Goring Care Homes Limited

The Grange

Inspection report

Grange Close
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Date of inspection visit:
03 May 2017

Date of publication:
17 May 2017

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

The inspection took place on 3 May 2017 and was unannounced. The Grange is a care home providing personal care for up to 34 people. On the day of our inspection there were 33 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection on 5 April 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found improvements had been made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible in line with the principles of the Mental Capacity Act 2005 (MCA). Staff supported people to be involved in decisions about their care and ensured people understood the choices available to them.

The provider had introduced effective systems to monitor and improve the quality of the service. Feedback was sought from people and was used to improve the service.

There was a calm and pleasant atmosphere throughout the inspection with people enjoying caring interactions with staff and management. The management team promoted a caring culture that valued people as individuals.

People were positive about their experience of living at the Grange and were involved in all aspects of their care. People's nutritional needs were met and people were complimentary about the food they received.

Medicines were managed safely and people received their medicines as prescribed. There were plans in place to manage risks identified through risk assessments. Plans included the promotion of positive risk taking to improve people's health and well-being.

There were sufficient staff with the appropriate skills and knowledge to meet people's needs. Staff were well supported and had a caring approach to their work.

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.

People were supported to take risks and care plans identified how risks were managed.

Medicines were managed safely and people were supported to administer their own medicines.

There were safe recruitment systems in place to ensure staff were of good character and safe to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People's rights were respected by staff who understood their responsibilities in relation to the Mental Capacity Act 2005.

Staff were supported through regular supervision and annual appraisals.

People were positive about the food they received. People received food and drink to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and considerate.

People were involved in decisions about their care and their choices were respected.

Staff knew people well and had developed caring relationships.

Is the service responsive?

Good

The service was responsive.

People received personalised care that valued them as individuals.

People's changing needs were responded to ensure needs were met.

The provider had a complaints policy in place. People and their realtives were confident to raise concerns.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor and improve the service.

There was an open and honest culture that was promoted by the management team and staff.

The registered manager was responsive to suggestions for improvement made by people, relatives and staff.

The 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 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 inspection took place on 3 May 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, 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.

Prior to the inspection we looked at information we held about the service. This included notifications the provider had submitted to CQC. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we observed care practice throughout the service. 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 spoke with 15 people, four relatives and one visiting health professional. We also spoke with the registered manager, the deputy manager, one team leader, three care staff and a member of the ancillary staff.

We looked at five people's care records, four staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our inspection on 5 April 2016 we found that medicines were not always administered in line with good practice guidance or the provider's medicines policy. At this inspection we found that improvements had been made. We observed staff administering medicines. Staff checked people's prescribed medicines against the medicines administration record (MAR) for each person. The person was then supported to take their medicines. Once the member of staff had observed the person take the medicines they then signed the MAR to confirm the medicines had been administered.

Medicines were managed safely. Medicines were stored in a secure room in a locked trolley. Temperatures of the medicine room and refrigerator were monitored and recorded to ensure medicines were stored at the correct temperature to ensure the medicine was effective.

People's MAR contained photographs, allergies and details of all prescribed medicines. Where there were specific instructions for medicines these were available and staff were aware of the instructions. Records relating to medicines that were prescribed 'as required' (PRN) included PRN protocols detailing the dose of the medicine and the indicators staff should look for to determine if the person required the medicine. Where people were able to tell staff if they required PRN medicine we heard staff asking people if it was needed. For example, one person was prescribed pain relief on a PRN basis. The member of staff asked the person if they were in pain and offered the medicine when they responded that they were.

People were able to self-administer their medicines. A risk assessment was completed to ensure the risk to the person and others was managed. The risk assessment was regularly reviewed with the person to ensure they were still confident to manage their medicine. For example, one person was administering their own medicines when they moved into the home. At a review the person felt they were getting confused about taking their medicines and requested that staff administer them. We saw this was now happening.

