

Mrs Charlotte Rose Ozanne

# Grange Cottage Residential home for Elderly Persons

## Inspection report

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31 August 2018

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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 unannounced inspection took place on 28 and 31 August 2018. This was the first inspection of this service under the new registered provider who is also the 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 2008 and associated Regulations about how the service is run.

At our last inspection under the previous provider but the same registered manager the service was rated as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. The overall rating of the service has not changed since our last inspection of the service.

Grange Cottage Residential Home for Elderly Persons 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 home is registered for up to nine older persons and was fully occupied at the time of this inspection. There are six bedrooms in the main house and three people are accommodated in a purpose-built bungalow within the grounds. Shared space is provided in a lounge, dining room and conservatory on the ground floor of the main house.

Some incidents requiring notifications to be made to CQC had not always been done. The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process.

There were sufficient numbers of staff to meet people's needs. Staff training was ongoing and staff had received sufficient training to safely support and care for people. Staff were also supported through regular staff meetings, supervision and appraisals.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

People received their medications as they had been prescribed. Appropriate arrangements were in place in relation to the storage, care planning and records for the administration of medicines.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

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 living in the home were supported to access activities that were made available to them and pastimes of their choice.

When employing fit and proper persons the recruitment process had included all of the required checks of suitability.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

We observed staff displayed caring and meaningful interactions with people and people were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them.

Further information is in the detailed findings below

## 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.

Medicines were managed safely and people received their medicines as prescribed.

All the required checks of suitability had been completed when staff had been employed.

There were sufficient staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff had received training suitable to their role and responsibilities.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

The registered manager was knowledgeable about how to ensure individuals' rights were protected.

### Is the service caring?

Good ●

The service was caring.

People told us they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

People were supported to maintain their independence.

We saw that staff maintained people's personal dignity when assisting them.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were reviewed regularly and any changes were

responded to in a timely manner.

There was an appropriate complaints process in place and people knew who to speak to if they had any concerns

Staff knew people's individual needs, likes and dislikes and supported them in pursuing activities they enjoyed.

**Is the service well-led?**

**Good** ●

The service was well-led.

There were processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the home and their relatives could give their views and take part in regular discussions about the service.

Statutory notifications had not always been sent.

# Grange Cottage Residential home for Elderly Persons

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 31 August 2018 and was unannounced on the first day. The inspection team consisted of one adult social care inspector on the first day and two on the second day.

Before we carried out our inspection we looked at information we held about the service. We also looked at any information from the local commissioners. We also looked at statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also used a planning tool to collate all this evidence and information prior to visiting the home.

During the inspection we spoke with the registered manager and three care workers, four people who used the service and a relative. We observed how staff supported people who used the service and looked at the care records and medication records for four people living at the home.

We looked at the staff files for four staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe living at Grange Cottage Residential Home for Elderly Persons (Grange Cottage). One person told us, "We are well looked after. They [staff] treat us well." Another person said, "Staff keep an eye on me here, makes me feel safe." A relative told us they were, "Confident people were kept safe."

We looked at how medicines were being managed. The recording of medicines administration and stock control was being managed safely. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. The medicine administration records (MARs) had photographs and information on people's allergies. This helped reduce the risk of medicines being given to the wrong person or to someone with an allergy.

During this inspection staff we spoke with confirmed they had received training in safeguarding vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. These included all risks associated with the event of an emergency such as a fire.

We saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety. Staff we spoke with told us they felt that staffing levels were sufficient. We were told by a relative, "Staff are lovely and we are always made to feel very welcome."

We looked at four personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can decide about employing or not employing the individual.

The home was clean, well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and were acted upon. Staff received training about infection prevention and control, together with food hygiene.

# Is the service effective?

## Our findings

People had been asked about meal preferences and we saw that meals prepared catered for a variety of preferences and dietary needs. People we spoke with told us the food served was good. One person said, "The food is very good, I've even put weight on." Two people described the food served as 'superb'. We saw people could choose where to eat their meals and the dining experience was very personalised. People could choose to have wine to accompany their food and we were told by one person it made the whole dining experience much more sociable.

We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where necessary people had been referred to their GP or to a dietician.

