Grange Lea Residential Home Limited

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Inspection report

Grange Road
Bolton
Lancashire
BL3 5QQ

Tel: 01204665903

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23 August 2018

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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

Grange Lea Residential Care Home Limited is situated in a residential area just off the main Wigan to Bolton road. It is close to motorway and public transport networks. The home has 26 beds and provides care and support for older adults. Accommodation is situated on two floors with access to all internal and external areas via a passenger lift and ramps. The home has enclosed grounds with car parking space to the side of the property and a small secure garden.

There was a registered manager at the service. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good, with no serious risks or concerns identified. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's relatives told us they felt their relatives were safe living at the home and were supported to have choice and control of their lives and staff supported them in the least restrictive way possible, which we observed during the inspection; the policies and systems in the service supported this practice.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. An appropriate recruitment and selection process was in place which ensured new staff had the right skills and were suitable to work with people living in the home.

Staff had a good understanding of systems in place to manage medicines and safeguarding matters.

Accidents and incidents were recorded and audited monthly to identify any trends or re-occurrences. The home had been responsive in referring people to other services when there were concerns about their health.

Relatives we spoke with said they felt welcome to visit at any time; they felt involved in care planning and were confident their comments and concerns would be acted upon. The provider learned from comments received and used them to improve the service.

Risk assessments were in place for a number of areas and were regularly updated. Staff had a good knowledge and understanding of people's health conditions.

The service worked in partnership with other professionals and agencies to meet people's care needs.

Feedback received from people who used the service and their relatives was overwhelmingly positive and

people were encouraged to contribute their views. People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness. People told us they felt safe living at the home.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration. Mealtimes were unrushed and calm and dining tables were nicely presented.

There was an open and transparent culture and encouragement for people to provide feedback. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

Further improvements had been made to the design and decoration of the environment since the last inspection and further improvements were planned. There was a homely atmosphere and due consideration was given to the needs of people with dementia.

Audit and governance systems were in place and operated effectively and statutory notifications were sent to CQC appropriately.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as per legal requirements.

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 remains Good.

Is the service effective?

Good

The rating for this key question has improved to Good

Care plans included a range of health and personal information and monitoring charts were complete and up to date.

Staff induction and training was robust and supervisions were undertaken regularly.

Staff had knowledge of Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards authorisations were in place appropriately.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Grange Lea Residential Home Limited

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.

This comprehensive inspection took place on 22 and 23 August 2018 and was unannounced.

The inspection team consisted of one adult social care inspector from CQC.

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

We also reviewed any share your experience forms, (which is a form that can be used anonymously to share experiences of care services with CQC) and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people and three relatives. We used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and three care staff. We also spoke with a local authority professional and two healthcare professionals who were visiting the home during our inspection.

We reviewed five people's care records, looked at six staff files and reviewed records relating to the

management of medicines, complaints, training and how the registered persons monitored the quality of the service. We used all this information to inform our judgements about the service.

Good

Is the service safe?

Our findings

People and their relatives told us they trusted the staff and felt safe living at the home. One relative commented, "I feel [person name] is safe here and she thinks of it as her home. When she recently came back from a hospital visit she said 'It's good to be back here,' and we are really pleased she is content." A second relative told us, "I think [person name] is really safe living here, she used to fall but hasn't fallen since being here." A third commented, "There is no mistreating of [person name], and she is in no danger at all." One person smiled and said, "Oh yes" when we asked them if they felt safe.

Policies in relation to safeguarding and whistleblowing reflected local authority procedures and contained relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "This is about making sure people are safe in all that they do and we follow the Bolton council safeguarding procedure. Signs of abuse could be bruising, being given the wrong medicines, neglect or financial abuse. I would tell my manager or go to the local authority if they weren't available."

The registered manager was aware of their responsibilities regarding responding to raising any safeguarding concerns. Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed risk assessments which provided staff with the information needed to help keep people safe. Risk assessments were individual to the person concerned and provided staff with a clear description of any risks and guidance on the support people needed to manage these risks.

