

Coverage Care Services Limited

Innage Grange

Inspection report

Innage Lane
Bridgnorth
Shropshire
WV16 4HN

Tel: 01746762112

Website: www.coveragecareservices.co.uk

Date of inspection visit:
12 July 2017

Date of publication:
11 August 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

Innage Grange is a service which provides accommodation with nursing and personal care for up to 80 people. Some people may be living with dementia. There were 77 people living at the home on the day of our inspection.

Rating at last inspection

At the last inspection, in July 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People continued to receive care which protected them from harm and abuse. Staff supported people safely, monitored risks to their safety and were available when people needed support. People's medicines were managed and stored in a safe way, and they were given their medicines when they needed them.

Staff received training to give them the skills and knowledge they needed to meet people's needs. These skills were refreshed through regular training, Staff were supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff.

People were supported by staff who knew them well and had caring relationships with them. People felt involved in their own care and staff and managers listened to what they wanted. Staff respected people's privacy and dignity when they supported them.

People received care and support that was individual to them. Their support needs were kept under review and staff responded when there were changes in these needs.

People were able to give feedback and make complaints about the care and support they received. They also had opportunities to make suggestions for improvements at the home and these were listened to.

The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below.

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 remains good.

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 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 was a comprehensive inspection, which took place on 12 July 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law.

We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

We spoke with ten people who lived at the home. We also spoke with four care workers, a duty manager, the deputy manager and the operations and performance manager. We viewed four people's care and medicine records. We also viewed other records relating to the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

People continued to be protected from abuse and discrimination. Everyone we spoke with told us they felt safe living at Innage Grange and with the staff that supported them. One person said, "There is no wait at all. I have never used the bell, because the staff are there." Another said, "I just feel safe. You have got your alarm here. I have had to ring it; mostly I call the night staff. They come as quickly as possible. It takes a minute or two for them. They will do anything for you." A relative said, "I think it is brilliant here. I have got piece of mind. They will phone me and get in touch if there is a problem. I can go away with piece of mind." Staff had received training in how to keep people safe and protect them from abuse and discrimination. They understood how to respond to concerns and who to contact to ensure people remained safe. The registered manager understood their responsibilities in reporting and dealing with concerns. Our records showed that where an allegation of abuse had been reported the registered manager took the appropriate action. They followed local authority safeguarding procedures and notified CQC as required.

A relative told us, "(Person) has had several falls. The last one was last year. They caught their frame in the doorway. Staff changed the frame. Staff will always come to ask how (person) is doing. They will come out of the kitchen to ask if (person) is okay." Risks to people continued to be managed in a way that protected them and kept them safe from harm. The support people needed was provided in a way that enabled them to live their lives safely and maintain their independence. Clear plans were in place to ensure people were protected from risk both within the home and when out in the community. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe.

People were supported safely and their needs met by sufficient numbers of staff. People told us there were always staff around to help them when they needed it. Staff told us the registered manager checked regularly to ensure there was enough staff and that staffing in parts of the home had been increased. Staff and managers worked flexibly to ensure people attended pre-arranged appointments and social engagements.

We spoke with one staff member about the checks the provider had completed before they started work. They confirmed the provider had requested their previous employers to provide references for them. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people who lived at the home. These checks are called disclosure and barring service checks.

One person said, "The carers give my medicines to me. I am very happy with that. They are very good and as far as I am aware they have never run out. They know what I need." People's medicines continued to be managed safely. One person told us they knew what medicine they needed and that staff gave them their tablets at the same time each day. We saw people received their medicine safely and staff checked they were happy to take them. Staff checked each person's medicines with their individual electronic records before administering them and records were completed correctly. Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

Is the service effective?

Our findings

People continued to receive helpful care and support from staff who had the skills and knowledge to meet their needs. People told us they thought staff knew what they were doing and that they understood how to support them. Staff told us they received training and support that was specific to the people they supported and their individual needs. They had received training, which helped them to understand and support people with their dementia and medical needs. Staff told us they had plenty of opportunities to attend training and understood how developing their skills benefitted people living at the home. One staff member said, "We learn every day. People can change daily. We notice changes and the training helps us to respond properly."

