The New Grange Care Home Limited

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## Inspection report

10-16 Homefield Road
Worthing
West Sussex
BN11 2HZ

Tel: 01903213693

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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 New Grange Care Home is a care home, without nursing and accommodates up to 58 people in one adapted building, for people living with dementia. At the time of inspection, there were 44 people living at the service. The home is situated in Worthing, West Sussex and accommodation was provided over two floors. There were assisted bathrooms on each floor, a large dining room, three lounge areas on the ground floor and a large garden.

People's experience of using this service and what we found

Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the provider had safe recruitment procedures and processes in place. One person told us, "I like it, it's nice. It's good for me. I've got friends here."

Staff were caring, and we saw kind interactions with people at the home. People knew staff by name and staff and people chatted naturally during the day. Staff were trained in administering medicines. People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had support to access health care services when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Food served at the home was well presented and people enjoyed it.

An activities coordinator at the home ensured people were not bored even if they could not leave the home. People's care was personalised and documented clearly in care plans. People and relatives felt able to feed back to the manager or other senior staff.

The provider had quality assurance systems in place to monitor the standard of care and drive improvement. People, relatives and staff spoke positively about the culture of the home and said it was well managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Requires Improvement (published on 18 December 2018)

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-

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?**

The service was safe.

Good

**Is the service effective?**

The service was effective.

Good

**Is the service caring?**

The service was caring.

Good

**Is the service responsive?**

The service was responsive.

Good

**Is the service well-led?**

The service was well led.

Good

# The New Grange Care Home Limited

**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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of 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 New 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who used the service about their experience of the care provided and seven relatives. We spoke with seven members of staff including the deputy manager, the activities coordinator, chef, senior carers and care staff. We spoke to one health care professional on the day of inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff recruitment files.

Good

# 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 told us they felt safe. A person said, "Yes, without fail." One relative told us, "She safe and happy. She's well looked after and I'm happy to go and leave her here."
● People were protected from the risk of abuse and harm. Staff received training in safeguarding and understood the principles of safeguarding and knew how to raise concerns. A staff member told us, "If I observed unsafe practice I would report to the manager or contact the emergency services depending on the situation. Record and report."

Assessing risk, safety monitoring and management
● Care plans detailed people's specific risks and conditions. For example, the type of equipment needed for moving and handling and preventing falls.
● We found guidance for staff in people's care plans to support and manage risks around the prevention of pressure sores. For example, staff used body maps to pin point areas of concern, guidance included documenting any changes and how staff must report any changes to the senior carer. One member of staff told us, "I have raised concerns around people's skin integrity and manual handling. My responsibility is to report any concerns to the manager. The manager is good at ensuring staff have a good understanding of action needed, prevention and how to reduce the risk going forward."
● Risks associated with the safety of the environment and equipment were checked and managed appropriately. Fire safety checks, gas, water and electricity checks had been done as necessary.
● Staff received health and safety training and knew what action to take in the event of a fire.

Using medicines safely
● People received their medicines safely and on time. Safe systems were in place for the storage and disposal of medicines. Medicine expiry dates were checked weekly and a monthly audit of all medicines was completed. We observed these checks being recorded.
● There were protocols and guidance for staff giving medicines which were prescribed 'as required' (PRN). Guidance detailed when medication maybe required and signs and symptoms the person may show.
● Staff received administering medication training and competency assessments were carried out to ensure their practice remained safe.
●We observed staff administering medicines, they were caring and friendly to people and took time to interact with people, they knew people well and their medicines in accordance with their preferences.

Staffing and recruitment

● We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. People and relatives told us, they thought there were enough staff to support them and calls bell were responded to promptly.
● Staff were recruited safely. Recruitment policies were in place and were followed. A relative told us, "It's pretty well staffed. There's always someone in the lounges."
● Staff recruitment files were up to date and included employment histories and appropriate references. Checks were carried out to ensure that staff were safe to work within the health and social care sector including Disclosure and Barring Service (DBS) checks for staff.
● The provider had an established care team, some of whom had worked at the home for many years. Agency staff were used to cover staff shortages such as sickness and annual leave.

Preventing and controlling infection
● People were protected from the risk of infection. The service employed a cleaner and the home was clean. A member of staff told us, "We use signs to warn residents of where we are cleaning and the head of housekeeping carry's out audits of cleaning products." One person told us, "Very clean. They clean the carpets regularly."
● Staff understood the need for protective personal equipment (PPE) to be used, for example the use of apron and gloves when assisting people to wash. Staff told us that there were always plenty of PPE products available.
● There were hand gel access points around the home and signs reminding staff and visitors to use the gel to keep their hands clean.

Learning lessons when things go wrong
● The registered manager and the provider encouraged openness among the staff to ensure errors were reported promptly. This enabled them to be resolved and learned from.
● The registered manager analysed accidents and incidents including near misses, on a monthly basis to identify any emerging patterns, trends and learning. For example, the home had taken action to put in place a falls saver for those who were at high risk of falling when in their bedroom.

Good

# 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 requires improvement. At this inspection this key question has improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 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.