Staff responsible for administering medicines completed training and had their competency assessed before administering medicines unsupervised.

People felt safe living in the home. One person told us, "Yes, I'm comfortable and I certainly feel safe here''. Relatives were equally confident people were safe. One relative said, "[Person] is undoubtedly safe here''.

People were supported by staff who understood their responsibilities to identify and report any concerns relating to abuse. One member of staff said, "I would raise with any of the senior staff. I am definitely confident to raise concerns. I know I would do something. I could go to the local safeguarding team if I thought [registered manager] wasn't responsive".

Records showed the registered manager raised safeguarding concerns appropriately and carried out investigations to ensure all appropriate action was taken to keep people safe.

People's care plans included risk assessments and plans to ensure risks were managed. Risk assessments

included risks associated with: nutrition; pressure damage; medicines and behaviour. Positive risk taking was supported to enable people to maintain their independence and improve their well-being. For example, one person who was living with dementia enjoyed going for walks in the local village. The person's care plan stated, "[Person] will let us know when going out and has agreed to carry a card with the home's address on it".

People felt there were sufficient staff to meet their needs. One person told us their call bell was always answered promptly. They said, "Three minutes at most, without fail''.

Staff told us there were sufficient staff. Staff comments included; "Staffing is fine. We have enough staff. We have time to chat with people" and "Staffing levels are OK. I've never been put in a situation where I needed help and I couldn't get it".

Throughout the inspection we saw staff were responsive to people's requests for support. People were not rushed and staff had time to sit and speak with people.

Staff files showed the provider had recruitment processes in place to ensure staff were suitable to work with vulnerable people. Checks carried out included references and a Disclosure and Barring System check (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People's care plans included personal emergency evacuation plans (PEEP) to ensure people were safe in the event of an emergency. Equipment and environmental checks were carried out to monitor the safety and security of the service.

Good

Is the service effective?

Our findings

At our inspection on 5 April 2016 we found people were not supported in line with the principles of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

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.

Staff had completed training in relation to MCA and understood how to support people in line with the principles of the act. One member of staff told us, "We have to do things in their best interest". Staff were able to give examples of how they would maximise people's capacity and use their knowledge of people to offer choices and ensure people's rights were protected.

People's care records included capacity assessments to identify whether people were able to consent to the support required to ensure their care needs were met. Where people were assessed as lacking capacity to consent, we saw that a best interest process had been followed. For example, one person had been assessed as lacking capacity to consent to taking their medicines. The person's GP, family members and the pharmacist had been involved in a best interest decision to administer the medicines covertly if the person declined to take them when offered. Covert administration of medicines means the medicine is given in a disguised form. We saw staff offer the person their medicines several times and in different ways before considering whether the medicines should be given using the covert method. This ensured people were supported in the least restrictive way.

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 the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made two applications for DoLS and understood their responsibility to monitor the deprivation to ensure it was the least restrictive and in the person's best interest.

People were confident staff had the skills to carry out their roles. One person told us, "I receive good and reliable care".

New staff completed an induction which included shadowing more experienced staff, attending training and completing workbooks. Staff completed regular updates of training which included: safeguarding, moving and handling, fire, infection control medicines and dementia care to ensure their skills and knowledge were up to date. Staff were encouraged to access development opportunities and complete vocational qualifications in health and social care. One member of staff told us, "I have started my level 2 (vocational qualification) and I see my assessor monthly in the work place. I am given time to do the work".

Staff felt well supported through regular supervisions and an annual appraisal. One member of staff said, "Supervisions are really useful. I can reflect on how I'm working and I get feedback from other staff".

People were complimentary about the food. Comments included: "Food very good"; "Food is always hot"; "Food is very good. I get plenty" and "The menu is always varied and I always look forward to meals".

Where people had specific dietary requirement this was recorded in their care plan and we saw people received food and drink to meet their nutritional needs. For example, one person's care plan stated the person required a soft diet. We saw the person being supported to eat a meal of the correct consistency.

