

Sun Care Homes Limited

The Grange Nursing Home

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

We inspected The Grange Nursing Home on 18 June 2018. The Grange Nursing Home 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 service was registered to accommodate up to 29 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 24 people using the service; 11 had been assessed as requiring nursing care and treatment and 13 residential care and support.

The service was last inspected on 16 February 2016; no concerns were identified and the service was rated 'Good' overall.

There was a registered manager in post, who was present on the day of the inspection. 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 received care and support from staff that were appropriately trained and competent to meet their individual needs. Staff received one-to-one supervision meetings with their line manager.

People's needs were assessed and care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to guide staff on how to keep people safe from harm and staff showed a good understanding of their responsibilities.

People were supported with patience, consideration and kindness and their privacy and dignity was respected. People were protected from potential discrimination as staff were aware of and responded effectively to their identified needs, choices and preferences. People's individual communication needs were assessed and they were supported to communicate effectively with staff.

Thorough staff recruitment procedures were followed and appropriate pre-employment checks had been made.

Systems were in place to ensure medicines were managed safely in accordance with current regulations and guidance. People received medicines when they needed them and as prescribed.

The registered manager worked in cooperation with health and social care professionals to ensure people received appropriate healthcare and treatment in a timely manner. People could access health, social and medical care, as required.

The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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 supported this practice.

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments and views.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

The Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 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 18 June 2018 and was unannounced. The inspection team consisted of one inspector, a nurse specialist advisor 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR 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. As part of our inspection planning, we also contacted the local authority who commission services at The Grange Nursing Home.

We spoke with seven people who used the service and five visiting relatives. We also spoke with three care workers, the clinical lead nurse and the registered manager. Throughout the day we observed care practices, the administration of medicines and general interactions between people who used the service and the staff.

We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said they felt comfortable and safe at The Grange Nursing Home and relatives we spoke with felt the service was a safe environment for their family members. One person told us, "I love it here. I am well looked after and they do everything to keep me safe." Another person said, "This is a lovely safe place. I don't want to be anywhere else." Relatives we spoke with said they felt their family member was safe; one relative told us, "My [family member] is very safe here and the staff are brilliant. She has been here for about two years and she came when I couldn't physically look after her at home any longer. It was hard to let her come but they are so good and I come in every morning to help her have her breakfast. It is a real home from home." Another relative said, "My [family member] has been here about a year. I'm an experienced nurse myself and she definitely wouldn't be here if it wasn't safe. The home is really good and the staff are amazing. Nothing is too much trouble for any of them."

The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current and changing dependency levels. The duty rotas showed that staffing levels had been increased to reflect people's increased care needs when this was necessary. People we spoke with told us they felt that there were sufficient staff. On the day of our visit there were sufficient staff and nobody complained of having to wait for assistance. One person told us, "They (Staff) always come quickly and never keep me waiting." We saw staff were visible throughout our visit and were attentive and responsive to people's needs. One person told us, "I think there's enough staff around to help and they always come straight away if I need them." One relative we spoke with told us, "I don't think they are short staffed. There are always plenty of staff around and they are really good." Another relative said, "They are certainly not short staffed, at least from what I've seen. I've never had to go looking for somebody; there is always a staff member around." Throughout the day we observed call bells were answered in a timely manner and we saw staff spend time with people they supported and people appeared comfortable and relaxed. This demonstrated there were sufficient staff deployed to keep people safe and meet their needs.

The provider had effective arrangements in place for the safe management of medicines. People and their relatives we spoke with were satisfied medicines were well managed and administered in a safe and timely manner. No concerns were raised by people about the administration of medicines. We saw one person being given pain relief medicine mixed with water and this was given carefully. The staff member ensured that the full dose was taken. One person told us, "[Staff] are very good; they bring my tablets and a drink of water." A relative we spoke with told us, "it's not always easy to tell if [family member] has any pain, as they have no speech, but the staff understand her expressions and give her some pain relief, when it's needed."