Staff understood the support people needed to promote their independence and freedom, whilst mitigating risks, and we observed several instances where staff followed these principles when assisting at mealtimes.

Accidents and incidents were managed appropriately and there was a log of any incidents, including the action taken to reduce the risk of a reoccurrence.

The provider had a system in place for determining safe staffing numbers. People told us and we could see for ourselves during the inspection there were enough staff available to meet people's needs and to keep them safe. This was also confirmed by relatives we spoke with. One relative told us, "There's always enough staff on duty and [person name] gets attended to very well; she would tell me if she didn't"

A staff member commented, "I feel we have enough staff on duty, we work as a team and all things are discussed daily."

There was a safe recruitment and selection process in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed. We saw detailed recruitment records were kept for each staff member.

We observed staff administering medicines and saw systems were in place that showed people's medicines

were managed consistently and safely by staff. Medicines were being obtained, stored, administered and disposed of appropriately. Controlled drugs (CD's) were managed correctly and a CD book was fully completed. We compared four people's medicines against their medicine administration records (MAR's) and saw people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, protocols were in place including how to recognise signs of pain and identified the required gap between doses.

The environment was homely, clean and free from any malodours; cleaning schedules were in place for all areas of the home and cleaning products were stored safely. Bathrooms had been fitted with aids and adaptations to assist people with limited mobility. There was signage around the building to assist people with dementia and refurbishment had been undertaken since the date of the last inspection including redecoration and new furniture.

There was an up to date fire policy in place; fire risk assessments were undertaken and each person had a personal emergency evacuation plan (PEEP) in place.

Environmental and premises related audits were in place, including a daily 'walk around' of the building and checks on equipment, mattresses, building cleanliness, bedrooms and laundry. We saw evidence that all required equipment and building maintenance checks had been undertaken within the required timescales, with supporting certificates in place.

Good

Is the service effective?

Our findings

People's relatives told us staff had the knowledge and skills needed to provide an effective service. One relative said, "I have no complaints about staff competence, if there is an issue they will tell me an anything I say to them they always check up on." A second relative told us, "All the staff are very approachable and have a good calm attitude. They are following [person name's] care plan, even taking care to make sure [person name] has the type of bread she likes."

Staff completed training as part of their probationary period and told us they completed a period of induction and shadowed other staff prior to completing their induction. Staff we spoke with told up they all felt ready and skilled enough to work with the people who used this service by the end of their induction period. One staff member told us, "I did induction at the beginning and completed an induction booklet. I shadowed other staff for two weeks, whilst not being on the actual rota, and this was really useful to help me to get to know people." A second said, "I had an induction and got to know people at the beginning whilst also doing mandatory training and shadowing and I did this until I was deemed safe to work independently."

The provider had a system in place to record the training that care staff had completed and to identify when training needed to be repeated. Training provided included manual handling, first aid, medication, fire safety, health and safety, food hygiene, safeguarding, MCA/DoLS , infection control and dementia. Any training for staff who were new to social care followed the requirements of the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff continued to receive regular supervision and an annual appraisal. The areas discussed during supervision included a review of the previous supervision notes, personal development and training, any current concerns, teamwork and standard of work completed. One staff member said, "We all get regular supervisions and I've had two since being here. We get notes of these meetings afterwards and get positive feedback as well. A second told us, "I get supervisions with my manager and we sit down and talk about any issues which is a useful process."

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety and a log of any authorisations was kept. Staff had a good understanding of when this legislation

should be applied. One member of staff told us, "If a person had limited communication abilities and there was a concern that they may not be able to make an informed decision we would follow the process in the MCA and this may result in a DoL being authorised to protect the person, say for example if they couldn't leave the building safely alone."

