

St Philips Care 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 was unannounced and took place on 12 May 2016. The last comprehensive inspection took place on 15 April 2015 and the service was awarded an overall rating of Requires Improvement. The service was in breach of regulation 15, Premises and Equipment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The environment was not dementia friendly. Corridors had no reminiscence information for people to look at, whilst there was some art work on the walls there was nothing for people with dementia to engage with.

We returned to the service on 3 September 2015 and could see work had been undertaken to address these issues and the service was now meeting this regulation.

At the time of our inspection 19 people were living at The Grange.

The service had 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.

People were provided with safe care. There were sufficient staff available to meet people's needs. Staff were recruited safely and people who used the service were involved in the recruitment process.

The service had an up to date safeguarding policy and staff understood how to identify types of abuse and who they should report their concerns to. The registered manager demonstrated a sound understanding of their role in relation to safeguarding adults.

Risk assessments and risk management plans provided staff with detailed guidance about how to prevent avoidable harm.

Medicines were administered safely. Staff had received appropriate training and the service had an up to date medicines policy based on good practice guidance.

Staff told us they were well supported and we saw evidence staff had undertaken essential training to

ensure they provided safe care. The registered manager ensured staff were up to date with training and had regular supervision.

The service worked within the principles of the Mental Capacity Act and sought consent from people before they provided support. For people unable to consent to their care the service had completed mental capacity assessments and the relevant people had been consulted as part of the decision making process.

People's nutritional needs were met and they told us the food was good. We carried out observations over the lunchtime period and found people enjoyed their meal.

The environment had been decorated and designed with the needs of the people who used the service in mind. There were areas for people who walked up and down the corridors which could offer stimulation.

The service worked with health and social care professionals to ensure people received the right support at the right time. People were supported to access routine health care such as the dentist, optician and community nursing team.

People received care which reflected their needs and was based on their individual preferences. People told us care staff ensured their dignity and privacy was met. People were supported to be as independent as possible.

Care plans contained information which provided staff with a sense of what was important to the person, they were reviewed and updated on a regular basis.

People knew how to make complaints the service had received one complaint since our last inspection and this had been investigated appropriately. People and their families provided positive feedback about the service.

The registered manager was known to people and their relatives, people told us they were confident the registered manager would resolve any issues they had. The registered manager understood their role and responsibilities and was keen to develop their own professional skills and the service.

Staff morale was good and all of the staff we spoke with told us how much they enjoyed working at the service.

The service had robust audits and governance systems in place to ensure safe care was provided to people.

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 told us they felt safe. People received their medicines safely. Risk assessments and risk management plans meant people were supported to stay safe. Staff understood how to safeguard people from harm.

There were sufficient staff to meet people's needs.

Accidents and incidents were reviewed to ensure the service learned from these.

Is the service effective?

Good ●

The service was effective.

Staff described being well supported by the registered manager. They had access to ongoing training and development and had regular meetings with the registered manager to review their practice.

The service was working in line with the principles of the Mental Capacity Act (2005). Staff understood the legislation and sought consent from people appropriately. Where people were unable to make their own decisions we could see detailed assessments in relation to this and best interest decisions were recorded.

People were positive about the food. We saw the service had good links with health care professionals. Work had been undertaken to improve the environment for people living with dementia.

Is the service caring?

Good ●

The service was caring.

Staff knew people well. They provided support which was kind and patient and respected people's choices.

Relatives told us they were free to visit anytime. All of the

relatives we spoke with provided positive feedback about the care provided.

People were provided with dignified care and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and they reflected the care we saw delivered. They were up to date and reflected changes in people's needs.

People had access to a range of activities.

The service had a complaints policy which was on display. There had been one formal complaint in the last 12 months which had been investigated and responded to. The service had received seven compliments.

Is the service well-led?

Good ●

The service was well-led.

The views of people who used the service were sought and considered. People described the registered manager as being approachable.

Staff morale was high. Staff meetings were held on a regular basis and the staff described feeling valued and involved in the development of the service.

The service had systems in place to monitor the quality of the care provided. The registered manager was committed to ongoing service development to ensure people received a high standard of care.

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 12 May 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. A notification is information about important events which the service is required to send to the Commission by law.

We contacted the commissioning and contracts officer for the service, they had not undertaken a formal assessment visit recently and therefore could not provide any relevant feedback. We contacted the local authority social work team for their feedback. The social work team manager provided us with positive feedback about the service.

