Carlton Care Homes Ltd

Grange Hill House Residential Home

Inspection report

516 Bromsgrove Road
Hunnington
Halesowen
West Midlands
B62 0JJ

Tel: 01215501312
Website: www.carltoncaregroup.co.uk

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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

We inspected this service on 16 and 17 January 2019, the inspection was unannounced. The inspection was carried out by one inspector and an assistant inspector.

Grange Hill Residential Home provides accommodation with personal care and support for up to 38 older people. Some people were living with dementia and other associated illnesses. At the time of our visit, 30 people were living at Grange Hill.

A requirement of the services' registration with us is that they have a registered manager. 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. There was a registered manager in place.

At the last inspection in September 2017 the service was rated Requires Improvement and had one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people's risks were identified. At this inspection we found improvements had been made and they were no longer in breach of regulations. The overall rating for the service has now changed to good.

People were positive about the care and the staff who supported them.

People were treated with dignity and kindness. Staff treated people as individuals with different needs and preferences. Care records were personalised and provided information on support needs, likes and dislikes and people's preferences and interests.

Staff had a good knowledge of people's care needs and their daily routines and preferences. People had key workers who had responsibility for ensuring people had toiletries and other personal effects. There was agreement with the registered manager that this role needed further development.

Staff understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns. Risk assessments were up to date and were regularly updated.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people living at the home.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Recruitment practices ensured only suitable people were employed with relevant checks completed before staff worked at the home.

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.

At the last inspection we found medicines and hazards in the home were not always managed safely, medicines had not been stored safely in communal areas, and tools were left unattended which were a trip hazard. At this inspection we found improvements had been made and medicines and risks in the home were safely managed.

There were enough staff to meet people's needs effectively. Risks were recorded and managed safely and staff had knowledge of how to keep people safe.

Is the service effective?

Good

The service was effective.

Staff had training that was appropriate to their roles. Staff understood the principles of the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved and worked with other health professionals in peoples care when required.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in how they supported people and people were treated with dignity and respect. People were supported to pursue their hobbies and interests. Staff promoted equality and diversity to make sure people's beliefs were free from any discrimination.

Is the service responsive?

Good

The service was responsive.

Support was personalised and tailored to people's choices and needs. Care records included clear information and guidance for staff. There was a system for people to make a complaint or raise

concerns.

Is the service well-led?

Good

The service was well led.

People, relatives and staff were positive about the management. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. Systems were in place to monitor and improve the quality of the service. There was a clear commitment to further improving people's experiences of care.

Grange Hill House Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 16 and 17 January 2019 and was conducted by one inspector and an assistant inspector.

Before the inspection visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority and local health watch for any concerns or information relating to service. We did not receive any information of concern.

During the visit we spoke with seven people who lived at the home, three relatives, six members of staff, the marketing manager, the registered manager and the provider.

We observed how staff supported people throughout the home. We also 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 looked at a care plans and risk assessments relating to people's care.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Good

Is the service safe?

Our findings

At our previous inspection in September 2017, we found improvements were needed in how medicines were managed and in how the home environment was safely maintained. This meant there was a breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we rated Safe as 'Requires Improvement'.

At this inspection we found there had been improvement in the management of medicines and the auditing of this. Additionally, the recording of maintenance work and safety checks carried out was improved and the provider was now meeting this regulation. The service was no longer in breach of the regulations and the rating has now changed to 'Good'.

People received their medicines in line with their prescriptions. Medicines were stored and disposed of safely. All staff had received training prior to being able to administer medicines safely to people. Where people could administer their own medicines, support and encouragement was given. Risk assessments ensured peoples' continuing ability to do this safely. There were comprehensive systems of checking medicines to reduce the risk of ordering errors. This had recently identified an error by the contracted pharmacy provider in the medicines that had been sent for a person in the home. The pharmacy was contacted by the staff member carrying out the medicines check, and the error was immediately rectified.

At the last inspection we found that some areas of the home were not always safely maintained and contained trip hazards for the people that lived there. At this inspection we found improvements had been made in the home environment. We did not identify any areas of the home that posed a risk to the safe and free movement of people around the home. We were told by the provider that there was a schedule of redecoration and improvements around the home to further improve the home environment.

