

Paydens (Nursing Homes) Limited

# Grange House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Grange House provides accommodation and personal care for up to 17 people living with dementia. At the time of our inspection, 17 people were using the service.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

At our previous inspection on 21 and 22 April 2015, the service did not have a registered manager in post as required by law. We also found that the registered provider did not use quality monitoring systems effectively to make the necessary improvements in relation to concerns raised about health and safety, complaints and the results of satisfaction surveys.

At this inspection, we found that the service used the quality assurance systems in place effectively to identify shortfalls and to make improvements to the standard of care provided. Action plans showed the provider addressed the shortfalls identified during regular audits in line with their designated timeframes.

People received safe care that protected them from the risk of abuse. Staff understood their responsibility to identify and report any concerns about people's health and well-being. Staff attended training in safeguarding adults and knew the procedures to follow to keep people safe.

People received appropriate support to mitigate identified risks to their health and safety. Risk management strategies remained effective in ensuring staff protected people from the risk of avoidable harm.

Appropriate recruitment practices ensured that only staff vetted as suitable to provide care worked at the service. Sufficient numbers of staff supported people safely and met their needs.

Staff received the support, training, supervisions and appraisals required to enable them to undertake their roles effectively.

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.

People had their care delivered in line with the requirements of the Mental Capacity Act 2005 and the restrictions placed on their freedoms under the Deprivation of Liberty Safeguards.

People told us staff treated them with kindness and compassion. Staff knew people well and had developed good working relationships with them.

People had their nutritional and hydration needs monitored and met. Staff supported people to eat and drink and to maintain a healthy balanced diet. People had access to healthcare services when needed to maintain their health and well-being in a timely manner.

People took part in planning and making decisions about how they wanted their care delivered. Assessments of people's needs enabled staff to design and provide care suitable to each person and their individual preferences.

The registered manager sought people's views about the service and acted on the feedback received to improve the quality of care. People using the service and their relatives knew how to raise any concerns and make a complaint if they were unhappy about the service. A complaints procedure was accessible to people in a format they understood.

## 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 service remains Good.

### 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 was well led. A registered manager was in post. The provider had put in place quality assurance systems to monitor the quality the care and to make improvements when necessary.

People and staff were complimentary about how the service was managed. The registered manager was available and approachable to people and staff felt valued at the service. There was an open and inclusive culture at the service centred on people.

There was a close partnership with other agencies and good community links.

# Grange House

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on 4 July 2017 and was unannounced. 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.

Before the inspection, we checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke with eight people who used the service, three relatives and two healthcare professionals visiting the service and asked their views about the service. We also spoke with six care workers, two housekeepers, the chef, activities coordinator, deputy manager and the registered manager.

We undertook general and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 10 people's care and medicines management records. We reviewed five staff records including duty rosters, training, recruitment and supervisions and appraisals. We also looked at records relating to the management of the service, including quality checks, policies and procedures. We checked feedback the service had received from people and their relatives.

After the inspection, we received feedback from three health and social care professionals.

# Is the service safe?

## Our findings

People received safe care at the service. One person told us, "I don't worry about anything." Staff attended safeguarding adults training which enabled them to recognise abuse and understand their responsibility to report any concerns. Staff told us they did not discriminate against people at the service as they respected their rights under equality and diversity. Staff had access to the provider's policy on safeguarding and knew what action to take on how to keep people safe. The registered manager contacted the local authority safeguarding team when the service had concerns about a person's safety to allow for an investigation when necessary.

People's support took into account any identified risks to their welfare related to their assessed needs. Staff assessed risks to people's welfare and developed support plans detailing how to minimise the likelihood of avoidable harm. One person told us, "I feel safe here and they [staff] have lots of gadgets about for safety." A relative told us, "Staff are well informed of [his/her] condition; [he/she] is safe." Staff followed guidance in place to manage risks to each person, for example, a behaviour management plan noted they had to keep a person away from noisy places which they did to help reduce their anxiety. Risk assessments covered issues such as mobility, preventing pressure ulcers and behaviours that challenged. Staff regularly updated these to ensure they remained effective.

A sufficient number of staff deployed at the service ensured people received appropriate care to meet their needs. A person told us, "There is always a member of staff around if you have problems." Another person said, "[Staff] answer bells quite quickly when you need anything." Staff told us they were able to deliver care in a timely and unhurried manner. Duty rosters showed adequate cover for all shifts in accordance with the dependency tool used to calculate the number of staff required to support people safely. Appropriate recruitment procedures ensured all relevant pre-employment checks confirmed new staff's suitability and fitness to provide care. New staff completed a probationary period to ensure their competency to provide safe care.

People received their prescribed medicines safely and in line with the provider's procedures. Staff received training and undertook a competency assessment to enable them to manage people's medicines appropriately. Medicines were stored safely and securely, recorded accurately and disposed of following good practice guidelines.