During the inspection we spoke with nine members of staff this included the registered manager and the area manager, care staff and ancillary staff. We also spoke with the head of care for the organisation. They joined us for feedback and shared the organisations development of a dementia strategy.

We spoke with four people who used the service and because not everyone could tell us their views we spent time observing interaction between people and care staff. We spoke with two visiting relatives. Following the inspection we spoke, on the telephone, with two relatives.

We carried out a tour of the premises which included communal areas and people's bedrooms. We reviewed

four people's care plans and associated records. We looked at medicine administration records.



Our findings

People told us they felt safe. One person said, "I'm well looked after and I feel safe here. There's always plenty of staff around to help me." Another person told us, "I like it here. I'm looked after. There are plenty of staff if I need anything. The best thing about it is that I'm not lonely here." A relative said, "I know my [relative] is safe and well cared for. If I'm worried about [relative] I talk to the staff and they reassure me."

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would always share any concerns with the registered manager. They told us they were confident the registered manager would take their concerns seriously and take the action required to keep people safe.

The registered manager had a sound understanding of the safeguarding policy and had demonstrated a transparent and open approach in referring concerns to the local authority. They understood the need to notify the CQC and did this in a timely manner. This meant people could be assured staff and the registered manager would act to ensure any allegations of abuse were taken seriously and investigated by the appropriate organisation.

The organisation had a dedicated helpline which staff could contact to raise concerns about poor practice. We saw posters throughout the service about the whistleblowing helpline. This meant staff were encouraged speak out if they had concerns.

Risks were identified and risk management plans were in place to ensure people were protected from avoidable harm. For example one person had some behaviour which could pose a risk to themselves or others. The service had worked with the community mental health team and there was a detailed risk management plan in place to ensure staff knew how to support the person to reduce the risk of harm.

Accidents and incidents were reviewed by the registered manager. They looked at trends or patterns of incidents and learnt from these to enable the right support for people. This information was then sent via the organisation's 'general management tool' to head office, for review by a senior manager. They reviewed the information to ensure the necessary actions had taken place.

There were sufficient staff to meet people's needs. From 8am until 11pm the service had a senior member of care staff and two other care staff on duty. Overnight there were two members of care staff on duty from 11pm until 8am. We reviewed the rota for the last four weeks, this reflected what the registered manager had

told us.

The registered manager told us staffing was reviewed on a regular basis. They had introduced a member of staff from 8pm until 11pm to ensure there were sufficient staff to support people to bed. Recently, following consultation with staff, the registered manager had employed a kitchen assistant to work from 9 am until lunchtime. Their role was to carry out some of the tasks care staff had previously completed, such as taking people's breakfasts, orders for lunch and making drinks. This meant that care staff had more time to deliver personal care to people. All of the staff we spoke with said this had been a beneficial addition to the team and meant they had more time to spend with people providing 'hands on care' and support.

The service also employed ancillary staff including the chef, kitchen assistants, laundry and cleaning staff. Overall people, relatives and staff told us there were enough staff to meet people's needs and although we saw staff were busy at times we did not think this impacted on the care they provided to people.

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff began work; each staff member had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

The registered manager told us that they had recently started to include people who lived at the service in the recruitment process. Prospective staff had an interview with the registered manager and another member of staff. If they met the criteria for employment they then sat and talked with two people who used the service and they asked questions about how they would support them. This demonstrated the registered manager respected people's views and was keen to work in partnership with people who used the service.

Medicines were safely managed. We observed a member of staff gave people their medicines in a patient and kind manner. They offered explanations and reassurance to people. We looked at Medication Administration Records (MARs) for three people and saw these were correctly completed.

The service had a clear medication policy which staff followed. Staff told us they underwent comprehensive training before they were able to administer people's medicines. Once this had been completed they were observed by their manager to ensure they were competent to safely administer medicines. Records we reviewed confirmed this was the case.

The medicines room was clean and organised. Medicines were stored securely. The medicine trolley was secured safely to the wall. Room and fridge temperatures were recorded daily. This meant the service ensured people's medicines were stored at the correct temperature.