- At the last inspection the registered manager had not always ensured that information relating to DoLS for some people was effectively communicated and understood by staff. At this inspection we found that staff understanding had significantly improved in this area.
- The registered manager had assessed and, where applicable, applied for legal authorisation to deprive people of their liberty to safeguard them. For example, when people were unable to leave them home and access the community without support. Consideration was given to options that were least restrictive.
- Staff were clear on what MCA meant when caring for people. A member of staff told us, "We ensure that all residents are maintaining their independence as much as possible and if they are making an unwise decision we talk to the person about the risks. We always make sure people are offered choice."

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

- People had their needs assessed before moving to the home. Care plans were written in collaboration with people, families and professionals (where possible) and care plans were further developed as staff got to know people.

● People had effective care. The registered manager was keen to ensure staff kept up to date with best practice advice. For example, if there were concerns around people's hydration, staff monitored their fluid intake.
● Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, if people wished to discuss these.
● Staff had a good understanding of equality and diversity. This was reinforced through training and the providers policies and procedures.

Staff support: induction, training, skills and experience
● Staff received an induction before they started working with people and were supported by experienced staff while they were training.
● Staff accessed mandatory training on-line and through face to face. Training covered key areas, such as moving and handling, pressure care and safeguarding. The registered manager reviewed training on a monthly basis to ensure staff knowledge was up to date. The deputy manager told us, "We check staff understanding through quizzes and team meetings and carry out observations once or twice a month." A relative told us, "They're very good, I can't fault them."
● Staff received supervision and yearly appraisals. One member of staff told us, "I get supervision every 3-6 months. It gives me the opportunity to highlight good work, share concerns and training needs. I feel I can ask for more training and I am currently doing care planning level 2."

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink. The food was prepared by a chef who knew people well. One relative told us, "There's a freshly cooked lunch with two choices every day. There're not many people who don't like the food and the chef is very hot on vegetables. [Relative] is pre-diabetic and she has separate food and it's pureed. They have to ensure she doesn't choke. She loves the food. She can still have the puddings, but they adapt them which is nice for her. Staff monitor what people eat.'
● Care plans contained information about people's likes and dislikes around food. They also recorded any allergies, or religious preferences people may have, and all of this was communicated to the chef.
● People were assessed to ensure they were not at risk of weight loss and anyone who required it was weighed frequently. Weights were recorded in care plans.
● We observed the lunch time experience and found it to be a sociable occasion. Staff supported people to eat and drink and did not hurry them. One person was struggling to eat their meal, so a staff member responded quickly to attach a plate guard making eating easier for the person.
●The kitchen had a 'five star' rating from the Food Standards Agency.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff knew people well enough to know when something was wrong with them. Staff had handovers at the end of each shift to pass on information about people's health and wellbeing. A staff member told us, "If people's needs change we will engage with external professionals, for example one person appeared to have a chest infection so we contacted the GP who came to visit the person and confirmed it was not."
● Staff referred people to other health care professionals, such as district nurses, GP, podiatrists and dieticians. A member of staff gave an example where staff worked with the district nurse to improve a person's leg ulcer and through following advice and guidance and working with the district nurse the leg ulcers healed.
● A visiting professional told us, "Staff follow guidance to improve people's health. They are very knowledgeable about people and will stay for the duration of the visit."

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

● The home had been adapted to meet the needs of people. There was a lift to the first floor and people could freely mobilise around the home to help maintain their mobility.

● There was signage across the home to support people with dementia to maintain their independence.

● People's bedrooms were personalised. Some people had photos of them from their younger years and those important to them on their bedroom doors, so they could find their bedroom.

Good

# 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 were treated with kindness and compassion by staff in their approach when supporting people. We saw good interactions between staff and people, they knew each other well and had developed caring relationships. A relative told us, "Staff definitely treat people as individuals with a lot of respect and dignity. They are very patient with people, they take their time."
- People appeared relaxed and calm in the presence of staff and we saw staff giving people encouragement and offering reassurance throughout the day. We observed a member of staff encouraging a person who was confused and wanted to go home. The staff member offered the person a cup of tea and sat with them talking about their family. This helped to distract the person and change their focus on going home.
- Staff treated people equally and recognised people's differences. People's religious beliefs were known to staff and respected. The deputy manager told us, "A communion is held every couple of months here at the home."

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

- People were able to make decisions about their care.
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
- We observed staff giving people choice throughout the day. Staff painted people's nails and asked what colours people would like. People chose what time they got up and where they wanted to eat their lunch.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they found the staff respected people and treated them in a dignified manner. A relative said, "They go into her room and they're very kind and helpful. They always knock on the door."
- Staff encouraged people to remain as independent as possible. A relative told us, "I am so thankful for the things they do for her. They plait her hair and do her nails. It's the little things they do that matter. They're very hands on. She has a good rapport with them. They have banter and a laugh. That's how she used to be, she was always a jolly person."
- A health care professional gave an example where, staff use a screen to protect people's dignity and privacy when having check-ups. People had access to a private consultation room to meet with GP's and

nurses.