People lived in a clean and infection free environment. One person told us, "The place is spotless." Infection control procedures protected people from cross contamination. Staff followed the provider's procedures to prevent infection, for example by wearing gloves and aprons when providing personal care and observing good hand hygiene practices such as washing hands before and after handling food and medicines. Paper towels and handwashing soap were available for staff to use. Housekeepers adhered to cleaning schedules to maintain the level of cleanliness required at the service. Bedrooms, toilets and communal areas were clean and free from odours.

# Is the service effective?

## Our findings

People received effective care because staff had the skills and knowledge required to meet their needs. Staff attended the provider's mandatory training that included medicines management, moving and handling, infection control and safeguarding adults to keep up to date with their knowledge and current practice. Additional training in dementia and pressure area care enabled staff to support people effectively with their specific health conditions.

New staff completed an induction prior to working independently. They said this enhanced their knowledge and confidence to carry out their roles. Staff received appropriate support and had regular reviews of their performance in supervisions and an annual appraisal. A learning and development plan ensured the registered manager supported staff with their training and career progression needs to enable them to provide effective care.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People received care in line with the requirements of the MCA and consented to care and treatment. People had their mental capacity assessed when required. Staff were able to describe how they supported people who were unable to make specific decisions about their care. For example, relatives where appropriate and healthcare professionals were involved in best interests meetings. At the time of our inspection, the service had received one DoLS authorisation whilst 15 applications were in the process of being assessed by the local authority.

People enjoyed the food provided at the service and had a choice of what they ate. People told us they could request an alternative meal and records confirmed this. Chefs had training in food catering and showed detailed knowledge about people's individual dietary and nutritional needs including an allergy to shellfish and special diets such as gluten free or pureed food. Staff served people with their choices of well-cooked and appropriately presented meals. Fresh fruit and refreshments were available to people.

People had their dietary needs assessed and staff involved healthcare professionals to support a person with a swallowing difficulty. A member of staff told us, "Now [his/her food] is blended and the drinks fortified and [person] is happy and so is the dietitian." Staff monitored people's nutritional and hydration needs and ensured people were not at risk of malnutrition.

People maintained good health and continued to have access to healthcare professionals. One person said, "[Staff] send for a GP if you are ill." Another person said, "The optician came and I got new glasses recently." Each person received support with their health action plan which identified the areas they needed assistance with such as skin integrity and diabetes. People attended an annual check up to identify any underlying concerns about their well-being. Regular reviews of medicines by healthcare professionals

ensured people continued to receive effective and appropriate treatment.



## Is the service caring?

### Our findings

People's care was delivered in a kind and caring manner. One person told us, "Staff are polite and friendly." Another person said, "[Staff] really care for us all." People told us staff understood their needs and provided their care in the manner they preferred. Staff were able to describe people's backgrounds, preferences, likes and dislikes and how this information enabled them to deliver care suitable to each person. Staff listened and showed interest in people's plans for the day and in what they had to talk about. We observed positive interactions between people and staff and their conversations were pleasant and with some banter which showed that staff knew people well.

People were involved in decisions about their care. One person told us, "[Staff] ask and do listen to what I have to say about my care." A relative said, "If we can't attend meetings, staff will ask how things should be." People and their relatives attended care plan review meetings to enable staff to understand the support they required. The provider supported people to access advocacy services where required to ensure their voice was heard. People received the support they required to maintain relationships that were important to them. Relatives and visitors attended functions at the service and could visit people at times convenient to them without restrictions.

People had their care delivered in a dignified manner and staff respected their choices. One person told us, "I have never had personal care from a male carer because I would always want a female carer to help with my bath." People told us staff knocked on their doors and waited to be invited in, asked how and when they wanted to receive personal care, where they liked to have their meals and how they wanted to spend their day. A member of staff said they respected people's personal space and possessions and told us, "I ask people if it's okay for me to move their items while I clean." We observed staff helped a person to choose a cardigan to wear and addressed people as they preferred. People enjoyed quiet moments in their rooms.

People approaching the end of their life received care appropriate to their needs. Staff had information about people's end of life wishes and followed this as far as practically possible to support them as they wished. A healthcare professional said, "Yes the home have always informed us straight away of any changes to our patients." The service involved a hospice and relevant healthcare professionals to ensure a person received the support they required such as pain management. People were confident staff would respect their wishes to spend their last days at the service.

## Is the service responsive?

### Our findings

People received care that was appropriate to their individual needs. A pre-admission assessment ensured that the service was suitable for the person and that the provider was able to provide the support they required. Detailed care plans took into account the information gathered at assessment and reflected people's views. Staff had sufficient information on how to deliver care and records showed people received support as planned. People using the service and their relatives where appropriate and health and care professionals contributed to the design of care plans to ensure they received personalised care.