We looked at the staff training records which showed what training had been done and what was required. We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training. Staff we spoke with told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them to develop. Staff also told us they attended regular staff meetings that supported them in their work. We saw minutes of the meetings held with staff and saw how, through the meetings, they could share their ideas about improving the service. A relative said they thought that "Staff were very well trained."

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where necessary best interest meetings were held to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were protected.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people had restrictions on their liberty the appropriate authorisations were in place.



We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

## Is the service caring?

### Our findings

Interactions we saw between staff and people living in the home demonstrated respect and an understanding of people's needs. Staff treated people with genuine affection, care and concern. A relative told us, "Can't fault anything. We visited 14 other homes before deciding on this one and I'd recommend it." A person living at Grange Cottage said, "It's a unique place to live. We have lots of laughter and at the same time we are being looked after." Another person told us, "I'm very well looked after. I'm very content here, it's wonderful."

We observed staff took appropriate actions to maintain people's privacy and dignity. Staff were polite and well mannered when aiding people. People were spoken to by staff in a pleasant and unrushed manner. One person told us, "The staff always treat me with respect they are very well mannered." Another person told us, "My family can visit anytime, they are always made welcome and get a cup of tea, which is nice."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

Most people had relatives who could support them if they needed assistance to express their wishes or to make important decisions about their lives. Where applicable independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Training records we looked at confirmed staff had undertaken equality and diversity training that would support their knowledge and skills to protect people's rights. Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of promoting everyone's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. We saw support was provided for people in maintaining important relationships.

## Is the service responsive?

### Our findings

We saw people could engage independently in activities of their choice. People were supported in doing their own social activities in the local community or with visiting friends and relatives. We noted that a few people also preferred to spend time individually in their own rooms. One person who was registered blind told us how responsive the registered manager had been in ensuring their enjoyment of reading was accommodated by accessing talking books. They also told us that other adapted items that had been sourced by the registered manager to enhance their day to day routines.

The home had accessible outside areas within the gardens and these were well furnished, kept in good order and people could move freely in and outdoors. There was a resident pet cat which some people enjoyed spending time with. The registered manager told us how they supported people to keep in touch with relatives and friends via the use of the internet allowing people to access different methods of technology.

We looked at the care records for four people living in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine if they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

People told us they had been asked about their care needs and been involved in regular discussions and reviews. One person said, "They [staff] discuss my care with me." The home promoted an inclusive living environment where people were involved in how the home could be improved. We saw minutes of residents and relative's meetings where they had asked for certain changes to be made, such as, changing food choices on the menus and this had been done in consultation with the them.

People we spoke with said they knew how to make a complaint and would feel comfortable doing so and believed that their concerns would be acted upon. One person told us, "The staff are very caring and I have no complaints." Another person said, "If I had any complaints I would speak to the registered manager. I know they would sort it out." A relative told us, "Whatever concerns we have we speak to the registered manager and she takes action immediately." The registered manager told us they preferred to deal with people's concerns as and when they arose.

The registered manager had recently introduced a new care planning recording system called the Gold Standards Framework in Care Homes (GSFCH). This system is one example of a programme to improve end-of-life care by offering staff training and a framework to help identify, assess and deliver the appropriate care. We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

## Is the service well-led?

### Our findings

People we spoke with were very complimentary about the registered manager who is also the registered provider. One person said, "The home is managed very well, the leadership is outstanding. [Name of registered manager] could be an advisor for other homes, she is very good." Another person said, "The registered manager is amazing, she spends a lot of time with us all."

Staff we spoke with were also happy with how the home was managed. We were told, "I like working here it's a really good team and very friendly, it's like a family." Another staff member said, "The registered manager is brilliant, any problems I go and discuss with her and the residents love her."

There was regular monitoring of accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learned. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Although we had been sent some notifications about these when they had occurred, during the inspection, we found four incidents that we had not been notified about.

The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process. Failure to notify us about the incidents was explained by the registered manager as a genuine misunderstanding.

We saw that people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in. A relative told us that the registered manager was constantly making improvements to the environment.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home. Where actions had been required to improve these had been noted and addressed by the registered manager. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.

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