We reviewed the storage and administration of controlled drugs. Controlled drugs are drugs which are liable to misuse and as such have stricter guidelines for storage, administration and disposal. These were managed appropriately and in line with good practice guidance

The service had a homely feel and was clean and hygienic. Cleaning staff were employed for seven hours a day during for five days a week. We saw staff used appropriate protective equipment to prevent the risk of cross infection.

Essential safety checks such as gas and electrical safety had been completed, by an external organisation,

on a regular basis. The service employed a full time maintenance person. They completed regular checks on the premises. This meant people, staff and visitors could be assured the environment was safe Fire safety audits took place on a regular basis and each person who lived at the service had a personal emergency evacuation plan. This meant the service had considered people's individual needs in the event of an emergency.



Our findings

People received effective care. They told us staff had the skills and experience to support them to receive good care. One person said, "The staff are good they know what support I need and they make sure I am happy with what they are doing."

The area manager explained the induction provided by the organisation had been updated and now involved five days of training, shadowing and getting to know the service and people who lived there. The registered manager explained that three newly recruited staff were currently being supported to complete the Care Certificate. The care certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. The registered manager said this training would be required for all care staff recruited in the future. This meant people could be assured the staff who supported them were well trained and understood the importance of compassionate and effective care.

The registered manager showed us a training matrix which contained information about essential training staff had completed and when this was due to be renewed. Staff told us they had access to a range of training courses. The area and registered manager explained the organisation had recently sourced some specialist dementia training. The registered manager and a senior member of staff were due to attend this in June 2016. The plan was they would then support the rest of the staff team to implement what they had learnt on the training. People could be assured the registered manager was committed to on-going learning and development for themselves and the rest of their staff team to ensure the care they provided was to a high standard.

All of the staff we spoke with told us they felt well supported by the registered manager, they described support through informal discussions as well as regular supervision. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice. The organisation's policy stated staff should have a minimum of four supervision sessions a year. Records we looked at showed staff had supervision on a regular basis. The records were detailed and included information about individual staff members on-going development.

The Mental Capacity Act 2005 (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 are called the Deprivation of Liberty Safeguards (DoLS).

We observed staff routinely sought consent from people and staff supported people to make their own decisions throughout the inspection. People had detailed mental capacity assessments in place which provided information about how the staff member completing the assessment had reached the decision. Best interest decisions were recorded within people's care plans. A best interest decision is taken on behalf of people unable to make a specific decision themselves.

We saw people, their families and relevant health and social care professionals were involved in the decision making process. At the time of our inspection nine people who used the service had an authorised DoLS in place. Staff we spoke with were able to describe why people were subject to a DoLS and what these safeguards meant. The service was working in line with the principles of the MCA.

People enjoyed the lunchtime experience. We sat in the dining room and saw tables were nicely set, music was playing in the background and there was a relaxed atmosphere. People were offered clothes protectors and for people who required assistance to eat their meal this was provided in a patient and caring manner by staff. The food looked appetising, was home cooked and people were offered choices. Some people had adapted cutlery to aid their independence.

All of the people we spoke with told us the food was good. Comments included, "The food is good, there's always plenty of choice," "The food is very good" and "The food is very good, always plenty of choice but if you don't like what's on offer they'll make you something else." We saw people were offered regular drinks throughout the inspection.

We completed a tour of the premises and noticed significant improvements had been made to decoration of the service. A new wet floor shower room had been installed. The service had been redecorated and this had been designed with the needs of people who used the service in mind.

The communal spaces on the corridors now had areas where people spend their time and reminisce. There was a bus stop and the maintenance person had liaised with a local bus company to get an original sign and bus timetable. This would have been a familiar reference for people from the local area and was particularly important for people with dementia who spent their time walking up and down the corridor. We saw one person spent time in a space which had been set up with a chair, bookcase and a lamp. The registered manager and the maintenance person told us about the on-going environmental development which was planned for the service. This included renovation of an old fashioned telephone and ensuring that all of the bathrooms had different coloured toilet seats and dementia friendly signage throughout the service. The service had also fitted memory boxes outside of people's bedrooms which were used to help people recognise their own room.

All of the staff told us people had benefited from the redecoration, people were able to orientate themselves within the service and find their own bedroom or a bathroom. A relative said, "There is plenty of space in the home and [relative] can walk around. The layout of the home means [relative] has that bit of freedom, and staff are on hand to help if needed."

A member of staff said, "The new shower room and the re decoration has made a big difference. It's brighter and there is more stimulation for people."