People told us they felt safe in the service. One person said, "Staff look after us and keep us safe here." Staff understood their responsibilities around safeguarding people from abuse and how to report any allegations of abuse. There were a range of risk assessments where risks were identified and mitigated. We found procedures had been set out for safely moving a person and reducing the risk of falls.

People told us they felt safe. One person said, "Staff are here to keep us safe." We found staff understood their responsibilities to protect people from abuse. Staff knew what to do and who to contact if they suspected people were at risk of harm. There were procedures to support staff to share any concerns directly with the manager, it also detailed the CQC contact details for staff that felt they needed to whistle blow. Staff we spoke with all felt they would be supported if they were to whistle blow with any concerns.

There were a range of risk assessments in place where risks were identified and mitigated. These were in place to guide staff on how to care for people safely, and this information was updated regularly and readily available for staff to access. For example, some risk assessments informed staff how to support people with their dietary requirements whilst preventing risks such as choking.

There were checks to ensure that only suitable staff were employed. This included references from previous employers and a satisfactory Disclosure and Baring Service (DBS) check. This check helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.

There was a process for reporting and recording any incidents and a system to analyse any factors that could reduce the risk of reoccurrence. Where any concerns had been identified we found action was taken to contact the relevant professionals for guidance. For example, falls were regularly reviewed, and we could see where action such as contacting the doctor had been taken.

There was guidance to promote safe infection control practice and staff had access to appropriate PPE (Personal Protective Equipment) such as gloves and aprons when they needed them. All staff told us about the importance of maintaining effective infection control in the service.

People had personal emergency evacuation plans (PEEPs) which provided instruction to staff on how to keep people safe in the event of a fire and there were regular checks of fire alarms.

Good

Is the service effective?

Our findings

At our previous inspection in September 2017, we found that the service was effective this has not changed.

People told us they felt staff had the knowledge and skills about their needs and staff treated them well. One relative told us, "Staff seem to be well trained and safe, they seem to know the small things about a person."

People had detailed assessments of their needs and care plans provided vital information to staff to enable them to meet people's individual needs effectively. Staff told us they found this information accessible and informative.

Staff had received training in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). This act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes and hospitals are called DoLS. We checked whether the provider was working within the principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were, with mental capacity assessments taking place and DoLS applications being made where appropriate.

People were offered choice, and supported to make decisions regarding where they would like to sit and how they would like to spend their time. Consent was sought from people before any interaction took place, and people were asked if the person gave their consent for health professionals to be contacted.

People told us they enjoyed the food and drinks available at the home. The chef told us they had detailed knowledge of people's nutritional needs, which was displayed in the kitchen for reference for kitchen staff. People with modified diets had their needs met and staff were aware of the correct way to thicken fluids. The food was well presented, and food moulds were used for liquidised food. People were given meal choices, and we were told that food would be prepared if a person requested something not on the menu. In addition to regular tea rounds cold drinks were available in communal areas and people were encouraged to drink. Some of the cutlery, cups and water jugs appeared old and worn. We discussed this with the provider and registered manager and they had started to replace and update these items by the end of the inspection visit.

People's own rooms were personalised with pictures and photographs. The registered manager acknowledged there was more work to be done before the environment could be considered supportive to the needs of people living with dementia. There was some signage to help people know which was their bedroom door, such as name plates. The provider told us that there were plans for redecoration throughout

the home.

People had key workers, who is a named member of staff who develops a professional relationship with an individual to look after their interests. Staff told us that the role was to assist people with the procurement of toiletries, and to support appointments. People were not able to tell us who their key worker was or what it meant for them. We discussed with the registered manager about enhancing the key worker role into one where staff took a role supporting people in care reviews and liaising with family and key people in the person's life. The registered manager told us they would review this role both with the staff and people that lived there as a matter of priority.

