal of medicines. Only senior staff administered medicines. They were trained and had their competency to administer medicines regularly assessed.
- Medicine Administration Records (MARs) were completed and audited appropriately.
- There were instructions for staff about giving medicines people could take as and when they were needed; which ensured people had prescribed access to pain relief or laxatives, with suitable spaced doses.
- A person using the service told us "Medicine is given to me on time every day."

Preventing and controlling infection

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the service was clean.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs were detailed and identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the Malnutrition Universal Screening tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- Induction and an ongoing training programme were in place. One staff member told us, "We do lots of training, and there is always a test afterwards."
- A number of staff had been supported to attain nationally recognised qualifications in care.
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they really enjoyed the food at the service and were offered choices. Comments included "Yes the food is okay I don't need help to feed myself" and "Yes it's good and there is plenty of food."
- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed.
- Care plans included information about people's dietary needs and their likes and dislikes or any specific aids people needed to support them to eat and drink independently. The chef told us he asked for feedback after every meal.
- We observed over the lunchtime period people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider had an agreement with the local GP where the GP visited the home whenever required, but also every two weeks, when he saw all the people who used the service. This resulted in a pro-active

approach to health care which meant the provider was ensuring any health issues were identified early and managed appropriately. A person told us "Yes I see the Doctor who comes in regularly."

- Staff supported people to see external healthcare professionals regularly such as physiotherapists, occupational and speech and language therapists. All these visits were documented in peoples' care plans.
- Staff had received training on oral health and each person had an oral health section included in their care plan.

Adapting service, design, decoration to meet people's needs

- People were complimentary about the environment they lived in.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were extremely pleasant gardens and patio areas and the premises were in good decorative order.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- We observed that staff asked for people's consent before they provided any support.
- Staff demonstrated a good understanding of this legislation and how to gain consent when people lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they had friendly relationships with staff and staff were caring in their approach. Comments Included "I think they do care, they are great at helping me" and a relative told us "We can see great care that is given to my mother."
- Staff spoke with empathy about people and told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance. One staff member said, "Most of us have worked here for many years, we know all our residents."
- People's care records contained information about people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends.
- Staff were able to tell us about people's preferences and routines, and it was clear they were very familiar with the individual needs of people who use the service.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they had been involved in making decisions about their care and support.
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care.
- People's religious and cultural needs were recorded and respected. The activities coordinator told us, "We always celebrate religious festivals."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors.
- The service promoted independence. A member of staff told us "We work with people and give them lots of encouragement to do things for themselves." A person told us "They leave me to brush my own teeth"
- We observed staff communication with all residents was warm and friendly.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- We found people at the service received individualised care from a staff team who showed good knowledge of their needs.
- People had personalised care plans. Their needs, abilities, life history, and preferences were documented.
- People's needs, routines and personalities were well known.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly recorded in their care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People benefitted from a variety of activities and events that were available across the service and made accessible to all.
- The service employed an activity organiser who developed individual activity plans with people about what they wanted to do and how they preferred to spend their day.
- Activities available included arts and crafts, exercise and visits from entertainers. A hairdresser also visited weekly.
- Comments from people included "I get involved in the painting and drawing" and "I look forward to them and enjoy them."
- People were supported to maintain contact with their friends and family and friendships had developed within the service. Visitors said they were made to feel welcome.

Improving care quality in response to complaints or concerns

- The service had received no complaints recently from people or relatives.
- A relative told us "We definitely would complain if we were unhappy, we were explained the process by the manager."

End of life care and support

- People received a good standard of care at the end of their lives. Relevant professionals were involved

when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care.

- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had not always been explored and recorded. Personalised details of funeral arrangements needed to be further developed which we discussed with the manager.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives told us that the managers at the service were visible and known to them and approachable. A relative told us "We found (the manager) very good and very approachable when we arrived here, he explained everything to us in great detail and even visited my mother at the hospital before she came here."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- There was, strong and clear leadership at the service. Staff felt well supported by the manager. There was a clear vision of what the service wanted to achieve for the people who lived there.
- The manager had been in post since 2001 and was also the owner of the home. He told us that he had over twenty years' experience of owning and managing residential and nursing care homes, and he had obtained the Registered Managers Award Level 4 (a nationally recognised management qualification)..
- Staff confirmed the positive management structure in place that was open and transparent and available to them when needed. Comments from staff included, "The manager is very good he treats us all very well." And "We all like working here, the manager looks after the staff and residents really well."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were happy, and proud to be working at the service and motivation was high. We saw that a number of staff had worked for the service for many years which provided consistency and continuity of care.
- We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included regular audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to people and stakeholders in January 2020, the annual report analysis reported positive results in care, family involvement in planned care, food, cleaning, training, and activities.

- Regular residents' meetings also took place which gave people and their relatives to give feedback and discuss any issues of concern.

Continuous learning and improving care

- A healthcare professional who visited the home on a regular basis gave positive feedback about the service. They told us that this was a 'good' home with regular staff who provided consistently good care.
- The manager worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority provider forum and networking with other registered managers in the area.
- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included, training and development, and infection control. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dieticians, GPs and occupational therapists to ensure relevant information is passed on and there was continuity of care.