

RV Care Homes Limited

The 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 ●

Summary of findings

Overall summary

This inspection took place on the 22 August 2018 and was unannounced. The Grange is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Grange provides accommodation and personal care for up to nine people. The home is located in a retirement village on the outskirts of Woking. There were four people living at the service at the time of our inspection. This was our first inspection of the service since it was registered under the current provider.

The home had a registered manager 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.

There were safeguarding procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure in place and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet people's needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. There were systems in place to monitor infection control, the safety of the premises and equipment used within the home. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. There were systems in place for monitoring, investigating and learning from incidents and accidents.

Staff had completed an induction when they started work, they had received regular supervision and training relevant to people's needs. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them. The home was clean, very well decorated, furnished, maintained and adapted to meet people's needs.

Staff treated people in a caring, respectful and dignified manner. People had been consulted about their care and support needs. People received appropriate end of life care and support when required. Care plans and risk assessments provided guidance for staff on how to support people with their needs. There was a range of appropriate activities available for people to enjoy. People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

There were appropriate arrangements in place for monitoring the quality and safety of the service that

people received. Notifications were submitted to the CQC as required. The provider took people and their relatives views into account through surveys and residents and relatives meetings and action was taken to make improvements at the home. The registered manager worked with external organisations to ensure people received good quality care. Staff said they enjoyed working at the home and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

There were robust recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

Sufficient numbers of staff were deployed to meet people's care and support needs.

Risks to people were assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

There were arrangements in place to deal with foreseeable emergencies and systems in place to monitor infection control, the safety of the premises and equipment used within the home.

The provider had systems in place for monitoring, investigating and learning from incidents and accidents.

Good 

Is the service effective?

The service was effective.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary

Good 

support needs.

The home was very well decorated, furnished, maintained and adapted to meet people's needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring, respectful and dignified manner.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place that provided guidance for staff on how to support people with their needs.

People's care plans included a section on diversity that referred to their religion, culture and sexual orientation. Staff had received training on equality and diversity and understood how to support people with their diverse needs.

There was a range of appropriate activities available for people to enjoy.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

People received appropriate end of life care and support when required.

Is the service well-led?

Good ●

The service was well-led.

The home had a registered manager in post.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

The provider took people and their relatives views into account through surveys and residents and relatives meetings. The results were analysed and action was taken to make improvements for people living at the home.

The registered manager worked with external organisations to ensure people received good quality care.

Staff said they enjoyed working at the home and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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 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 inspection site visit took place on the 22 August 2018 and was unannounced. One inspector carried out the inspection. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we looked at three people's care records, three staff recruitment records and records relating to the management of the service such as staff training, supervision, audits and policies and procedures. We spoke to two people using the service and three people's relatives to gain their views about receiving care. We spoke with the registered manager, two care staff and the chef about how the home was being run and what it was like to work there. We also spoke with a health care professional to gain their views about the home.

Is the service safe?

Our findings

People told us they felt safe and that staff treated them well. One person said, "I feel very safe living here. The staff are very nice and I get all the attention I need."

There were safeguarding adults and whistle blowing procedures in place and staff had a clear understanding of these procedures. The registered manager told us they were the safeguarding lead for the service. They said there had been no safeguarding concerns raised at the home however they were aware of the action to take when making a safeguarding referral if required. Staff told us they would report any concerns they had to the registered manager. Training records confirmed that the staff team had received training on safeguarding adults from abuse. Staff said they would use the whistle-blowing procedure if they needed to. Safeguarding records we looked at included safeguarding policies and procedures and contact information for local authorities.

Appropriate recruitment checks were carried out before staff started work. We looked at three staff recruitment records and saw completed application forms that included a full employment history, references to their previous work experience and their qualifications. The files also included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Staffs eligibility to work in the UK had also been verified where required.

