

The Grange (Sandiacre) Limited

The Grange Residential Care Home

Inspection report

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Sandiacre
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Date of inspection visit:
13 November 2020
02 December 2020

Date of publication:
20 January 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Grange is a residential care home providing personal care to 27 people at the time of the inspection, some of whom were living with dementia. The service can support up to 34 people over two floors. The accommodation contains several communal areas and has bedrooms, bathrooms and toilets on both floors.

People's experience of using this service and what we found

The service was inspected during the COVID-19 pandemic. The service has systems for sharing and cascading up to date guidance and best practice to all staff. However, the registered manager did not always keep an ongoing record of policy and procedure updates to evidence that best practice information had been shared to keep people safe. We have made a recommendation that the provider reviews relevant guidance, updates policies and ensures this information is cascaded.

There were sufficient staff to support people's needs and they had been safely recruited. People we spoke with told us they were happy with the level of staff and we saw this during the inspection.

Staff received safeguarding training and had a good understanding of the principals involved in acting when abuse was suspected. Staff also completed the provider's mandatory training and annual updates to ensure that their knowledge and skills were up to date.

People told us that they were cared for and felt safe in the home. Their needs were understood through assessments and support plans. We saw that people were involved in their care planning. Staff had good knowledge and skills and this ensured people's needs were met.

People received care that was person centred. People had 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 told us staff were kind and caring, this was observed during the inspection. People said that they could raise issues with staff and the management team.

Medicines were managed and administered safely and this meant that people received their medicines as prescribed by healthcare professionals.

Staff reported and recorded incidents appropriately. Managers responded to incidents to achieve satisfactory outcomes as well as learning and improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 9 October 2019).

Why we inspected

The inspection was triggered due to a confirmed COVID-19 outbreak. We undertook a review of Infection Prevention and Control (IPC) practices to assess whether the service was compliant with IPC measures. This took place on 13 November 2020 and was unannounced.

During the targeted inspection a number of concerns were found around infection control and governance. These concerns prompted a second day of inspection. We undertook a focused inspection on 2 December 2020 to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains Good, this is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

Follow up

We will continue to review information we receive about the service until we return to visit as part of our reinspection programme. If any concerning information is received we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Grange Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand how the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Both days of the inspection were unannounced. We did announce our arrival immediately before entering the premises as we needed to check the current COVID-19 status for people in the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and information received in statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

An infection prevention and control inspection (IPC) was completed on 13 November 2020 to look at the IPC measures in place. We spoke with three staff, the nominated individual, the deputy manager, the chef, kitchen and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to a visiting health care professional to seek their view on the service. Following this IPC inspection we were not assured and this prompted expanding to a focused inspection. The second day of inspection took place on 2 December 2020.

On 2 December 2020 we revisited The Grange and spoke with two people who used the service who told us about their experience of care provided. We spoke to five staff on duty and the registered manager. We reviewed a range of documents including four medication records, four care plans, three staff files and quality assurance records.

After the inspection

We made telephone calls to eight relatives to ask about their relative's experience of using the service. We also made three telephone calls to care staff. We looked at quality assurance records to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The first day of inspection was to look at the Infection prevention and control (IPC) management and practices in the service. We identified concerns, for example, no temperature check for visitors, no cleaning schedule or records and unsuitable staff changing and break areas. Current government guidelines to reduce the risk in relation to COVID-19 were not being implemented.
- Due to these concerns raised we returned for a second day to complete a focused inspection covering safe and well-led. We found at this inspection the registered manager had addressed some of these areas. For example, safe procedures for visitors and staff entering the building were implemented and staff break areas made available. Recording documentation was seen to be introduced.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured by the registered manager that the provider's infection prevention and control policy was being updated.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us they felt their family member was safe in the home and they had no concerns about the support received. Comments made by relatives we spoke with included; "My Mum says that she feels happy and safe" and "My Mum chose to stay here instead of returning to her home as she felt safe here".
- Staff had completed safeguarding training. Staff members we spoke with were able to tell us the correct action to take if they witnessed or suspected abuse. This included the outcome of a review of risk assessments and support plans.