Staff told us they had opportunities to reflect on their practice and debriefs after incidents through regular one to one meetings with managers. They told us that during these meetings they received feedback on their practice and discussed their training requirements.

Staff assisted people to make their own decisions and were helped to do so when needed. When people lacked mental capacity to take particular decisions, staff took the required action to protect people's rights and ensure people received the care and support they needed. People told us and we saw that staff ensured they had people's permission before they supported them with anything. Staff understood the importance of obtaining people's consent. The managers understood their responsibilities in monitoring people's ability to give informed consent.

One person told us, "They give me lots to drinks. I have to drink extra, because of having a water infection. I get loads to drink." Another said, "The food is very nice, very good. It's lovely." A third person commented, "The food is excellent now. There is a new cook. I always say it depends who's in the kitchen. We had shepherd's pie on Monday. It was the best shepherd's pie I have ever had. There are menus on the table. The menu gets changed every day. After breakfast they ask us what we want for lunch. You can choose something different. You can have an omelette, plain or cheese. You can have a jacket potato." People had access to sufficient food and drink. People told us they could choose what they wanted to eat each day even though there was a menu planned. They also told us they were able to purchase and keep snacks in their rooms. We saw people had access to fresh fruit and drinks. Some people required special diets, which staff were aware of. They told us everyone was encouraged to eat a well-balanced diet.

One person said, "I have been to the dentist in town." Another said, "Doctors usually come on Mondays, but they are coming on Thursday this week. I saw the doctor about six weeks ago. I have a bit of an ulcer on my leg. It is healing now. The carers spotted it and called in the doctors." A third said, "I have seen a doctor and the optician. A few weeks ago I had new glasses. The (staff name) took me down. They are ever so good at things like that. The staff took me in the wheelchair to get my ears checked." People continued to be supported by staff to maintain good health. They had access to healthcare services when they needed them, such as district nurse, chiropodist and community mental health team. Referrals were made in a timely manner. Staff supported people to visit their doctors, consultants and other professionals and their on-going medical conditions, such as diabetes, were monitored appropriately.

Is the service caring?

Our findings

One relative said, "There are certain people who know (person) really well. They are really good to (person). They wait for (care workers' name) to give them a bath, and (care workers name) gives them a wet shave, which they really like. They are very well trained. They are professional and down to earth. They are marvellous." Another person said, "They give me a bath. They see to my tablets. They bath me on Thursday mornings. (Care worker's name) is here to do that for me. I am not embarrassed at all, I am sure they always look to make sure that I am okay. You don't think about it, it's normal. We have a laugh and a joke." People continued to be supported by staff they had positive relationships with. One person said, "I asked to come here. I was having trouble at night when I was home. I have been coming here on and off for four years on respite. I loved it. So I decided to come back as a resident for nearly two years. It is as good as it was when I was here on respite." A relative said, "I never worry when I go away. I have just been away for a few days and I know (person) is being cared for." We saw that people were treated with kindness and the staff knew each person, their personal histories and interests well.

People were comfortable around staff and there was a mixture of smiles, laughter and seriousness between them when they spent time together. People expressed their wishes and opinions about the care and support they wanted and needed. They told us they felt they were listened to by staff and they felt involved in their own care.

One person said, "They (staff) lift me up into the bath. I couldn't have a bath at home so it is nice to have a bath now. I am going to have a bath on Thursday. They help me get dressed. They ask me what I would like to wear today. I got dressed myself today." Another said, "One of the carers knows I like my fluffy bed socks on at night and she makes sure I have them on. She knows I can't sleep without them on. So she makes sure that I have them on. She does that for me. That is love." Staff respected people's wishes, dignity and privacy.