Care plans identified where people were at risk of weight loss and what action was being taken to address the risk. For example, one person was extremely unwell and was reluctant to eat. The care plan detailed the person required fortified drinks and had been recently updated to include that the person enjoyed ice cream. All staff we spoke with knew the person liked ice cream and offered it to them whenever they were awake.

People were supported to access health professionals when needed. Care records showed people had been visited by various health professionals which included: G.P; Care Home Support Service; District Nurse and chiropodist. The GP visited the home on a weekly basis to see people identified as requiring a visit. This ensured people's health needs were regularly monitored.

Good

Is the service caring?

Our findings

People felt well cared for by staff who were gentle and considerate. Comments included: "Staff are very good"; "Staff are all good and absolutely doesn't matter whether they are male or female they look after me thoroughly"; "Everyone looks after us, even at night. They look regularly in here, I hear the door latch quietly'' and "They're wonderful staff".

Staff had a compassionate approach and spoke with kindness when speaking with and about people. One member of staff told us, "I love working with the elderly. It's very rewarding. I've built some lovely relationships. They've had such interesting lives".

Staff knew people well and spent time talking with them about family visits and events they had enjoyed. Staff understood how to reassure and comfort people when they became anxious. For example, one person was being supported to go to the dining room for lunch. The person decided they did not want to go into the dining room and started to become anxious. The member of staff immediately made some suggestions about where else the person could eat and supported the person to choose. The person settled in another area of the home and the member of staff found a table so the person could be comfortable when eating. The person settled happily to eat their meal.

There was a cheerful relaxed atmosphere throughout the day. People and staff interacted in a positive way with much laughter and banter. People were comfortable with all staff and responded well to the interactions.

People were treated with dignity and respect. For example, two staff were supporting a person who required a hoist to transfer to their chair. The staff explained what they were doing in a calm and discreet manner. They made sure the person was comfortable and reassured at every stage of the transfer, ensuring the person's dignity was protected throughout the move. Once the person was sat in the chair a member of staff knelt down to check they were comfortable, using touch to reassure the person. The person smiled in response.

People were involved in all decisions about their care and their choices were respected. For example, people were offered a choice of food, where they wished to spend their day and whether they wished to be involved in activities. People told us they felt their views had been listened to.
Relatives told us they had been fully involved in the development of care plans and felt included in decisions being made.

The service supported people at the end of their life if they wished to remain at the service. Care plans identified people's wishes for their end of life care and whether they wished to be admitted to hospital.

Good

Is the service responsive?

Our findings

People were assessed prior to moving into the service to ensure their care needs could be met. The assessments were used to develop care plans that gave staff the information and guidance to meet people's needs.

Care plans included details of people's needs associated with: nutrition; mobility; social activity; culture and communication. Staff were knowledgeable about people's needs and felt care plans had sufficient information to enable them to support people effectively. One member of staff told us, "Care plans have enough information and I have time to read them".

Care plans were personalised and included information about people's histories, likes, dislikes and what was important to them. For example, one person's care plan detailed they liked to wear high heeled shoes. The care plan showed the importance to the person's well-being of being able to wear their shoes and included a risk assessment associated with falls. We spoke to staff who knew about the person's wishes relating to their shoes. Staff explained how they encouraged the person to wear slippers when in the service and supported them to wear their high heel shoes when taking a walk around the grounds. We spoke with the person who was pleased to be able to go out in their shoes. The person smiled when asked about going out and said, "I like to have a little walk. I can go out".

The service was responsive to people's changing needs. One relative told us the service had taken action to minimise the risk of falls for the person by introducing a pressure mat and rearranging the furniture in their room. A health professional told us, "This is a good home. If there are any concerns they will always ring me".