People said there were always enough staff on duty. One person told us, "There are always plenty of staff even at night and at weekends." A relative said, "Whenever I come here there are plenty of staff." A member of staff told us, "We have enough staff to meet people's needs. If we needed more help the registered manager will step in. Whenever we get more residents we get extra staff on shift." The registered manager showed us a dependency tool and a staffing rota and told us staffing levels were arranged according to people's needs. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people. Peoples care files included risk assessments for example on falls, skin integrity and choking. Risk assessments included information for staff about action to be taken to minimise the chance of any accidents or incidents occurring. For example, where people had been assessed at risk of falling we saw people's care plans recorded the support they needed from staff to ensure safe moving and handling. People had individual emergency evacuation plans which indicated the level of support they required to evacuate the building safely. We saw that the fire alarm system was checked by staff on a weekly basis and the fire alarm system, the gas safety system and portable appliances had been checked at regular intervals by external engineers. Training records confirmed that staff had received training in fire safety.

Medicines were stored securely. Medicines were stored in a locked trolley in a locked room. Controlled drugs were stored securely in a locked cabinet. We saw a controlled drugs record book that had been signed by two staff each time a controlled medicine had been administered. Regular daily checks of controlled drugs were recorded in the controlled drugs book. Medicines were managed safely. We looked at the homes

medicine administration record (MAR) file. This included people's photographs, information about their health conditions and any allergies. There was guidance in place for staff on when to offer people as required medicines (PRN). We checked the MARs for two people; these indicated they were receiving their medicines as prescribed by health care professionals. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from monthly medicines audits carried out by the registered manager. Training records seen confirmed that staff had received training and had completed medicines competency assessments before they were permitted to administer medicines to people.

One person managed their own medicines. We saw self-medicines risk assessments in place and this was kept under regular review. This person told us, "I take my own medicines. I have talked with the manager and staff and it's all written up." A member of staff told us, "We try to promote people's independence where we can. We just check with the person every morning to see that they have taken their medicines."

The home was clean and tidy and free from any unpleasant odours. We saw hand washing reminders and soap was available in communal toilets. Training records confirmed that all staff had completed training on infection control and food hygiene. We saw, and staff told us, that personal protective equipment was always available to them when they needed it. Records showed that infection control audits were carried out on a regular basis.

There were systems in place for monitoring, investigating and learning from incidents and accidents. We noted there had been one recent incident recorded. The registered manager told us that incidents and accidents were recorded on the providers computer system and monitored to identify any trends. Where trends were identified they said they would review these with their line manager during regular supervision sessions and take appropriate action to reduce the likelihood of the same issues occurring again.

Is the service effective?

Our findings

People said the service was effective and met their needs. One person told us, "The staff know me very well. They know everything they need to do for me and they get the job done." A relative told us, "The staff are very well trained, and they know what they are doing."

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool [MUST] were being used to assess nutritional risk. People's care plans described their needs and included guidance for staff on how to best support them.

Staff told us they had completed an induction when they started work and they were up to date with their training. The registered manager told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix confirming staff had completed training relevant to people's care and support needs. This training included first aid, fire safety, food hygiene, moving and handling, safeguarding adults and children, infection control, the administration of medicines, dignity in care, dementia, nutrition and hydration, falls awareness, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records seen confirmed that all staff were receiving regular supervision with the registered manager.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS.

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They told us that most people had capacity to make some decisions about their own care and treatment. Where there were concerns regarding a person's ability to make specific decisions we saw that they had worked with them, their relatives, and relevant health care professionals in making decisions for them in their 'best interests' in line with the MCA. Where applications to deprive people of their liberty for their own safety had been authorised by the local authority we saw that all of the appropriate documents were in place and kept under review and the conditions of the authorisation were being followed by staff.

People were provided with sufficient amounts of nutritional foods and drink that met their needs. One person told us, "I like the food we get here, they always get an empty plate back. I have a medical condition that the staff and the chef know of so I always get the right food." We saw people were offered drinks such as

water, orange and blackcurrant juice and tea or coffee throughout the course of the inspection. One person said, "We get good food and lots of drinks. We are encouraged to drink a lot because of this hot weather." People's care plans included assessments relating to their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw that pre-prepared meals were supplied by the retirement village's chef. A relative said, "The food my relative gets is as good as you would get in any top restaurant, it's first class." The chef told us that staff kept them fully apprised of people's dietary needs. They or their colleague attended a meeting at the home every morning to discuss whether people had any specific requirements that day.