People continued to receive care that was responsive to their needs and preferences. One person who had a memory problem had a list on their bedroom wall to remind them of the things they could do for example, 'Get up' and 'Go to bed'. Staff carried out regular reviews of care plans and updated support plans to reflect people's changing needs and the assistance they required. For example, staff carried out hourly checks on a person who spent more time in bed because of a decline in their health.

People enjoyed taking part in a variety of activities provided at the service. An activities coordinator had designed individual and group activities based on people's histories, routines and hobbies. Care plans detailed people's interests such as listening to music, reading magazines about the country life and books, knitting, going out for a walk, reading books and a named newspaper daily. Records confirmed people took part in gentle exercises, arts and craft sessions, board games, quizzes, story-telling and reminiscence exercises. Staff promoted social inclusion by supporting people to attend group activities and accessing the community. People who were unable to leave their rooms or who preferred one to one activities received appropriate support for their recreational needs. We observed people enjoyed a themed July fourth USA Independence Day activity. There was an attractive patio-sensory garden which people accessed and enjoyed spending time in. People went out in warm weather and planted sunflowers for growing competitions.

People knew how to make a complaint and were confident their concerns would be resolved. One person told us, "I would tell the [registered] manager." People and their relatives had access to the complaints policy which was clear about what they should expect to happen when they raised a concern. Staff explained the complaints policy in review meetings and in one to one sessions they held with people. The registered manager understood how to resolve complaints in line with the provider's procedures and ensured that people knew they could approach the ombudsman if they remained unsatisfied. The service had not received any complaints since our last inspection.

People moving to the service had access to appropriate equipment to enable them to remain independent. For example, equipment such as hoists to help people with mobility issues, to get on and off a chair. Call bells allowed staff to monitor and respond to people in a timely manner.

# Is the service well-led?

## Our findings

At our previous inspection of 21 and 22 April 2015, the service did not have a registered manager.

At this inspection of 4 July 2017, a registered manager was in post and demonstrated a detailed understanding of people and their needs and how they wished to have their care provided. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 previous inspection of 21 and 22 April 2015, we found that the systems for monitoring the quality of the service were not effective. The provider had not used the findings to make the necessary improvements.

At this inspection the provider had put appropriate systems in place to monitor the safety and quality of the care people received. Records showed regular audits of equipment such as hoists and wheelchairs, fire safety equipment, premises and health and safety checks. There was an effective general maintenance of the service, repairs and replacement of equipment when needed in line with the provider's timescales. Regular medicine audits ensured that staff followed appropriate management processes and good practice. Detailed audits of care planning, record keeping, nutrition and hydration ensured the accuracy and completeness of the care people received. The provider had an oversight on the quality of care and a senior manager reviewed the service's audits every month and worked with the registered manager to address any shortfalls identified.

The registered manager adhered to the conditions of their registration by submitting notifications to CQC as required and sharing information with other relevant agencies.

People using the service and their relatives were positive about the management of the service. One person told us, "[The service] is very good." A healthcare professional said, "My observation is that [the service] is well managed." One person said, "[Registered manager] is very approachable. She makes it feel more like home." The registered manager was approachable and supportive to people using the service and staff and had an open door policy where anyone could walk in to discuss any issues. People knew the registered manager by name and told us that she was visible at the service. They said she showed an interest in how they lived and the quality of care they received. We observed interactions between them which confirmed this and that the registered manager knew what was important to people.

An open culture at the service enabled people to be at the centre of care provided. This ensured they received individualised care. The registered manager listened to people and analysed their feedback from annual survey results and put in place plans to address any concerns raised. People benefitted from good communication at the service. Incidents, safeguarding matters, complaints raised and compliments received were recorded, monitored and shared at staff meetings to minimise the risk of a recurrence, to learn from mistakes and to promote good practice. Records showed good attendance at residents and

relatives' meetings which gave them the opportunity to share their views about the developments they would like to see at the service. Improvements were made when necessary.

People received good care provided by staff who understood their roles and responsibilities. The registered manager and staff understood and applied the provider's vision of supporting people to live fulfilling lives. Staff shared a consistent view about the vision for the service as the registered manager. Staff were able to raise any concerns about the service in regular staff meetings and supervisions and that their ideas to develop the service were considered.

People received care that was in line with current practice and legislation. The service had a close partnership of the service with other agencies. A range of healthcare professionals such as GPs, dietitians, occupational therapists, dementia specialists and psychiatric consultants ensured people received a good standard of care. Records confirmed staff followed guidance received to improve the quality of care provided.

The service enjoyed strong links with the local community and volunteers visited the service to befriend people and provide additional support with activities.