People were supported to access routine health care appointments such as doctors, opticians and chiropody. In addition to this people were referred for support based on their individual needs. For example some people had been referred to the community mental health team. Care plan records contained detailed information about visits from health care professionals. People could be assured the service would arrange the support they required to meet their healthcare needs.

We spoke with a visiting community nurse who told us they thought the service had improved significantly over the last 12 months, "The staff know people well and they communicate better with us." They told us the service contacted the community nursing team appropriately and followed the advice and guidance they provided.



Our findings

One person said, "I wouldn't change the staff for anything they have hearts of gold." Another person said, "The staff look after us well. It's nice to have company, I like not being on my own. I'm quite content I'd say." Another person said, "The staff are really good, they are caring people. Caring and kind." A relative told us, "It's a brilliant place." The service had received a recent compliment, from a relative, which read, "Staff cared above and beyond our expectations. I would recommend the excellent care."

Staff we spoke with described the service as having a friendly atmosphere. One person said, "It's got a homely atmosphere, we're like one big family." All of the staff we spoke with said they would be happy for their relatives to live at The Grange if they needed this kind of care.

The service had a calm atmosphere and people's care was provided in line with their individual preferences. We saw one person was supported to get out of bed later in the morning, and had their breakfast just before lunch. The person told us they liked a lie in from time to time and staff made sure this was respected. Staff then offered the person a lighter lunch. This demonstrated staff provided care and support based on people's individual preferences.

People looked clean and well cared for. Staff spoke with us about the importance of supporting people to make their own choices and gave examples of assisting people to select clothes which meant their dignity was respected. For example it was really important for one man to wear a suit and tie, something they had done throughout their life.

All of the interaction we saw between staff and people was warm and kind. One person was tearful and staff sat beside them. They touched the person's arm and reassured them everything was okay. The person responded to the reassurance and smiled.

People were treated with dignity and were supported to be involved in the service, for example with staff recruitment. The service promoted people's independence for some people this meant the service had sought dementia friendly crockery and cutlery and the registered manager described the difference this had made to the person. They were now able to eat independently using the cutlery provided.

Relatives told us they were free to visit whenever they wanted. One person said, "I come in anytime and make myself at home. I get a cuppa and spend some time with [relative] It's a relaxed atmosphere." Another relative said, "They're [care staff] are really kind to people, whenever I come we always have a good chat and

they reassure me [relative] is okay."

There was information on display about local advocacy services. Advocacy means getting support from another person to help you express your views and wishes, and to help make sure your voice is heard. This meant people had information about how to seek support from someone independent of the service.

A visiting community nurse told us they thought the service provided good end of life care to people. They said, "Staff support the patient and their family," and when describing a recent person they had supported to remain at The Grange until the end of their life they said, "The staff were very good." We saw a record in the compliments log from a doctor which read, "I'm really happy with the end of life care that has been provided."



Our findings

People received support which was personalised and responsive to their needs. One person told us, "The staff know me, they know what I like and they look after me."

People had a detailed pre admission assessment which was completed by the registered manager. This contained information about their life history and their current care needs. It meant the service considered whether they could support the person before they agreed they could move in.

The registered manager explained the service was in the process of changing their care planning documentation. We reviewed both systems of care planning and found the newer documents were easier to follow and contained more detailed information about how the person wanted their care to be provided and what was important to them. This meant the care plan focused on the individual and how they wanted their care to be delivered.

Care plans contained information about people's previous life experiences. This was useful document for staff to ensure they understood what was important to the person. Where people were able to we saw they had signed to say they were in agreement with their care plan.

Care plans were reviewed on a regular basis and we saw the care which was delivered reflected what we read in people's care plans. Care staff were able to tell us about people's needs and described the support they needed to maintain their well-being.

The service employed an activities co-ordinator who worked four hours per day for five days a week. The activities co-ordinator arranged a variety of external activities such as exercise classes and singers. We spoke with the activities co-ordinator who was very enthusiastic about their role and explained they were arranging coffee mornings and a party for the Queen's birthday.

The activities co-ordinator spent time with people on a one to one basis chatting, playing dominoes and taking people for a walk into Selby. Some people who used the service had a daily newspaper delivered. The service had a singer visit the week before our inspection. One person told us how much they'd enjoyed this and that they had been dancing. This meant the service had in place activities which prevented people from becoming socially isolated.

