

Bonneycourt Limited

# The Grange Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We inspected this service on 7 April 2016. The Grange Care Centre is a care home with nursing providing care and accommodation to 49 older people requiring personal care. On the day of our inspection 41 people were living at the service. This inspection was unannounced. At our previous inspection in September 2013, the provider was meeting all the standards inspected.

There were two registered managers in post. A registered manager is a person who has registered with the CQC 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.

The service was very responsive to people's health needs and preferences. The service ensured each person was treated as an individual and received the best support to meet their needs. The management introduced innovative approach to involve people in their care planning and enhance their well-being. People were supported to improve their health with help from compassionate staff. People's preferences in relation to daily routine were respected and followed by the staff who knew people well. People's care plans were reviewed regularly and reflected their current needs.

People's medicines were managed in a safe manner. People received individual support to meet their health care needs. This included proactive referrals to various specialist services and professionals and sourcing further advice if needed.

People were protected by risk management plans detailing the support people required to manage any risks assessed. The risk assessments were appropriately recorded and updated regularly.

There were sufficient staff on duty to keep people safe and staff had time to chat with people. People were assisted with no unnecessary delay. The provider's recruitment system was consistently followed and this ensured safe recruitment decisions were made when employing new staff. Staff received regular training in relation to the roles they carried out. Staff told us they felt valued, and very well supported by the management and the team.

The registered managers and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework that protects people's right to make their own choices. DoLS are in place to ensure that people liberty is not unlawfully restricted and where it is, that it is the least restrictive practice.

People and their relatives were very satisfied with the service provided by The Grange. Staff consistently showed a caring, attentive and respectful manner. People were supported sensitively and their rights to privacy, dignity, choice and independence were promoted. Observed interactions reflected people's wellbeing and showed staff knew people well. People were supported to participate in meaningful activities,

which reflected their interests. There was involvement with the community by attending events and local groups, visiting the home.

People's end of life wishes were discussed at an early stage to ensure everything was in place when required. The service was following the national guidance when caring for people assessed as receiving end of life or palliative care.

People's care plans were comprehensive and well written and the staff were well aware of people's needs, preferences and the way they wished their care to be delivered. Any specific health care issues or complex needs were well managed with a clear treatment plan recorded.

The service was exceptionally well-led. Two registered managers provided excellent leadership to the team of committed staff. People and their relatives complimented the approachability of the management. The management told us they wanted to lead by example. The culture of the service was based on the principles of respect and empathy towards people. There was a strong emphasis on the further development of the service. The provider and the management carried out a range of audits to monitor all aspects of the service. The registered managers sought people and relatives' feedback on a regular basis to ensure they were happy with the service. Feedback received was acted upon when required.

The management continuously motivated their staff. They pioneered and successfully drove changes and recently became the first home in the UK to achieve the Bronze Stroke Association's Care award. The service's self-assessment tool was recognised as an example of outstanding practice and the standards achieved by The Grange set the baseline for other providers wanting to achieve this award. The management planned to achieve a Silver Level award next, which reflects their continuous strive for improvement.

## 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.

People told us they felt safe at the home.

The staffing levels were sufficient and enabled people to receive focused care in a relaxed and unhurried manner.

People were safe and protected from harm as staff knew what action to take if they suspected any concerns of abuse.

Risks to people had been identified and assessed appropriately and staff were aware of these risks.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge required to meet their needs.

People were involved in decisions about their care. Staff understood the requirements of the Mental Capacity Act 2005.

People were supported to ensure their nutrition and hydration needs were met.

People received support to meet their individual healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People told us staff were caring, respectful and kind.

People and their relatives were very satisfied with the staff and the overall care provided.

Staff were concerned about people's welfare and spoke about

people in a respectful way.

Staff were highly motivated, passionate about the care they provided and they spoke with pride about the service.

### **Is the service responsive?**

**Outstanding** ☆

The service was very responsive.