We observed staff continued to seek verbal consent from people prior to providing support to them, which ensured people had given consent to the care being offered before it was provided. We also saw consent to care and treatment had been sought prior to people receiving support which was recorded in people's care files.

People had risk assessments in place regarding nutrition and hydration and were assessed so they were supported to eat and drink enough to meet their individual needs. People's food preferences and needs were recorded and menus planned to reflect this. Specialist diets were catered for based on health and cultural needs and personal preferences, and we observed staff asking people what they wanted to eat before each meal with different options being provided to people who didn't want what was on the menu that day, for example one person chose to have a jam sandwich for breakfast.

The kitchen was appropriately stocked with fresh food and dry goods. Fridge temperatures were checked daily and food temperatures were also recorded. Measures were in place to avoid cross contamination in the kitchen. The home had been assessed by the local authority and had received a food hygiene rating score (FHRS) of five which is the highest score possible. Kitchen staff were aware of special diets and preferences and had lists to remind them. Tables were set nicely and there were pictorial menus in place to assist some people to choose what to eat.

One relative told us, "[Person name] is eating well and likes the puddings. Her food is fortified with extra calories and I speak to staff regularly about any issues or changes." A second relative commented, "[Person name] eats everything and enjoys everything and there's a good choice of meals on offer."

People continued to receive healthcare support as necessary and this was recorded in their care files. Visits from external professionals included, doctors, district nurses, social workers, speech and language therapists (SALT), podiatrists and opticians. Health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing.

We found work had been carried out to improve the overall living environment since the last inspection. This included new flooring, furniture and decoration to lounges, bathrooms and bedrooms. A new nurse-call system had also been installed and the home was free from clutter throughout and had a very homely atmosphere.

Good

Is the service caring?

Our findings

Comments received from people and their relatives about staff attitudes and approach remained overwhelmingly positive. One relative said, "I've nothing bad to say about this home. I'm very impressed with staff sitting with [person name] and when I visit they are always attentive to [person name's] needs." A second told us, "I can't fault this place and I can't fault the carers. I can walk in at any time or phone at any time and there's always someone ready to help me. [Person name] feels at home here and everything we have requested has been upheld." One person said, "Oh yes, very caring."

The service continued to have a visible person-centred culture and we observed people were treated with kindness and dignity during the inspection. Staff took time to stop and speak to people on an individual basis and held conversations that were relevant to each person, for example about what clothes they wanted to wear that day or what they wished to eat.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection, for example, one person had expressed a view to have a plentiful supply of bottled drinking water available and we saw staff had upheld this wish and there were significant supplies of bottled water available in the person's bedroom.

People's relatives continued to confirm staff were always very polite and included them when making decisions about how the care they provided to their relatives.

Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit so that no-one would become alarmed or concerned.

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We saw staff communicated well with one another and passed on relevant information to each other regarding the care they were providing.

We observed people using the service were well-presented, clean and well-groomed and everyone was wearing fresh clothing of their choice.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example, if people had been referred to the home who required an alternative diet the service had responded appropriately.

We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, valuing diversity, privacy and dignity.
People's care plans included information about their needs regarding age, disability, gender, race, religion and belief. Care plans also included information about how people preferred to be supported with their personal care. We found people's care files were held in an office where they were accessible but secure and staff records were also held securely. Any computers were password protected to aid security.

Good

Is the service responsive?

Our findings

People's care plans confirmed an assessment of their needs had been undertaken by the service before their admission to the home. People's relatives confirmed they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. They also confirmed that their relatives who used the service had also been involved in discussions about their care needs, wherever possible.

One relative commented, " We visited the home first and decided this was the place to be. The manager came to the house and did an assessment and we were all fully involved in this."

We found the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing the information and communication needs of people who used the service with carers, staff and relatives, where those needs related to a disability, impairment or sensory loss. For example as some people could not easily read written information a pictorial menu had been produced and newsletters sent to people and their relatives included lots of pictures to aid understanding of the written content. Care plans also contained pictures to help people understand the contents and make decisions.

