

Mr David William Skeath

The Grange Residential Care Home

Inspection report

33-34 Woodside Grange Road
London
N12 8SP

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18 July 2017

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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 18 July 2017 and was unannounced. At our last inspection in December 2015, the service was rated as good.

The Grange is a residential care home providing accommodation with personal care for up to 28 older people. The building was on three levels, ground, first and second floors with a lift serving all levels and two staircases (one at either end of the building). On the day of our inspection there were 27 people living in the home.

The service is owned by an individual who was also managing the home and which did not require a registered manager to be in post.

People were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. The care records contained information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people in the home. People told us they never had to wait for assistance. The atmosphere in the service was calm and relaxed and staff did not appear to be rushed.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Most staff had worked with the service for many years which ensured a good continuity of care for people living in the home.

Medicines were managed safely. Senior staff had detailed guidance to follow when administering medicines. Staff completed comprehensive training to ensure that the care provided to people was safe and effective.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

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.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the registered manager to monitor the quality of care.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

The staff in the home organised activities that provided entertainment and stimulation for people living in the home. However some people felt that there were not enough activities on offer. We have made a recommendation in relation to this.

The home was kept clean and well maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The Service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

The Grange Residential Care 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 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.

We inspected The Grange on 18 July 2017. This inspection was unannounced.

The inspection team consisted of one inspector 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.

We spoke with seven people who use the service and one relative. We also spoke with two senior care workers, one care worker, the chef and the registered manager.

We spoke to one visiting health care professional who worked closely with the home.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at four people's care records, staff duty rosters, three staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the accidents and incidents book and policies and procedures for the service.



Our findings

People told us they felt safe and that they trusted the staff that looked after them.

One person said, "Of course I feel safe, everyone's nice. You can close your room or come out and sit down." Another person said, "I certainly do; they even come round at night."

We observed that staff followed appropriate health and safety guidelines in order to keep people safe. Staff were aware of the different types of abuse and told us they would report any allegations of abuse to the manager. Staff told us they had attended safeguarding training and we confirmed this in the records we reviewed. A care worker told us, "We must protect the residents from abuse and neglect and look after their health and safety."

We noted staff had access to detailed internal policies and procedures on safeguarding adults to guide their practice in this area. Our records showed that the registered manager was aware of his responsibilities with regards to keeping people safe and had reported concerns appropriately to the local authority.

We found that risk assessments included people's skin integrity, risk of falls, nutrition, moving and handling and environmental risks found in the home. Risk assessments were reviewed regularly, with the care plans. We saw that the management of risks was detailed within each individual's plan of care. This meant the provider assessed the needs of people who used the service in such a way as to ensure their welfare and safety.

We saw regular safety checks were carried out including fire alarms, fire extinguishers, portable electrical appliances and lifts.

People told us there were enough staff available to help them when they needed assistance. One person told us, "There always seems to be plenty of them here." . There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner. We noted that the service did not use any agency staff and many staff had worked with the service for a number of years which ensured continuity of care for people living there.

We checked staff files and found the service had a robust recruitment process in place. This helped to ensure staff were suitable to work with vulnerable people. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous

employment, their fitness to do the job safely and an enhanced criminal records check. We also found there were appropriate recruitment and selection policies and procedures in place which reflected current legal requirements. We noted there was a robust induction programme in place which ensured all staff were trained and ready to work independently with people who used this service.

People's medicines were safely managed. Only senior staff administered medicines. They were trained and had their competency to administer medicines regularly assessed. Medicines Administration Records (MAR) were accurate and showed people received their medicines as prescribed. There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicines safety was audited on a regular basis and any errors were quickly corrected. The provider's medicines policy included safe administration of medicines and 'as required' (PRN) medicines. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief or seizures, there was sufficient information for staff about the circumstances in which these medicines were to be used. The medicines trolley was clean tidy, locked and secured. Medicines were stored securely.

The service had systems in place ensuring the reporting and monitoring of all accidents and incidents involving people living at the home as well as staff. Each accident or incident was recorded with details of the accident and the actions taken in order to keep people safe.



Our findings

People told us staff had the knowledge and skills needed to provide effective care. One person said, "They are certainly well-trained, I think they are wonderful."

Staff told us and training records confirmed that there was a comprehensive induction and rolling programme of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Staff we spoke to said they were well supported by the management and received sufficient training to their job effectively. Some staff told us that they had been supported by the provider to go for promotion and were given additional training or job shadowing opportunities to facilitate this.

The training records showed staff had completed training in a range of areas that reflected their job role such as manual handling, medication, infection Control, person centred care & support and dementia care, challenging behaviour and the Mental Capacity Act 2005. A number of staff had been supported to attain nationally recognised qualifications in care.

Care staff we spoke with told us they received opportunities to meet with their line manager to discuss their work and performance. One member of staff said, "Supervision here is good, the managers are very supportive." We found that supervision was taking place on a regular basis and this included regular observations of staff to ensure they were effective in carrying out their role.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with had a good understanding of the MCA and DoLS. Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked

capacity. They understood that decisions should be made in a person's best interests. DoLS referrals had been made to the relevant authorities where appropriate. The manager maintained a record of people with DoLS authorisations and when they were due to expire. We saw that DoLS renewal applications had been submitted in a timely manner.