Medicines were administered to people by staff that had received the appropriate training. There were policies and procedures in place to support staff at all levels to ensure that people's medicines were stored, administered and disposed of properly. We saw all medicine records were filled in correctly, there were no gaps and all contained a photograph of the individual. There were comprehensive protocols and detailed instructions in place for PRN (as required) medicines. Allergies were noted and there were signature sheets in place for those administering medicines.

We observed the clinical lead on duty giving out medicines which she did safely. The fridge temperatures were checked daily and were within the correct range as was the treatment room. We saw the medicine trolleys were in a locked cupboard. This demonstrated the provider ensured the safe use of medicines.

The provider had safe and thorough recruitment procedures and policies in place. . People were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. The provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services.

We saw potential risks, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, personal and environmental risk assessments were in place and up to date. People told us they had been directly involved in the assessment and review process and this was recorded in individual care plans. Of the three care plans we looked at, they all had risk assessments in place. These included pressure ulcer risk, nutritional risk (MUST), bed rails, falls. We saw if the risk assessments indicated there was a high risk of developing pressure ulcers, then it was clear how often the individual should be repositioned. We checked that this care was being delivered and found that it was. We saw one person had been assessed as being at high risk of falls. The clinical lead confirmed staff were doing everything they could to try and prevent the number of falls, included a sensor mat being in place, referral to the falls team and dementia outreach team. This demonstrated systems were in place to help ensure people were protected from avoidable harm.

People we spoke with told us that staff handled them safely and they had the equipment they needed. One person told us, "I need a bit of help to walk; I can't manage on my own and they (the staff) are very good about helping me and making sure I'm safe." A relative said, "I come in every day and the staff are very good and will rush to help people if they see them struggling to get up." We saw one person being transferred from their wheelchair to an armchair using the hoist and that was done by two staff members safely and carefully. The staff were constantly reassuring the person throughout the procedure. We saw another person in an armchair and on two occasions they began to slump forward because they were asleep. Both times a staff member quickly noticed and went to reposition the person so that they did not fall.

Systems were in place to help ensure people were protected from abuse. Staff had received safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practices and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

We saw the premises were clean and well maintained and staff had been trained in infection prevention and control, as well as in food hygiene. Updated policies and procedures, regarding infection control, were in place and we observed staff practised good hand hygiene, for example before they assisted people with their meal or medicines. This demonstrated the provider had taken steps to ensure people were protected through the effective prevention and control of infection.

Is the service effective?

Our findings

People we spoke with felt staff knew them very well, were aware of their individual needs and understood the most effective ways to help and support them. One person told us, "The staff here are lovely, all of them. They help me to get dressed and they are very gentle." Another person said, "They know what they're doing and are all very kind." Relatives spoke positively about the competence of all staff and the care and support provided. One relative told us, "The staff here are really good. They try their best and visitors are made welcome as well. I come every day and I can stay for as long as I want. If there was anything wrong, I'd be the first to see it."

The registered manager told us that before moving to the service, a comprehensive assessment was carried out, using nationally recognised assessment tools. This identified people's individual care and support needs and helped ensure any such needs could be met in a structured and consistent manner. However, some individual care plans we looked at were bulky and cumbersome and contained information, for example doctor's appointments, which dated back as far as 2013. We discussed this issue with the registered manager, who acknowledged plans contained unnecessary and outdated information. They said they were in the process of reviewing the content and structure of all plans to ensure information was accurate, up to date and readily accessible.

We saw care plans were regularly reviewed and evaluated and people's involvement in this process was clearly recorded. Individual plans also incorporated advice, guidance and recommendations from other health and social care professionals involved in people's care and treatment. This meant people received consistent, coordinated care and support.