People's care plans provided information to staff on how to manage specific health conditions or acquired conditions such as chest infections. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Records of professional visits were kept in people's care files, including doctors, nurses, specialist nurses and other healthcare professionals.

A visiting healthcare professional told us, "This home is very good at managing any skin care issues. They refer into our services appropriately and always follow any advice we give. It's very cosy here and I have no concerns."

Care plans contained information about how to provide support to people, what they liked and disliked and their preferences. Relatives told us staff adapted care to suit their individual preferences. For example, some people preferred to get up late and others liked to get up early and some people preferred to sit in the same familiar lounge each day; this was known and respected by staff and was observed during the inspection.

A range of activities were on offer for people to take part in including board games, reading, exercises, visiting entertainers and outings to local places of interest or to other towns such as Blackpool. Local churches regularly visited to conduct services for those who wished to join in. There were seasonal events celebrations and parties were held for celebrations such as people's birthdays and coffee mornings took place occasionally. Individual newspapers were provided for people and we saw some people were engaged in reading these. Other people sat in a lounge of their choice with familiar friends and we saw everyone took an interest in each other, and chatted about each other's welfare. A hairdressing salon was in place and was

used by several people during the inspection.

The provider took account of complaints and compliments to improve the service. A complaints log, policy and procedure were in place and people told us they were aware of how to make a complaint and were confident they could express any concerns; we saw no complaints had recently been made, and there were lots of historical compliments which demonstrated the home had continued to provide a consistently good level of care since the last inspection.

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded in their care files and an advanced care plan recorded their wishes. We found a number of people had been asked about their end of life wishes but did not want to complete their end of life plan and this was recorded. Staff had completed training in end of life care.

Relatives were complimentary about the provision of end of life care and many compliments had been received about this. One comment stated, "Thank you for looking after [person name] and for your kind messages on the day of the funeral. A special thanks to [staff names] for being both caring and personal, whilst at the same time, very professional." A second stated, "[Person name] passed way on [date] this year. I would like to thank staff for the care and understanding you showed to mum during her stay. Staff stayed cheerful and welcoming and I am grateful for the high level of communication that allowed me to be present when I was needed and to be with mum at the end."

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Staff we spoke with told us management were always present and visible in the home and said management supported them well. Our observations throughout the inspection confirmed this view and we observed the management team were involved in supporting and advising staff and people who used the service throughout the inspection.

One staff member said, "The manager is brilliant and always attentive and she always listens to me. We have regular staff meetings which are useful and I feel we work as a team here and the manager treats us all equally." A second told us, "The manager is great, she listens to me and is always concerned about our practice so does regular observations. There have been lots of changes since the manager has been here and all for the better."

The manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support, for example via annual survey or questionnaires and as part of the process of care file evaluations. We looked at feedback received from the most recent annual questionnaires and found it was all positive.

We found the manager attended forums and development groups in the local area; for example, the home had engaged with the local authority 'excellence programme' and the manager attended monthly meetings and network events through the local authority. The manager had secured funding form the local authority for a care coordinator role, due to start in September 2018. This role was in addition to the existing staff group and had been developed as part of a council wide initiative to reduce falls in care homes.

We found the service had policies and procedures in place which had been updated since the last inspection. These covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control.

Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the care provided at this service. This meant that people who used the service continuously had a say in how they wanted their care to be delivered. This positive and inclusive management approach resulted in people receiving a comprehensive service which focused on them receiving individualised care.

The manager had been proactive in engaging with clinical professionals and each week healthcare professionals visited the home to check on people's welfare and identify any issues as a pro-active measure;

this helped to ensure people's welfare was maintained.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. Audits and checks included staff competencies, medicines, the environment and equipment, care files, infection control, complaints and safeguarding.

Notifications had been received by CQC as required. Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in the office when not in use.

As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and was available for all to see. At the time of the inspection the provider did not have a website.