

## Coverage Care Services Limited

# Innage Grange

### 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 

#### Overall summary

The inspection visit took place on 7 July 2015 and was unannounced.

Innage Grange is registered to provide care for up to 83 people some of whom may be living with dementia. There were 81 people living at the home on the day of our inspection.

A registered manager was in post in 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.

People who lived at the home, relatives and friends told us they felt safe and secure with staff to support them. We found people's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

Staffing levels and the skill mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been carried out through a thorough process. We found all checks that were required had been completed prior to staff commencing work.

# Summary of findings

Medication was dispensed and administered in a safe manner. We saw that staff dealt with one person at a time to minimise risks associated with this process. Staff had received formal training to ensure they were confident and competent to give people their medicines.

People and their relatives told us they were happy with the variety and choice of meals available to them. Regular snacks and drinks were available between meals to ensure they received adequate nutrition and hydration

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives and visitors we spoke with told us they were always made welcome when they visited their loved ones.

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were important to people were detailed, so that staff could

provide care to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted.

Staff were seen to organise activities designed to stimulate people living with dementia. People participated willingly and enjoyed the fun. People we spoke with told us they enjoyed activities with the staff.

We found a number of audits were in place to monitor quality assurance. Records demonstrated identified issues were acted upon in order to make improvements. The registered manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

# Summary of findings

## 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.

There were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse. Staff had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments of risks to people were undertaken. Written plans were in place to manage these risks.

There was a safe system in place for the management of people's medicines.

Good



### Is the service effective?

The service was effective.

People who lived at the home were supported by effectively trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place to protect people's rights.

Staff identified the risks associated with poor nutrition and hydration and provided a nutritious and balanced diet.

The registered manager and staff ensured people were able to access specialist support and guidance when needed.

Good



### Is the service caring?

The service was caring.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff provided support to people in a kind, dignified way. Staff were patient when interacting with people and their wishes were respected.

Staff treated people with patience, care and respected their privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements.

Staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments or concerns straight away.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was clear leadership at the service. The registered manager understood their legal responsibilities for meeting the requirements of the law.

A range of audits was in place to monitor the health, safety and welfare of staff and people who lived at the home.

The registered manager was open and approachable and demonstrated a good knowledge of the people who lived at the home.

# Innage Grange

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating. This inspection was carried out by two inspectors and one expert by experience on 7 July 2015 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We reviewed information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted health care professionals and commissioners of care for their views.

During the inspection we spoke with 15 people who lived at the home, ten members of care staff, the registered manager, deputy manager and duty managers. We viewed four people's care files, two staff files, management quality reports and medication records. We used the 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.

# Is the service safe?

## Our findings

People we spoke with, who were able to communicate with us, told us they felt safe at the home and were cared for by competent staff. One person said, "The staff know us well and I feel safe here." A visiting friend said, "All the girls are good it's a safe place for our friend to be."

We observed throughout the day that staff were around when required to support people safely with personal needs. For example people were free to move around the building and when one requested help to the bathroom staff were on hand to support the person. We saw that call bells were positioned in rooms close to hand so people were able to summon help when they needed to. We observed people did not have to wait long when they pressed the call bell for assistance. One person who lived at the home said, "I never have to wait long if I need someone."

All of the staff we spoke with during the day told us they thought there were sufficient staff on duty to meet people's needs. They felt they had time to support people on a one to one basis if required and we saw this in practice. One person was assisted to walk around the home by a member of staff. The staff member chatted to the person and went at their pace. The registered manager described how staffing levels were constantly reviewed to meet the changing needs of people.

Staff we spoke with were knowledgeable about the signs of abuse and clear about the actions they would take if they witnessed anything they felt concerned about. One member of staff said, "I would report anything I saw suspicious in terms of abuse to the manager." Staff informed us they had regular updates of training in safeguarding adults. The provider information return confirmed staff had received related information to ensure they had the knowledge and understanding to safeguard people.

People lived in a safe environment. Risks were identified and individual written plans were in place to guide staff to

help keep people safe while maintaining their independence. Records showed that staff had assessed risks to people, considered options of using special equipment and referred to professionals for their advice. This reduced the risk of falls and accidents. Equipment used by people, such as a hoist, was tested regularly to make sure it was working properly. The home had clear emergency procedures in place in the event of a fire or for if the home had to be evacuated for any other reason. Fire alarms and call bells were also tested routinely to make sure they were in good working order to keep people safe.

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by staff following incidents that had happened. For example, if someone had a fall a brief description of when and how the incident occurred would be recorded. This would be followed by the action taken and what was agreed to reduce the risk of it happening again.

Safe recruitment and selection processes were in place to ensure that staff were suitable to work with people living in the service. We looked at the files of recently employed staff. Appropriate checks had been undertaken before they had started working there. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references.

People were satisfied with the way the service managed their medicines. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. We saw that staff checked each person's medicines with their individual records before administering them so as to make sure people got the right medicines. Where medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. Some people required medicines to be disguised in food to ensure that they remained in optimum health. This process had been discussed and recorded that it was in the best interests of the individual.

# Is the service effective?

## Our findings

One person told us, "(Staff member) is a wonderful nurse. Staff know what they are doing here and their help is always appreciated and it helps me to remain as mobile as possible." People were supported by staff who had received training and supervision for their role. Staff told us that they received the training and support they needed to do their job well. We saw that new staff members were required to complete an induction programme and were not permitted to work alone until they had completed basic training. Staff said they were supported by regular supervision meetings with senior staff during which their performance was reviewed and discussed. We saw from training records that staff had received training in all areas which were important in their role. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs.