Staff felt that they had sufficient training and told us they received face to face training with annual training in areas relevant to their roles which included fire safety, infection prevention, safeguarding, medicines management and dementia training. Staff told us that they had annual appraisals with the registered manager to review progress and identify any training needs. Staff told us any training they felt they needed would be provided.

People and relatives told us that people were supported to attend health appointments where required. People's records, where needed, showed the provider, registered manager and staff liaised with a wide range of health and social care professionals, including doctors, nurses and social workers. Where healthcare professionals had requested additional monitoring or observations, this had been carried out reliably and professionally.

Good

Is the service caring?

Our findings

At our previous inspection in September 2017, we found the service was caring this has not changed.

Staff were kind and caring and treated people with dignity and respect. People were positive about the approaches of the staff, calling them friendly and kind. Staff spoke fondly of the people they supported, and staff attitudes showed a motivation to care. Staff made sure they gave people time to have a chat about the days' events, their memories or families. As well as planned activities we could see where staff spontaneously supported people to do what they wanted. One person was singing with a member of staff, another person was being supported to complete some puzzles. All the staff we spoke with were positive about the benefits for people of having company and friendships with the staff. One member of staff said, "(Person's name) loves to chat about the royal family. We always make time to see how people are."

There was training for staff in equality, diversity and human rights. Staff demonstrated an approach that was non-discriminatory, and we were assured that regardless of people's abilities, race, culture or sexuality, they would all be treated equally.

We could see that where people were provided with personal care their privacy was respected. They identified when people in communal areas appeared more withdrawn and sat with them either talking with them or providing them with an activity to do.

Staff could tell us about people's preferences and where required reviews of people's care had involved the person themselves. Where this had not been possible, people important to them including relatives had been involved.

Staff involved people in the life of the home and were aware of the need for people and their relatives to have their own space. One relative told us, "Staff are so supportive, not only of my Dad but of me too, they can't do enough to help you." Relatives told us staff contacted them with any changes with their family member, and they were encouraged to visit for as long as they wanted. A room was available for people to celebrate special occasions as a family unit, and families were encouraged to share a meal at the home.

Good

Is the service responsive?

Our findings

At our previous inspection in September 2017, we found the service to be responsive, this has not changed.

People's care had been planned to incorporate their individual life histories to make it more personal to them. For example, one person had a keen interest in botany and gardening and was supported and encouraged to continue with this hobby, with plants grown displayed in the home. This person told us how they took pride in what they did and felt they had staff support when needed.

People were supported to engage in activities both inside and outside the home. People's differing abilities and interests were recognised by staff and planned activities provided meaningful engagement for everyone. For example, there had been trips to the seaside and local parks. For some people there had been arts and crafts based activities. People who wished had a computer in their room, there was dedicated greenhouse for people to use and a summer house in the grounds which was being converted into a tea room and people had made bunting to decorate it. There were plans for the creation of a sensory room to facilitate a relaxation area for people who want an area to withdraw to if they felt the need for a quieter environment or to just relax. We saw the pace and content of the day was tailored around how people felt and what they wanted.

One person told us, "The staff support me to live my life as I choose." The approach of the registered manager and staff was to promote an approach of least restrictive practice. This meant people were supported to pursue their own interests. We were told a person had in their past, maintained their own vehicle and had been able to access the community independently. Another person had a background in science and horticulture, so had their own computer and access to arrange orders and delivery of different plants and materials.

There was an activities co-ordinator whose specific role was to support people with both individual and group activities. Staff told us they recognised that some people liked to stay in their rooms. Staff said they ensured they and the activities co-ordinator visited these people and spent time with them, but also encouraged them to participate in activities within the home if they wished to.

Staff were supporting a person who on occasions could become anxious and distressed. People told us that staff were effective in recognising and managing when the person showed signs of distress. However there was no mechanism in place for consistently gathering the observations from staff in a timely manner. This meant that important information could get missed from being discussed in the handover meeting that took place at the end of the shift. This meeting provided staff coming onto shift with feedback on how people had been and any areas to be aware of regarding their health and welfare. We discussed this with the provider and registered manager and they made immediate provision for this information to be shared directly into any future handover meetings.