Good

# 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 requires improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

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

- At the last inspection we found that staff did not always know people well to deliver responsive care and support to people with behaviours that could challenge. At this inspection we found that the registered manager had reviewed people's behaviour plans and sought guidance to ensure people were better supported. For example, we found clear guidance in people's care plans to manage people's behaviour that can challenge.
- People received personalised care that was responsive to their needs. People's care plans were person-centred and detailed, covering key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person. One member of staff told us, "I know people well through the life stories in people's care plan and just spending time talking and dancing with them." A relative said, "We completed a 'This is Me' booklet. We gave them a full life story."
- Changes in people's health or care needs were quickly communicated and updated in their care plans and through staff hand overs.
- People, relatives and professionals (where possible) were involved in the assessment and initial care plan and were consulted frequently when care plans were updated.

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 were able to take part in activities they enjoyed. We observed the activities coordinator holding music sessions with people and quizzes on the day of inspection. One member of staff told us, "The activities have massively improved over the last year. Activities are much more tailored to peoples likes."
- The activities coordinator told us they used the care plans to understand people, to tempt people to join in, and to plan activities people enjoyed. They gave an example where people wanted to set up 'knit and natter' at the home. Initially they ran once a fortnight but due to the success and people's enjoyment they are held weekly. One person didn't like joining in any of the homes activities but now attends the 'knit and natter' sessions every week.
- A relative told us, "They go out to the park or the garden centre. They absolutely love it. There's entertainment at the weekends. There's always something going on. In the summer they had a BBQ and they said our other relatives could come."

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.

● The provider understood their responsibilities to follow the AIS. Initial and ongoing assessments were used to identify people that may need information about the service and their care provided in different ways. Staff were happy to talk to people and explain aspects of the service or read to them. One member of staff told us, "I kneel down to get on the same level as the person, using gentle tones and touch to offer reassurance. We read information to people, use sensory and bring things to people to smell and touch and sound. We check hearing aid batteries and make sure they are well fitted, with people's glasses make sure they are cleaned, fit and are in good condition. We have large clocks, large print menus."

Improving care quality in response to complaints or concerns

● The provider encouraged feedback form people and relatives as a way to continually improve care at the home. The registered manager had an open-door policy and was keen to talk to people and relatives about the care provided.

● The service had a clear complaints policy, with information available in the hallway of the home for people to read.

End of life care and support

● People were supported at the end of their lives by trained and caring staff. The deputy manager told us, "Staff have recently attended training at a local hospice. Following this training staff have a greater understanding of end of life care and when to involve specialists. There is a better understanding of the signs and symptoms people may show."

● Care plans contained clear guidance for staff with regards to people's wishes.

● People were able to die with dignity. This is known as a 'DNACPR' which stands for Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Good

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we observed some staff's approach was task focussed and not always kind and caring, the registered manager told us they had identified this in an audit carried out in July 2018 and thought there had been improvements. We recommended that the registered manager observes staff practice and support them to improve their approach. At this inspection we found that this area had significantly improved, and we saw good interactions between staff and people.
- The registered manager was well supported by a deputy manager and a team of care staff. Staff understood their roles in the home and were happy to work there as part of the team. One member of staff told us, "Over the last 12 months I have seen a massive difference in terms in décor, staff and communication has greatly improved, we work better as a team. We are encouraged as a staff team to be joyful and happy."
- Staff had appraisals, supervision, team meetings and regular opportunities to meet through handovers.
- Quality assurance processes were in place such as, audits, annual reviews with people and relatives, to help drive improvement within the service.
- We saw evidence of staff competency checks being carried out and regular audits to help the registered manager identify areas for improvement and any patterns or trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had created an open and positive culture that delivered high-quality person-centred care. People and relatives knew and liked the registered manager. A relative told us, "It's well-led and run. There's been a continuity of management and a good rapport with staff. They keep their staff, that must say something, people don't stay if they're not happy, they've all been there for years. They're all there on one level, they're a team, a unit. The manager is open to what you say and what the staff says."
- There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on the duty of candour, informing family and CQC

whenever necessary.
● The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●People, relatives and visiting professionals were engaged and given opportunities to be involved in the service, through daily feedback with staff and regular care reviews.
● People, their relatives and staff took part in yearly surveys. We reviewed the results of the quality assurance survey carried out in August 2019 which was very positive, showing that relatives experiences were rated as excellent or good.
● Staff handovers were held at the beginning of each shift to share key information about people's needs and highlight any changes in their health and well-being. This ensured staff were verbally updated about people and were given the opportunity to ask questions.

Continuous learning and improving care
● The registered manager understood the importance of continuous learning to improve the care people received.
● Systems were in place to continuously learn, improve, innovate and ensure sustainability. There was a strong emphasis on team work and communication.
● We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

Working in partnership with others
● The service had good links with health care providers and worked with them to provide care people needed. Services included a local pharmacy, opticians, speech and language therapists and occupational therapists. A member of staff told us, "The home is responsive in getting people equipment such as specialist beds, chairs, wheelchairs and anything that is needed."