Staff told us they felt valued and supported by the registered manager and confirmed they received effective training and regular supervision. They said supervision – confidential one to one meetings with their line manager – gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and gain feedback about their own performances. One member of staff told us, "Supervision is very useful and we get loads of training, including person-centred care, MCA (Mental Capacity Act 2005) and DoLS (Deprivation of Liberty Safeguards)." They went on to say, "I always prefer the face to face training in groups, because you can ask questions and discuss various scenarios, which I really useful." Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager kept training updated to ensure best practice was followed. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

We saw that people were offered tea, coffee or cold drinks and biscuits from a tea trolley during the morning and afternoon. People spoke positively about the quality and choice of the food provided and said portions were generous and there was always an alternative option available. One person told us, "I like the food here and I look forward to my meals." Another person said, "They(Staff) ask what you want and there's always plenty of it." A picture menu was displayed on a notice board and the day's main choices were hand written. We saw the cook asking people which option they wanted for lunch. We observed lunch being served and

saw people were able to sit where they wished. Staff provided discreet support to people, as required. The food looked appetising, well cooked and was nicely presented on people's plates. This demonstrated people were supported to have sufficient to eat and drink.

There were effective links with health and social care services and people had access to appropriate health professionals, as necessary. Relatives we spoke with told us their family member was able to see a doctor, whenever necessary and they were informed straight away if there were any health concerns. One relative told us, "Communication is really good with me and they tell me straight away if [family member] is off colour or anything." The registered manager told us, in addition to GPs and district nurses, an optician, chiropodist and hairdresser visited the home. In individual care plans we looked at we saw well maintained records of appointments to and visits by health care professionals. This demonstrated people were supported to maintain good health and had appropriate access to health services, as required.

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 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).

People's rights under the MCA were protected as the Act had been applied to ensure decisions were made in people's best interests. People's care files contained information about whether they had the capacity to make their own decisions. Staff had training in the MCA and consequently had up to date knowledge of the MCA and how DoLS was used to ensure people rights were protected. No one was being deprived of their liberty without the necessary application to the local authority having been made. This demonstrated the service was working within the principles of the MCA and DoLS.

Is the service caring?

Our findings

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "The staff here are all very nice with us. I can't praise them enough; they are absolutely smashing." Another person said, "They (Staff) are all very kind; lovely people." This view was shared by relatives we spoke with; one relative told us, "The staff are fantastic. I come every day and I've seen nothing but kindness towards people here." Another relative said, "The staff here are amazing. My relative is really happy here and it is reassuring for me and other family members to know that she is treated so kindly."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good-natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance as necessary.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. People were encouraged to communicate in ways which suited them. Although most people were able to communicate verbally, we saw some people, including those living with dementia, needed additional support to express themselves. Personalised care plans included staff guidance to help ensure communication was effective and appropriate for each person. Plans included information about how people received and understood information, and throughout the day we observed staff work in accordance with the guidance. The registered manager emphasised the importance of effective communication. Individual care plans contained details regarding people's communication needs, their personal history, interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

We observed interactions and conversations between staff and the people they supported were friendly and good natured; they were not just task related and people were relaxed and comfortable with staff. People were encouraged and supported to make decisions and choices about all aspects of their care. Their choices were respected by the staff. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

People told us that staff respected their privacy and dignity. Throughout the day staff demonstrated a strong commitment to providing respectful, compassionate care. For example, staff told us they always knocked on bedroom and bathroom doors to check if they could enter. This was confirmed by people and their relatives we spoke with and demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

Is the service responsive?

Our findings

People received personalised care from staff who were knowledgeable about their assessed care needs. One person told us, "The staff here are brilliant, they seem to know just what I want and I get everything I need." A relative we spoke with told us, "I think it's really good here; the staff are marvellous and [family member] is happy and very settled."

Staff we spoke with demonstrated an awareness of people's interests and preferences, their personal life histories and what was important to them. Before moving to the service, the registered manager carried out a comprehensive assessment to establish a person's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and personal memorabilia.

The registered manager confirmed that, as far as practicable, people and their relatives were directly involved in the assessment process and planning their care. We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This demonstrated the service was responsive to people's individual care and support needs.

Care plans we looked at were personalised to reflect people's wishes, preferences and what was important to them. They contained details of their personal histories and interests and guidelines for staff regarding how they wanted their personal care and support provided. We saw people's individual care plans documented where they, or a relative, had been involved in the development and reviewing process. Personal risk assessments included any specific needs such as moving and handling, communication and mobility. Any specialised equipment required in relation to people's care and support, such as mobility aids and hoists was also recorded in their individual plan and included specific guidance for staff. This helped ensure people's identified care and support needs were met in a structured and consistent manner that reflected their choices and preferences.