A monthly "meet and greet" had been set up between the activities co-ordinator and families to gain useful insight into things people had done in the past, and to assist in the planning of meaningful activities in the

future.

People and relatives told us that they knew who the registered manager was and that the home operated an "open door" policy and that they would talk to her or the provider about any concerns or complaints that they may have. The provider's complaints procedure included a system to provide a response to the complainant if complaints were made. The registered manager told us that they tried to respond quickly to any concerns raised. The registered manager assured us they were open and transparent to concerns and complaints and strived to work with people to get the care right.

Staff had training in supporting people who were receiving end of life care. We could see that where people had instructions regarding their wishes about resuscitation (DNACPR) these were signed and in people's care records. Where people had not wanted to discuss end of life care and planning this was documented in care plans, with a date for review. The registered manager told us that members of staff and residents had recently attended the funeral of one of the people at the home, and that the registered manager was still supporting people particularly affected by the death.

There was a self-contained flat in the grounds of the home for the use of relatives of people who were nearing the end of their life. Relatives that we spoke with were positive about this. The provider told us how this enabled people to have family gatherings without disrupting other people in the home.

Good

Is the service well-led?

Our findings

At our previous inspection in September 2017, we found the service was not always well led, and audits had not always identified risks to people's safety within the home, and was rated as requires improvement. At this inspection we found there had been improvement in the carrying out and responding to audits and the rating has now changed to "Good"

At the time of inspection there was a registered manager in post. They had been the registered manager of the service since 2010 so provided continuity of management of the service.

The registered manager worked in partnership with a range of other agencies to meet people's needs and we saw evidence of where there was ongoing engagement with health professionals. The provider had notified us of events that occurred at the service and had also liaised with the local authority and commissioners to ensure they shared important information to better support people.

The registered manager had a system of audits and quality assurance measures in place and these identified things to be improved which were acted upon. Care plans had been reviewed and updated appropriately and staff and people were involved in this process. Medicines audits were undertaken and an annual audit from the community provider had recently been carried out, although the report was not available at the time of the inspection we were told that no significant problems had been identified.
We could see there was engagement from the registered manager with the people that used the service on areas of the service that they wanted improving. This information was obtained through residents committee meetings, Quality Assurance surveys and the manager also had an "open door policy" enabling people to talk to them at any time through the day.

The registered manager said they felt supported by the provider who was present at the home during our inspection. People were aware of who the provider was. Staff told us they felt that the registered manager and the provider made them feel valued and supported. We could see that the registered manager had a good rapport with the staff and had an open-door policy to be accessible to staff when they needed support or supervision, staff told us, "We are like one family" and "(provider) likes to be telephoned about problems (in the absence of the registered manager)".

The registered manager told us the service aims to provide person centred care, and this was seen in care plans and the provision of activities for people. The registered manager had conversations with people about events that had recently happened and asked people about things personal to them, telling us that they encouraged staff to sit and talk with people during quieter periods of the day.

The engagement and opinions of staff, people and relatives was sought through quarterly meetings, and an annual quality assurance survey. Changes were made in response to these, with one change being the use of food moulds for people with modified diets.

The registered manager told us the home has local engagement with a school and had pupil volunteers to

spend time and assist people in the home. The registered manager told us how this exposure for younger people promoted a respect and interest in older people. The home participated in a national scheme to provide a meal for people who would be alone on Christmas day, and is visited by the travelling library, but people also visit the local library if they would like to.

We were told plans for the home included the introduction of electronic record keeping systems, and using technology to aid in reminiscence therapy, the development of a "coffee shop" for people and relatives, a sensory room, and a tea room in the grounds. There was a plan for updating the décor of the home, and for staff to receive enhanced training in supporting people with dementia.

The registered manager and provider clearly aspired to provide the very best care available, but they acknowledged that there were areas to improve upon. They told us that following this inspection they would be developing the roles of the key workers so that they were more integral to people's individual social and health care needs. They were also going to review the way that important information regarding changes in people's behaviour or medical and physical needs were captured and shared to the wider team.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed their rating both in the home and on the website which provides information about their services and links to their latest CQC rating.