The Grange Nursing Home Limited

The Grange Nursing Home

Inspection report

72 Upper Northam Road
Hedge End
Southampton
Hampshire
SO30 4EB

Tel: 01489790177
Website: www.grangenursing.com

Date of inspection visit:
05 April 2017

Date of publication:
04 May 2017

Ratings

Overall rating for this service	Good
Is the service effective?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 and 6 January 2016. At which a breach of legal requirements was found. This was because people's care plans did not always fully reflect people's health and nutritional needs to provide staff with up to date information.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 5 April 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Grange Nursing Home' on our website at www.cqc.org.uk'

The Grange Nursing Home provides nursing care and support to a maximum of 63 older people who may also be living with dementia or physical disabilities.

The home had a registered manager. 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 and associated Regulations about how the service is run.

At our focused inspection on the 5 April 2017, we found that the provider had followed their plan which they had told us would be completed by the 1 March 2016 and legal requirements had been met.

People told us they were included in the assessment of their health and nutritional needs and preferences. They confirmed staff had the knowledge and skills to deliver effective care and that staff asked for their consent before providing treatment and support.

The provider had undertaken an audit of the care plan system and introduced measures to improve consistency in risk assessment and risk reduction. Care and treatment plans were regularly monitored and reviewed to help ensure staff had up to date information relating to changes in people's needs.

Staff continued to receive induction, training and professional development to support them to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good

We found that action had been taken to improve the effectiveness of the service.

Care plans reflected people's health and nutritional needs and provided staff with up to date information.

This meant that the provider was now meeting legal requirements.

We have changed our rating of the effectiveness of the service to 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.

We undertook a focused inspection of The Grange Nursing Home on 5 April 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 5 and 6 January 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service effective. This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

At the visit to the home we spoke with two people who lived there, two visitors, the registered manager and the deputy manager, two cooks and a member of the care staff. We looked at nine people's care records including risk assessments and reviews. We also looked at staff induction and training records.

Good

Is the service effective?

Our findings

At our comprehensive inspection of The Grange Nursing Home on 5 and 6 January 2016 we found that people's care plans did not always fully reflect people's health and nutritional needs to provide staff with up to date information.

This was a beach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 5 April 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 9 described above.

The provider had undertaken an audit of the care plan system and introduced measures to improve consistency in risk assessment and risk reduction. The management team had taken on more of an active role alongside nursing staff carrying out regular checks to ensure the records reflected people's current needs. Supervision meetings had been held for all nurses including the importance of accurate record keeping and updating care plans. The registered manager said they felt communication between management and the nursing and care staff had improved as a result of these actions.

A person and their visitors told us they had been included in the assessment of the person's nutritional needs and preferences and said they were always given choice about food and drink. They said there were enough staff at meal times to assist them with the support they needed.

People's computerised care records included clear and up to date nutritional assessments and details of their dietary requirements and support needs. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise this risk. Food and fluid charts were used to monitor people's intake during periods of potential risk, for example when they had a urinary infection, and these were regularly reviewed. Some people were given food supplements and this was clearly recorded. The records also showed that staff continued to encourage people to take the supplements over time if at first they declined. A member of staff demonstrated their knowledge of the procedures for recording and updating this information. They talked about the importance of encouraging people to eat and drink well at their own pace.

The provider was starting to use a specific method of modifying the consistency of foods. This system meant food for puree diets could be moulded more easily so the food was recognisable and retained its shape. The chef had attended the specialist training required in order to use the method in March 2017. We spoke with two of the cooks who told us how this method increased the taste and nutritional content of pureed food and showed us examples of how it greatly improved the presentation of meals. They gave examples of people whose food intake had improved as a result of the new method being used and this was further confirmed in the people's care records. A person involved in the pilot told us "The food is lovely; brilliant". The provider had also appointed two 'food champions', staff with lead roles in encouraging good nutrition including the social aspect of mealtimes.

Other aspects of people's health needs were also clearly risk assessed and monitored. For example, where a person was at risk of pressure wounds to their skin a clear and specific preventative care plan was in place. One person had regular checks in relation to their diabetes and another for catheter care and regular care plan updates were recorded by staff. Staff sought other professional advice when needed. People continued to have access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP and community nursing services, speech and language therapist, chiropody, occupational therapists, opticians and dentistry.

A person and their visitors said they thought staff had the knowledge and skills to deliver effective care. Staff continued to receive induction, training and professional development to support them to meet people's needs. We saw the records of four staff who had commenced working at the home since the last inspection. All had received the provider's induction, which included observations of their working practice and knowledge of the care plan system by senior staff. Two new staff who had no previous experience in a care setting had an induction that incorporated the Care Certificate, which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. A recently recruited member of staff told us the induction and on-going training "Gives you the confidence in what you're doing". They said the staff and management team were supportive and "Really friendly. I'm learning lots".

The provider had a system in place to monitor when training updates were due for all staff. We also saw a nursing staff training schedule for February to September 2017, which included nutrition and dementia, and tissue viability. Staff were further supported through regular supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff 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.

Records showed that people's consent was sought in relation to the care and treatment they received. Where people lacked capacity, best interests decisions had been made and documented, following consultation with family members and other professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had continued to make the appropriate DoLS applications for people using the service.