

SheffCare Limited

# Grange Crescent

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Grange Crescent is a residential care home that provides accommodation for older people who require personal care. The home can accommodate up to 54 people in one adapted building. At the time of this inspection there were 51 people using the service.

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

Since our last inspection the provider had made improvements to ensuring consent to care and treatment in line with law and guidance.

The home was clean, and people were protected from the risk and spread of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A comprehensive training plan evidenced staff had received appropriate training to carry out their roles effectively. People's needs were assessed, and care delivered in line with best practice. Care plans and supporting documentation included people's individual choices and preferences. We observed lunch being served and found people were supported to maintain a healthy and balanced diet which included their preferences. People were also supported with snacks and drinks throughout the day.

Throughout the inspection we observed staff interacting with people in a caring and considerate way. We saw staff gaining people's consent prior to carrying out care tasks. There was a homely atmosphere in the home and people appeared comfortable, happy and relaxed. People we spoke with were complimentary about the care and support they received.

The management team carried out regular audits to ensure the quality of the service was maintained. The management team took appropriate actions to address any issues. People had confidence in the management team and felt they were approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 September 2019).

At our last inspection we recommended that improvements to the records used by the service to ensure people were supported to have maximum choice and control of their lives. Staff training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards also needed improving. At this inspection we found the provider had acted on these recommendations and had made improvements.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grange Crescent on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Grange Crescent

## 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 Health and Social Care Act 2008.

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

#### Inspection team

This inspection was completed by 2 inspectors 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.

#### Service and service type

Grange Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grange Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 December 2022 and ended on 14 December 2022. We visited the service on 13 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of a monitoring activity that took place on 16 June 2022 to help plan the inspection and inform judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service about their experience of the care provided. We spoke with 9 members of staff including the registered manager, the providers operations manager, team leaders, care workers, activity coordinator, administrative, domestic and catering staff. We received feedback from 2 visiting professionals. We observed staff interacting with people. We reviewed a range of records. This included 3 people's care records. We looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection this key question was rated Good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People were supported to maintain contact with their family and friends and visitors were welcomed at the home.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- At the last inspection we found some improvements were required to the records used by the service with MCA application procedures and DOLS records. We also recommended staff needed to improve their understanding of these subjects. At this inspection we found improvements had been made. Further training had been provided and the registered manager and staff team were knowledgeable about MCA and DoLS and worked within the principles of the MCA.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests. We discussed with the registered manager how improvements to the 'housekeeping' of some records of applications for DOLS could be made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into Grange Crescent to check the home was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

- Staff received training and support which assisted them to carry out their roles and responsibilities in an effective way.



- The registered manager and provider kept a record of training and scheduled training, so staff remained knowledgeable.
- Staff received supervision at regular intervals. Annual staff appraisals identified any concerns, what they have done particularly well and any goals for the coming year such as training requirements. Staff told us they found these sessions valuable and supportive.
- People told us they thought staff knew what they were doing. They told us staff understood their needs and knew how to meet them.
- Health professionals we spoke with thought the staff were well trained and skilled in their roles. A professional said, "Staff know the residents, they are very knowledgeable."

#### Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a balanced diet.
- People were very happy with the food provided by Grange Crescent. Comments included, "The food is nice, and staff always offer a choice."
- Throughout the inspection, people were offered nutritious drinks and snacks at regular intervals.
- We observed lunch being served and found this was a pleasant experience. People were offered choices and staff checked people were enjoying their meals.
- Staff were supportive throughout the meal and recognised when people required assistance.

#### Adapting service, design, decoration to meet people's needs

- There had been further refurbishment of the service since our last inspection. The service had a very homely atmosphere and was designed to meet people's needs and preferences.
- Signage around the service helped people navigate around the home.
- People had access to several sitting areas and were able to choose where they would like to sit and who they wanted to interact with.
- People had access to outside space.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals when required. For example, we saw involvement from district nurses, dieticians and doctors. There was a regular GP who covered the service who visited at least weekly and as needed.
- Staff acknowledged and followed advice from other professionals to ensure people received care which met their needs.
- We received positive comments about the service from a health professional, they said, "Staff contact us if they have any concerns and when it's appropriate."

# Is the service well-led?

## Our findings

### 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a homely atmosphere in the home and people appeared comfortable, happy and relaxed. The feedback from people about the service and management team was very positive. Comments included, "I couldn't wish for better care. I've been to 3 care homes and this is the best."
- Staff all said they would recommend the service to others. Comments from staff included, "I would definitely be happy for my relative to come here" and "Sometimes I think about my grandparents, and how I would like them to be treated, and I would be happy for them to be here."
- People told us they had regular contact with the registered manager and provider, so were able to provide feedback about the service very regularly.
- We saw written feedback from people and relatives on how the service was being run or what could be done better to drive improvements. We saw the feedback in these surveys was also very positive. This feedback was anonymised and displayed on the noticeboard of the home. We discussed with the registered manager their thoughts on developing a newsletter, so people, relatives and staff were kept updated on events at the service, and other news such as future improvements. The registered manager said they had considered such a newsletter and agreed this was a positive step forward. They said they would consider introducing a newsletter for people and staff in the next few months.

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 and provider understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The provider was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

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

- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. Staff told us how they enjoyed

working at the service and felt supported by the registered manager and provider. Staff comments included, "I really enjoy working here, we are like one family" and "[Named registered manager] is so flexible and easy to approach and has people's best interests at heart."

- The provider audited the service regularly, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.
- People all spoke highly of the registered manager and provider. One person said, "I know the [name of registered manager], and she's always willing to help and see me."

#### Working in partnership with others

- The provider worked in partnership with other health and social care organisations and agencies. Professional feedback was positive. One health professional told us, "People are well cared for at Grange Crescent."
- There was clear evidence of working closely with the local authority, the local Infection Prevention and Control (IPC) team and other community health and social care professionals.