People were asked for their consent before care and support were given. We observed staff asking people throughout the day before assisting them with tasks such as where they would like to sit or eat and when supporting people to transfer. We saw that where they were able, people had signed their agreement to their care plan.

People were supported to make decisions. These decisions included Do Not Attempt Resuscitation (DNAR) and records showed that relevant people, such as relatives, lasting power of attorney and other professionals, had been involved. The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of these. Mental capacity assessments had been completed where considered as required. There were some DoLS authorisations in place. The registered manager had assessed more people and made applications to the local authority in relation to DoLS to ensure people's human rights were protected.

People told us they enjoyed the food and were given a good choice of meals and drinks. We observed some people still having breakfast later in the morning because they liked it that way and their preference was

accommodated. Some people were enjoying a bacon sandwich, some egg, some toast and cereal. One person said, "The food is so good, there is plenty of it and we are always offered a choice. There are plenty of drinks available." Another said, the food is OK but it does depend on who's in the kitchen – I like a baked potato but the other day they had run out so (staff) offered me a cheese omelette – it was absolutely lovely – best thing I have eaten in a long time. I am going to have another one." We saw people were supported to have sufficient to eat and drink. Staff explained to people about the food that was available, encouraged them to try the dishes and reassured them that, should they not like it, they could always have something else. People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP, speech and language therapist and dietician as needed. The menus were visible and each one carried a food intolerance warning.

People told us their health care needs were well supported. One person said, "They do take note when you're not well and listen to you and they get the doctor for you. I have the chiropodist who comes regularly." Another person told us, "Staff give me the help I need and get the GP if I need them." This meant that people had their health care needs met in a timely fashion. People's care records demonstrated that staff sought advice and support for people from relevant professionals. Outcomes of visits were recorded and reflected within the plan of care so that all staff had clear information on how to meet people's health care needs.

The building was adapted for people with a physical disability. For example, the home had lifts and hand rails around the premises. There were assisted baths, showers and raised toilet seats to further enhance people's independence. Toilets and bathroom doors were signed to help people use the toilet independently if they could. Each lounge area had a secure garden leading off it. This enabled those people living with dementia who liked to walk about and go outside to do so safely.

# Is the service caring?

## Our findings

People told us they were well looked after by the staff. One person said, “I am very happy and very comfortable and cared for thank-you.” Another person said, “I’m very happy with the care here, have been here a few years, am jogging along at my pace, the food is quite good and the girls are great.”

We saw that there was a good staff presence around the home. Staff were patient and spent time with people in the communal areas, chatting with people and taking part in a game. People were happy to join in. Staff knew people well and used their knowledge of people’s backgrounds to engage with people.

We observed lunch and saw that people who required assistance had the full attention of the staff to assist them to eat their meal. We saw as people were eating they engaged in conversation and enjoyed the social aspect of dining together.

There was no one living at the home who had any particular cultural or religious requirements. We saw that activities included visits from church clergy. Staff had accommodated a person’s wishes to have a pet with them in the home.

People told us that their privacy and dignity was respected. We saw one staff knock on a bedroom door and waited for an answer. People we spoke with confirmed this always happened, one person said, “The staff are very polite, they’ll knock before they come in and if I don’t answer straight away, they’ll knock again. They don’t just come straight in.”



# Is the service responsive?

## Our findings

People told us the staff were good at asking for their views and listening to what they wanted. They said that concerns were dealt with as they arose. People and their families were given information about how to complain. Details of the complaints procedure were displayed in the home. The provider had received complaints and these had been recorded with the action taken to address the issues.

People who wished to move into the home had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. They made decisions about any new admissions by balancing the needs of the people already living in the home.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans. However, when specific consent was required the staff ensured only people who

had the power to do so were involved. People told us the registered manager would regularly talk to them about their care. Staff told us they found the care plans useful and we saw that they wrote in them during their shift.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at Innage Grange. Staff were able to tell us information about how people liked to be supported and what was important to them. There were some people living in the home who could become anxious or distressed. Staff were aware of how to manage these behaviours and were confident about how to respond to meet people's needs.

Several people had been asleep for a time after getting up. Other people had sat in the lounge with the TV on, knitting or listening to the radio. We saw staff spend one-to-one time with individuals other than to assist with care or manage their requests for help. For example, we saw a person and a volunteer dancing in the hallway. People were supported to maintain contact with friends and family. Staff facilitated a different organised activity each day. The staff were in the process of opening up a cafeteria in the entrance area and a person who used the service was very involved in its development and was helping to make the bunting.

# Is the service well-led?

## Our findings

People told us that they felt the service was well led and managed. One person said, "We hold this home in high regard, we have got to know the manager and are very pleased with the service." Another person said, "They have done a good job here, I feel the service has a good reputation."

There was a registered manager in post who knew the service and the staff well. The registered manager was supported by an operations manager and senior members of staff. It was clear from our discussions with the registered manager and from our observations that all staff were clear about their roles and responsibilities. The registered manager had kept their knowledge up to date, for example they were aware of changes to current guidance such as in relation to protecting people's rights.

There was an open and supportive culture in the service. Staff told us that the management team were

approachable and supportive. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. An action plan was available in response to feedback from staff.

People had the opportunity to be involved in the way the service was run. People and their visitors told us that they had opportunity to take part in meetings, express their views and be listened to.

Clear and effective quality assurance systems were in place. We looked at records relating to some of the systems and found that a range of checks and audits took place within the service. Information was reported to the operations manager each month such as in relation to falls, accidents and complaints. These were then analysed to identify any patterns so that action could be taken for improvement. The operations manager visited the home regularly to check on the safety and quality of the service and to review any actions from previous visits. Required actions were routinely completed to ensure continual improvements to the service for people.