The home was very well decorated, furnished and maintained. People had en-suite bathrooms and they were able to furnish their rooms in a personal way. One person told us, "I am very comfortable here. I have my room how I like it." The dining room and kitchenette were clean and well maintained and led to a balcony area with seating and tables for people to relax in. People also had access to the retirement village gardens which included seating areas.

People had access to a GP and other health care professionals when needed. One person told us, "If I need to see my GP I get to see them. I have regular appointments with the chiropodist." Staff monitored people's mental and physical health and wellbeing daily and where there were concerns people were referred to appropriate healthcare professionals for advice and support. The registered manager told us that people were registered with a GP and access to a range of other health care professionals such as dentists, chiropodists and opticians if and when they required them. We saw that people's care files included records of their appointments with healthcare professionals. A health care professional told us, "My team currently support one person at the home. The registered manager and staff are very responsive in meeting this person's health needs. They take all of the recommendations we make on board and follow them. If they have any concerns they contact my team right away."

Is the service caring?

Our findings

People and their relatives told us staff were caring. One person said, "The staff are wonderful, very caring. They couldn't be any better. They do a very good job." Another person commented, "The staff are lovely, very nice." A relative told us, "It's wonderful here, there's a real family atmosphere. It's small and there are always the same regular staff which makes my relative very happy because she knows and likes them all." Another relative said, "The care my relative receives is excellent, she gets everything she needs. The staff are very good. I have a very good relationship with them and the registered manager."

People told us they had been consulted about their care and support needs. One person said, "I have a care plan in place for different things and I have signed them all. The staff always talk to me about what I need and if I need something else we talk about it and add it to the plans." A relative told us, "The staff are always asking me what my relative would like and what they need. I visit almost every day so I am very involved in the care they receive." Another relative commented, "I was involved in planning for my relative's care needs when they moved in. We had a long meeting with lots of questions. My relative now has everything that she needs in place."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. They respected people's choice to spend time in their own rooms if they wished to do so. One person said, "The staff know I like to spend time in my room looking at the lovely view out of my window. They respect my wish for privacy. They knock on my door if they want to come into my room. If I need them I use the call bell and they get here quickly. When staff help me to wash and get dressed in the morning they take their time and don't rush me. I do a lot for myself and the staff encourage me to do so." A member of staff told us they maintained people's dignity and privacy when offering personal care by drawing curtains and shutting doors. They said they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could by themselves. They also told us they made sure that personal information about people was locked away at all times.

People were supported to maintain relationships that were important to them. People and staff said there were no restrictions on visits to the home. People told us their family members were free to visit them any time they wished. One person said, "My family can visit any time they like, they can see me in my room or in the visitors' room or out on the balcony. They get offered drinks and they are made to feel welcome and comfortable." A relative told us, "Every time I come here I am made to feel very welcome."

People were provided with appropriate information about the home in the form of a 'Residents Guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people when they moved into the home.

Is the service responsive?

Our findings

People and their relatives told us the service was meeting their care and support needs. One person said, "I am well looked after and there are things to do if you want to do them." A relative commented, "I have never regretted placing my [relative] here. It's a very nice place and she is well thought of and cared for."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Care files contained pre-admission and assessment information, personal profiles, care plans, risk assessments, support guidelines for staff and records of appointments with health care professionals. Care plans described people's mental and physical health needs and provided guidance for staff on how to best support them to meet these needs. Staff we spoke with knew people well and were able to describe people's care and support needs in detail. We saw that care plans and risk assessments had been kept up to date so that staff were fully aware of and could meet people's current needs.

Care plans contained a section that assessed people's diverse needs for example, their religion, culture and sexual orientation. Staff had received training on equality and diversity and understood how to support people with their diverse needs. A member of staff explained people's diverse needs and how they needed to be supported in order to meet these needs. The registered manager and staff told us they encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do.

Staff supported people with activities in and out of the home. We saw a weekly plan that included in house activities such as gardening, light exercise, sing a longs, pampering sessions, arts and crafts, story-telling, board games and crosswords and puzzles. On a balcony we saw sunflowers planted by people using the service. The registered manager told us that people regularly went on trips out to garden centres and other places of interest. Recent trips included a farm visit, strawberry picking, canal boating and shopping trips. People also attended tea parties and coffee mornings with residents from the retirement village. One person told us, "I have been down to the retirement village and enjoyed meeting people. I have been out on lots of trips. We choose where we would like to go and we go on a trip every other Wednesday. I really enjoyed a recent trip to a farm. There is plenty of things to do if you want to."