Assessing risk, safety monitoring and management

- Risks were managed, the provider had systems in place to assess and manage risks in the service. Senior staff completed an assessment of the risks relevant to each individual who lived in the home and strategies were in place to reduce any identified risks. These were reviewed regularly to ensure they remained relevant

to people's needs.

- The management team completed regular checks to ensure the safety of the premises and any equipment used. They also documented the support people needed to evacuate the premises safely in the event of an emergency.

Staffing and recruitment

- There were sufficient staff to support the service. We observed good staff presence at the inspection and a relative told us that "Staff were busy, but came quickly when my mum wanted to end the visit."
- Staff had been recruited safely. Employment history and references were sought before staff were appointed and criminal record checks were completed to ensure staff were suitable to support people who may be vulnerable.
- Staff completed a programme of induction and yearly updates for mandatory training to ensure their knowledge and skills were adequate to meet people's needs.

Using medicines safely

- Medicines were safely managed and stored. Staff responsible for the task had received training in the safe handling of medicines and had completed regular updates of this training, including competence checks carried out by the deputy manager.
- There were protocols in place to provide information about the safe administration of 'as required' medication.
- We reviewed the medicines administration records for four people and found they had been fully completed.

Learning lessons when things go wrong

- The registered manager used staff meetings to share best practice updates and also demonstrated good understanding of learning from incidents. For example, reviewing risk assessments and support guidelines to ensure improved outcomes for people to keep them safe.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

- An IPC inspection was completed, however this raised concerns in keeping people safe in relation COVID-19. Due to these concerns we returned for a second day to complete a focused inspection which covered the safe and well-led areas. At this inspection we had some continued concerns.
- The provider had not ensured staff were guided to understand and work within up to date guidelines for COVID-19. Key documents including the infection prevention and control policy and the cleaning schedule had not been updated in response to the government guidelines.
- On the second day of the inspection we found some improvements had been made in response to our initial feedback. For example, an alternative infection prevention and control policy, however, this policy did not refer to current guidance. This meant that staff were not provided with the required information to reduce the risks in relation to COVID-19.
- At our last inspection we raised concerns that the provider did not have oversight of the service and the audits were not always robust in identifying required improvements or quality checks. At this inspection we found provider audits had been introduced, however, we found these had not identified where improvements were required. For example, measures to reduce the risk of COVID-19 had not been identified and implemented.
- We continue to raise concerns about the provider oversight of this service. For example, the provider had not identified that the arrangement in relation to updating policies with an external organisation had not been maintained. This meant any changes in guidance had not been implemented within the home to be compliant with these changes.
- The provider and registered manager had not identified continued learning from COVID-19 or any recent updates in changes to guidance and procedure.

We recommend the provider reviews the systems for recording regular updates of policies and procedures and how these are then shared with staff to ensure safe practice.

- Incidents and accidents had been reported appropriately and in a timely manner. These had been investigated and any actions completed, including recommendations resulting in improved outcomes for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Risk assessments and care plans were person centred. Feedback from people who used the service included the comment "I enjoy the baking sessions, I used to cook a lot before". One comment we received from a relative was "We have no issues at all, we are very happy with the home, chosen as it is more caring, a small home where staff know the residents."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager demonstrated a good understanding of their responsibilities. A relative we spoke with told us that the manager responded to a concern they had and resolved it satisfactorily. Records we reviewed showed that the registered manager had followed reporting procedures and facilitated safe outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff understood their roles and they received information on a daily basis to ensure people's needs would be met. Staff had supervision and meetings so they could receive ongoing support and information to keep them up to date with current guidelines to keep themselves and people safe.
- People were encouraged to be part of the home. We saw that people were encouraged to have their own space and personal items, for example, handbags, pictures and photographs.

Working in partnership with others

- The registered manager and staff team had worked with health and social care professionals to consider peoples individuals needs following a safeguard incident where safe outcomes were achieved for people.