The service was responsive to people's changing health needs. During the inspection a person was taken seriously ill. Staff responded immediately, calling the emergency services. The registered manager ensured the person was being cared for and all the information was available for the emergency services. The person's relatives were contacted and informed the person was being taken to hospital.

People had access to some activities. A volunteer came into the service once a week and engaged people in arts and craft activity. A community knitting group visited the home weekly and people were encouraged to participate. There were various visitors who provided activities, this included musicians and a Pets as Therapy (PAT) dog. Staff were responsible for providing activities on a daily basis. Group activities were arranged in the afternoon and on the day of the inspection a word game was taking place in one of the communal areas. One member of staff told us, "We try to do something between 2.00 and 4.00 in the afternoon but people are often sleepy then. It would be nice to go out but it is sometimes difficult to have the time. We do try and take people into the garden or to the local coffee shop".

We spoke to the registered manager about the activities provided in the service. The registered manager had recognised this was an area for improvement and was developing an action plan to improve the provision of activities.

Relatives concerns were taken seriously and steps taken to resolve issues. For example, on the day of the inspection a health professional had been visiting a person to complete an assessment. The service had arranged for the person's family to attend the assessment as they were concerned about the progress the person was making since a hospital admission. The health professional told us this had been extremely useful as they were able to discuss the families concerns with them and reassure them of the person's progress.

The provider had a complaints policy and procedure in place. People and relatives were confident to raise concerns and felt timely action would be taken to resolve any issues. Complaints records showed the provider had received two complaints since the last inspection. The complaints had been responded to in line with the provider's policy and to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

At our inspection on 5 April 2016 we found systems to monitor and improve the quality of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

The provider had employed an external auditor. A comprehensive audit had been completed of all areas of service provision and a detailed action plan developed to address issues identified. For example, an audit of care plans had identified that care plans did not always contain information relating to whether people had representatives with legal authority to act on their behalf if they lacked capacity to make decisions. This information was in the care plans we looked at during the inspection.

The provider had carried out a recent survey of people and relatives views of the service. The results of the survey had been used to improve the service. For example, people had made comments about the food. A meeting had been held and people made requests for items they would like added to the menu. As a result people were now offered a salad option for lunch. On the day of our inspection this was a popular option and people enjoyed the meal.

Regular meetings had been arranged for people and their relatives. Records of a recent meeting showed people had made suggestions about activities; these were being considered by the registered manager. People we spoke with were aware of the meetings and were encouraged to attend.

The registered manager had introduced a newsletter which was produced every three months. The most recent newsletter was displayed throughout the home. It contained information relating to a recent change to the GP supporting people living at the service, a list of upcoming activities, the plans to develop an activities programme and the outcome of the satisfaction survey.

People were positive about living at The Grange. Comments included: "I like it here very much"; "The atmosphere is very nice"; "Lovely here"; "It's very nice here and I would recommend it" and "Top marks, I'd give 10 out of 10".

Staff enjoyed working at the service and felt well supported by the management team. Staff comments included: "It's lovely here. Staff are friendly. Management are understanding and always available if you need any help or support. I'm very well supported there is always someone to talk to"; "If I'm not happy I can go to any of the team leaders. I am encouraged to raise issues and never made to feel a nuisance. It's very refreshing" and "Staff are lovely here. We work as a team and we are all comfortable to go to [registered manager]".

Staff told us there was effective communication. For example, staff told us there were daily handovers to ensure staff were aware of any changes both within the service and relating to people's needs. There were regular staff meetings where staff were encouraged to have input into the service development. For example, records of a recent team meeting showed staff had been asked for their input into the plans to

improve activities for people.

The management team promoted a caring culture and had recently worked with staff to develop a vision statement for the organisation. By involving the staff the management team recognised staff would embrace the vision and be engaged in working to it.

Accidents and incidents were reported, recorded and monitored. Action was taken to reduce the risk of further occurrences. For example, one person had experienced a fall. The person had been referred to the Care Home Support Service (CHSS) and their GP.