People were always asked for their consent by staff. We heard staff using phrases like "What would you like to do?" and "Would you like a drink now?" Staff then gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication. We looked at how the service gained consent to care and treatment. We saw throughout our inspection that staff gained consent from people before they undertook any care tasks. One person told us "They always knock and ask if I need help. I do as much as I can for myself."

We saw in care plans that people and their relatives were involved in the planning of care for each person at the home. We noted people and their relatives attended review meetings where appropriate where they had the opportunity to discuss the care their relatives received.

People we spoke with liked the food provided for them. One person said, "It's perfect. The chef is a very nice man, he comes to talk to us."

People were involved in choosing the meals on a daily basis and could request special meals if they did not like the meals suggested for any particular day. The chef confirmed they asked people daily if they wished to eat the meal on the menu, if not another meal would be prepared. He explained that alternatives were always available and people could change their mind on the day. The lunchtime meal was a sociable occasion with most people eating in the dining area. People had plenty to drink and their drinks were replenished throughout our visit. If any person needed support from staff to eat their meals then this was provided. We spoke with the chef who explained how a system was in place which ensured people who had special diets due to cultural, religious or health reasons received the correct meal. We saw all food was stored in the correct manner and that food and fridge temperatures were correct.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. The provider had an agreement with the local GP where the GP visited the home when required, but also every two weeks, when he saw all the people who used the service. This resulted in a pro-active approach to health care which meant the provider was ensuring any health issues were identified early and managed appropriately.

We looked at people's written records of care which showed us the provider worked effectively with associated health and social care professionals. We saw regular and appropriate referrals were made to health and social care professionals, such as chiropodists, social workers and district nurses.



Our findings

People told us that staff were caring. They were also respectful of people's privacy and dignity. One person told us, "It's beautiful; everyone is nice and friendly. There's nothing bad about anything here and they're very helpful at all times." Another person said, "It's first class, the carers are so kind and the man who owns it."

People told us that staff were caring and respected their privacy and dignity. Comments included: "I need kindness and love, yeah, they do give it." and "Oh I do think they keep my dignity." Another person told us "They're very caring; they took me here from hospital when I was sick and until I got better. Even if you're well, they look after you."

Our observations during the inspection confirmed this. Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discreetly about their personal care needs. We observed that people appeared clean and well groomed.

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw many positive interactions between staff and people who used the service. We noted that a number of staff had the language skills required to speak to some of the people who spoke different languages. Staff spoke to people in a friendly and respectful manner and responded to any requests for assistance. There was a calm relaxed atmosphere amongst people.

People told us they were generally able to make decisions about their own care and, were encouraged to maintain their independence. One person told us "I have a bath once a week and that's how I want it."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans included information about how people preferred to be supported with their personal care. For example one care plan stated "X likes to get up late does not like to be assisted to bed". Staff were able to tell us about people's preferences and routines, and it was clear they were very familiar with the individual needs of people who use the service.



Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained concise and up to date information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a biography which contained information about what was important to people. The staff we spoke with told us this information helped them to understand the person. A staff member told us "We are not like a factory, we treat each person as an individual."

These care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers or losing weight. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff.

Activities were organised by a part-time administrator, part of whose job, was to spend time chatting with people, and to engage them in an activity. An occupational therapist (OT) came in weekly to also run activities and exercises. Staff would play music and organise arts and crafts with people. Once month an external singer or pianist would perform, and a hairdresser also visited weekly.

Some people told us they did not feel there were not enough stimulating activities on offer. People's comments included "The OT comes and we do things like throw bean bags into a basket. I don't like the singer, no one does; it's always the same old songs" and "You have to provide your own entertainment."

We recommend that the provider consider current guidance on providing activities for older people with dementia and take action to increase the activities available for people.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. We saw there had been no recent complaints. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I've

got no complaints at all."



Our findings

The manager had been in post since 2001 and was also the owner of the home. He told us that he had over twenty years' experience of owning and managing residential and nursing care homes and he had obtained the Registered Managers Award Level 4 (a nationally recognised management qualification). He told us that he had a very stable staff team who in many cases had worked at The Grange for several years.

Observations and feedback from staff, showed us that the manager had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff also told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required. Staff comments included, "He always gets involved, he is more than helpful" and "it's like a big family here. Morale is very good."

A healthcare professional who visited the home on a regular basis gave positive feedback about the service. They told us that this was a 'good' home with regular staff who provided consistently good care.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular residents meetings were held. Annual surveys were undertaken of people living in the home and their relatives. The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with him and our observations it was clear that he was familiar with all of the people in the home.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The manager told us that they had access to a maintenance man and that there was no delay if repairs to the building were required.

Mechanisms were in place for the manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information and guidance was also made available for staff.

The manager worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority provider forum and networking with other registered managers in the area.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider when required.