We received positive views from people and their relatives regarding the activities provided. People told us they enjoyed the activities and a relative we spoke with told us, "A lot of families come in and out and everyone is encouraged to join in with activities. I help my relative at lunchtime and I usually have my lunch with them as well and then on Fridays I stay for the bingo which we have every Friday afternoon." The registered manager told us there was currently no activities coordinator employed and activities were being delivered by the clinical lead, supported by other members of staff. The clinical lead said they organised a

rolling programme of activities, including board games, baking, petting animals, visiting entertainers and trips out. They told us, "I am well supported by the manager and we have always got things going on." They went on to say, "I try to do different things with people depending on what they like. Every week I send an email to families to let them know what we will be doing. A lot of families are heavily involved and I encourage that. It is very much a community here." They also said there were monthly church services held at the home and visits by a catholic priest to give communion to those who wanted it. This demonstrated the service was responsive to people's individual care and support needs.

Staff described how they worked with people to meet their diverse needs, for example relating to disability, gender, ethnicity, and faith. These needs were recorded in care plans and all staff we spoke with were aware of such needs. This ensured people's support plans met their current needs, and where their needs changed, this was identified with people and their relatives, and their support plans were updated. Staff were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. We also saw evidence of plans being reviewed and updated to reflect an individual's changing needs.

The provider had systems in place for handling and managing complaints. People and their relatives we spoke with knew how to make a complaint and who to speak with if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. Relatives told us there were also regular residents and relatives' meetings held and they had "excellent access" to both the manager and the clinical lead nurse, so "any 'niggles' can be sorted out as and when they occur." One relative told us, "I have no complaints at all. I think it is excellent here and the staff and the manager do a brilliant job." The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and felt the service was well-led. One relative told us, "The manager and [clinical lead] are brilliant. I don't know where they get their energy from but they are always enthusiastic and I've never seen either of them without a smile on their faces. They really make this place what it is." Another relative said, "It starts from the top. The manager has a really good attitude and it follows down to the staff. They take their lead from her. She makes sure everyone is doing the right thing but she does it in a nice way." They went on to say, "The other thing is that staff have been here a long time so they work well together and they know the people well. They must like working here or they wouldn't stay, would they?"

During our inspection we observed the registered manager was visible throughout the day. We saw they stopped and spent time with people, engaging in friendly conversation as they went around. People were pleased to see the registered manager and felt comfortable speaking with them. Relatives we spoke with felt well informed and said they thought communication was satisfactory. This demonstrated an open and transparent service and good, effective and visible leadership.

Staff were aware of their roles and responsibilities, they felt the leadership was effective and spoke positively about the registered manager, who they described as approachable and very supportive. They told us, "[Registered manager] is very good. She encourages us all to be involved in improving the service, saying 'What do you think would make life better for the residents?'"

Staff also described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have to the registered manager. They felt confident that any such issues would be listened to and acted upon appropriately. One member of staff said communication was very good and they told us, "We always have a full handover, from the nurse, at the beginning of the shift and she mentions everyone." They went on to say, "We also have regular staff meetings, where we discuss the residents' routines and how we can improve."

The registered manager had notified the Care Quality Commission of any significant events at the service as they are legally required to do. They also notified other relevant agencies of incidents and events when required. We saw that, as required, the provider had displayed the rating from the previous CQC inspection. The registered manager said they had good working relations with external agencies and confirmed they had taken part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

We found systems were in place to formally assess, review and monitor the quality of care provided. These included satisfaction questionnaires to obtain the views of people who used the service and regular audits of the environment, health and safety, medicines management and care records. We saw analysis of monthly audits, including accidents and incidents was carried out to identify any trends and patterns and minimise the potential risk of reoccurrence. This demonstrated a commitment by the registered provider to help ensure learning from current performance, through robust monitoring systems, to help drive

improvement in service provision.