The provider had applied for the Gold Standard Framework (GSF) accreditation and was awaiting an assessment to determine the outcome. The GSF is an accreditation in high quality end of life care. This demonstrated the provider focused on quality standards which were recognised as offering a high level of palliative and end of life care for people.

Is the service responsive?

Our findings

One person told us, "I made myself a cup of tea the other day. I like to do things if I can. I don't want to give in." Another said, "I have my hair done. That's today; I am just waiting my turn. I have a good chat about everything. (Person) is my best friend here. I am not interested in the TV at all. I like singing, that's a comfort to me. I like sewing and knitting. I can't get to the church, but there are church services in the big lounge. They hold them on Thursday once a month." People continued to receive care and support that was individual to them. All the people we spoke with told us they enjoyed living at Innage Grange, because they were supported in the way they wanted to be. Staff asked them about how they wished to be supported to meet their personal and social care needs. People told us that staff knew them and their wishes. Staff encouraged people to maintain their interests and links with their local community.

We saw there was involvement with people and their families in a variety of past times and hobbies. The Innage Grange committee was an initiative that had been responsible for generating funds so that items could be purchased to enhance the lives of people living with dementia. For example, a juke box and sensory lights had been bought. A shop used to be provided at the home and this had been restarted and was run by people who used the service. People told us they really enjoyed this as going to the shop had always been a routine thing they did in their lives before living at Innage Grange. People also joined in a gardening club that was run by people at the home. One person told us, "I enjoy the garden club and growing the vegetables." Visitors and their pets had been actively encouraged to come into the home whom everyone enjoyed seeing and fussing over.

A person told us, "I have a care plan review every month, they ask you different questions. When I came to the home, when you first come, two of them greet you in." A relative told us, "I sign the care plan now and again. I think it is about every month. The (deputy manager) reviews it." Where people's needs changed staff took action to make sure people still received personalised care. People, staff and healthcare professionals were involved in reviewing people's needs.

People told us if they had any complaints or concerns they would speak up and let staff know. One person said, "There is nothing to complain about. If I was unhappy they would know it. You more or less do what you want when you want." People were encouraged to give their opinions on the care and support they received and told us they were listened to. There was a complaints procedure in place, which people had access to, although they preferred to speak directly with staff and managers. Staff told us the one to one time they spent with people was an opportunity for them to express their opinions about their experience of the support they received.

Is the service well-led?

Our findings

One person told us, "One or two families walked through the dining room while we were having our tea. Not a word of an apology. They had been visiting someone on another unit. Not one of them said 'excuse me'. We told the manager about it. He listened to us at the unit meeting and he has sorted it." Another person said, "I spoke to the manager about the smoking. It used to be on the other side of the car park. He moved it here in the garden. I fed it back to them and they acted on it." People continued to be involved in the running and development of the home. Two people told us about the feedback forms they completed regularly. These enabled people to feedback on their ideas for improvements at the home. One person told us that the registered manager listened to them when they made a suggestion for activities. This had been discussed and agreed and plans put in place.

A person commented, "The manager is very kind. He comes and talks to me especially if I have been crying. He always says to me you are home and we are your family. He cheers me up." People told us they felt able to talk openly with the managers at the home. Staff told us the managers were involved in the daily routines of the home and knew what happened on a day to day basis. Staff felt supported by managers and one staff member told us, "There is good support here. Everyone is approachable."

One person said, "I would recommend this home. Some of my friends came to visit me. I took them around. You should have heard the praise. One of them said you can get me a room here." Another said, "Everything here is fine. It is marvellous. The staff, nursing, the records everything is marvellous. This is home from home." Quality monitoring systems were in place, which assessed and monitored the quality of service provided. The provider's quality and performance manager completed audits which were based around the CQC 5 key questions. These visits focussed on speaking with people to get their views on the service and also to look at the environment and any improvements which could be made.

The home is required to have a registered manager in post and one is in place. 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. The registered manager was not present during the inspection.