The registered manager and the regional manager explained the service would be working with an external

agency to look at how they could provide meaningful activity for people living with dementia. This demonstrated a commitment to developing the service and responding to the needs of people living with dementia.

The service had an up to date complaints policy, which was given to people when they moved in and was displayed on a noticeboard. This meant it was accessible to people and their visitors should they have any concerns. The registered manager told us there had been one complaint since the last inspection. We saw this had been investigated and responded to by the Head of Care for the organisation.

The registered manager said they had an open door approach and if people approached them with any issues or concerns they resolved it as soon as possible. The service also kept a record of compliments. Since our last inspection the service had received seven compliments. One person who had stayed for a short break at the service wrote, "Thank you to all at The Grange you looked after me extremely well."



Our findings

People we spoke with and their relatives described feeling confident in the registered manager. All of the feedback we received was positive. Comments included, "[Registered manager] is around a lot and is very supportive," "The [registered] manager is good we see them a fair bit" and "The [registered] manager is lovely, always around and willing to help."

The registered manager knew the service and the people who lived there well. They have worked at the service for five years and have been in the role of registered manager since February 2015. They were supported by a stable staff team. They told us they thought the staff team respected them and that they carried out care shifts to ensure they continued to understand the role and keep up to date with people's care needs. They told us, "A happy staff team makes for happy residents."

Staff morale was good. A member of staff told us, "I really like working here. We have regular team meetings and [name of registered manager] asks us what would improve things, I feel listened to and valued." This view was shared by a number of staff we spoke. The service had recently sent out a staff survey, all of the responses received were positive. Comments included, "It is a pleasure to be led by such a thoughtful manager," and "My job description is very clear." This meant people could be assured care staff were supported to understand what was expected of them within their role and could seek support from their manager if this was needed. In addition to this staff meetings took place on a regular basis and staff told us they felt they could contribute to the development of the service.

The registered manager was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications.

People and their families had been asked to provide feedback on the service. An annual survey was sent to people, relatives and professionals who visited the service to seek their views. We saw 15 relatives had returned the questionnaires which included a range of questions about people's experience of being cared for at The Grange. Some people who used the service had been supported by the activities co-ordinator to complete the questionnaires. All of feedback provided was positive. In addition to this the service held regular residents and relatives meetings throughout the year. This meant people had the opportunity to provide feedback and contribute to the running of the service.

The service had an up to date statement of purpose, this is a document which tells people and their relatives

what they can expect from the service. The statement of purpose stated the aim of The Grange was, "To provide a quality service that meets the needs of the whole person by promoting independence and carefully monitoring a safe environment."

The service had effective and robust systems in place to audit the quality of the care they provided to people. These included audits of care plans, medicines, weight monitoring and the environment. Information was recorded on the organisations system called a 'general management tool.' This meant it could be accessed by the regional manager and other senior staff within the organisation and provided a further check that action required was taken. For example if the registered manager recorded a significant weight loss the system meant action taken had to be recorded, and if it was not recorded the regional manager received an alert and followed this up with the registered manager. This meant people could be assured the service had systems in place to ensure they were provided with a high standard of care.

The registered manager described feeling well supported by the organisation. Their regional manager had been providing weekly support following the inspection in April 2015 and completed a monthly provider audit. This demonstrated effective governance arrangements to support the registered manager and staff team to provide good care. The organisation held meetings for registered managers every other month to enable them to share good practice and develop as a management team. The registered manager told us they had benefitted from the support and experience of other managers.

Daily records were detailed. Daily notes contain key information about people's wellbeing. Alongside this we found records which provided staff with a detailed overview of health professional's involvement in people's care. This meant we understand people's care needs and what action had taken place as a result of changing needs.

The service had up to date policies and procedures in place for staff. These were based on up to date legislation and good practice guidance. We saw evidence staff had signed to say they had read and understood the medicines policy. This meant staff had access to up to date good practice guidance to support them to deliver good care.

The registered manager demonstrated an enthusiasm for on-going commitment to developing both in terms of their own practice as a registered manager and the service overall. For example the head of operations described the development of a dementia strategy across the organisation which the registered manager would be involved in rolling this out at The Grange. The registered manager had signed up to attend some specialised dementia training and spoke with enthusiasm about this and developing the service to ensure people were provided with a high standard of care.