People and their relatives told us they knew about the home's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. One person told us, "I would complain to the staff or manager but I have never had any reason to because everything is always good." A relative said, "If I had any concerns I would speak with the registered manager and I am certain they would deal with it." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. The registered manager told us they had not received any complaints about the home. If they received a complaint, they would write to the person making the complaint to explain what actions they planned to take and keep them fully informed throughout.

People could access information in formats they could understand. The registered manager told us that all

of people currently living at the home could understand information in the current written format provided to them, for example the Residents Guide and the complaints procedure. They said these could be provided in different formats to meet people's needs if the need arose for example in large print or in different written languages.

Peoples care files included their wishes relating to the support they required at the end of their lives. The registered manager told us that none of the people currently living at the home required support with end of life care. They said that when required advice was always available from the GP and a palliative care team to support people with end of life care. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Is the service well-led?

Our findings

People were positive about the registered manager and staff team. One person told us, "The manager comes to chat with me to see how things are going. I would say the home is very well run. I get everything I need and the staff are great." A relative said, "The registered manager is very good. People get out a lot more since she started working here last year." Another relative commented, "The registered manager is very good, very disciplined. She has made a lot of improvements on how things are done. I think the staff have benefitted from her leadership."

The home had a registered manager in place. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staff team.

The provider recognised the importance of regularly monitoring the quality of the service. The registered manager showed us records confirming that regular audits were being carried out. These included health and safety, infection control, dining experience, finance, medicines and care file audits. We saw a report from a recent 'provider inspection visit'. The report covered the CQC's key questions of safe, effective, caring, responsive and well led. One area for improvement had been identified relating to best interest documentation. We saw that the registered manager had taken action to address this. We saw a report from a visit carried out by a local pharmacist. A recommendation was made to make sure staff training and competency assessments was up to date. Training records confirmed that action had been taken to address this recommendation. The report indicated that medicines were being appropriately managed at the home. We also saw a report from an unannounced out of hours visit carried out at the home by the registered manager on 15 August 2018. The registered manager had reminded staff to lock the sluice room door during the visit. The registered manager told us they carried out these checks to make sure people were receiving the right care and support.

The provider took people and their relatives views into account through residents and relatives meetings and satisfaction surveys. One person told us, "The meetings are good, we talk about any grumbles we have. The staff and the registered manager listen and make the changes if we need them. They do a very good job." Completed surveys indicated that people were happy with the service they received. Areas identified for improvement from the residents and relatives' meetings and satisfaction surveys included offering people fruit instead of cakes and obtaining a large calendar for the living room. A relative told us, "The meetings are well attended, we can say anything we like there. If we are not happy they change things." Another relative told us, "As a result of the meeting people don't get cakes for tea every day, they have lovely fruit platters to enjoy. They put a big calendar in the lounge which shows, the date, day and weather conditions." One person said the calendar was useful as it helped them to orientate themselves through the week.

Staff told us they enjoyed working at the home and there was good team work. They said they were well supported by the registered manager and there was an on-call system in operation that ensured management support was available when they needed it. One member of staff told us, "I love working here."

We get good support from the manager and team work is very good." Another member of staff said, "I can go to the registered manager about anything. She runs the home very well and does a good job." Flash meetings took place at the home at 10.30am daily. The registered manager said the purpose of the meeting was to communicate people's needs relating to their care, diet, activities and any health issues that required additional attention. We attended the meeting during the inspection. The meeting was attended by the registered manager, two care staff, the house keeper, the maintenance man and the chef. Issues discussed included the care of a person that had just returned from hospital, activities, cleaning and peoples medicines. A member of staff told us they found the flash meetings very useful.

The registered manager worked with external organisations to ensure people received good quality care. We saw evidence during the inspection confirming that the registered manager and staff worked closely with health care professionals and the prescribing pharmacist. A health care professional told us, "We have a very good working relationship with the registered manager and staff. They are very responsive and very caring."