People received care in a person centred way and staff were responsive to people's needs. People's support needs were kept under review.

People benefited from innovative ways introduced to get to know each person as an individual. People's identity and what was important to them was recognized and respected.

People's preferred routines were respected.

People had access to meaningful activities.

People knew how to raise concerns and were comfortable to do so. The service was responsive to people's feedback.

### **Is the service well-led?**

**Outstanding** ☆

The service was very well-led.

People benefitted from clear, supportive leadership from the registered managers and a stable team.

There was a strong commitment to deliver a high standard of person centred care and to drive continuous improvement.

The provider had a comprehensive range of effective audits used to monitor the quality of service provision.

People were involved and encouraged to give their views about the service.

# The Grange Care Centre

## 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 7 April 2016 and was unannounced. The inspection team consisted of two inspectors and a nurse Specialist Advisor.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about.

In addition, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their 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 contacted the local authority commissioners of the service to obtain their views.

On the day of our inspection we spent time observing care throughout the service. We spoke with nine people and seven relatives. We also spoke with the registered managers, two registered nurses, six care staff and the activities manager. We also spoke with three external professionals who had been involved with the people living at the service.

We looked at records, which included ten people's care records, the medication administration records (MAR) for ten people living at the home and six staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, staff training and support information, staff duty rotas and the arrangements for managing complaints.

# Is the service safe?

## Our findings

People told us they felt safe in the service. One person said "Of course I feel safe". Another person said "Oh gosh, I could not be any safer". A relative commented "Oh, [name] is here totally safe". Another relative said "Definitely safe".

People's medicines were managed safely. We observed the administration of medicines and we saw that medicine was given to people safely. People received medicines in line with their prescriptions and medicine was kept securely. The amount of medicines in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. There were no missing signatures on the (MAR). Each person's record had an extra front page with a large photo of the person and the date the photo needed to be renewed. We noted each record was verified and signed as correct by the registered manager. When we talked through the process of medicines administration with the nurses, they knew about people's individual needs. They knew what each medicine was for, the reason for administering and, where applicable, specific instructions. For example, to avoid grapefruit when taking a certain medicine. People told us they received their medicine when needed. One person told us "If I have anything wrong with me such as pain, I get offered paracetamol. The nurses offer them to me". Whilst we were talking with this person the nurse entered the room and asked the person if they needed their medicine, which was prescribed to be taken when required.

People were protected from risks as their risk management plans detailed the support people required to manage their individually assessed risk and how to keep them safe. We noted the risk assessments were appropriately recorded and updated regularly. This ensured people were supported to take responsible risks as part of their daily lifestyle, with the minimum necessary restrictions. Risk assessments included day to day activities such as getting out of bed, when people were assisted with transfers and people's health needs.

For example, one person was suffering from a condition related to a urinary tract and they were using a catheter. We noted there was a detailed plan in place to ensure the correct management of this risk. The staff were aware and followed the guidance. Staff told us they provided care for this person in a way that enabled their participation in social activities.

People's risks to their safety and health in relation to the premises were assessed and managed. All equipment such as hoists, assisted baths and people's personal electrical equipment had been regularly tested and were in date. We noted people had personal emergency evacuation plans that specified the level of support people required in an emergency.

People were protected from harm as staff demonstrated good knowledge of safeguarding. The service had policies and procedures for safeguarding vulnerable adults and we saw these were available and accessible. Staff were aware of how to contact the local safeguarding authority to make referrals or to obtain advice. Staff told us that they would take matter further if their concerns were not dealt with to their satisfaction.

The staff could identify types of abuse and knew what to do if they witnessed any concerning incidents. One staff member said "If we see anything concerning we need to let the manager know". Another staff member said "I can always go to my seniors, but I know I can also go to Care Quality Commission (CQC)".

There was sufficient staff on duty to meet people's needs. The managers told us there were no staff vacancies and the staffing levels were regularly assessed. The service did not use any agency or temporary staff. This meant people were cared for by the staff that knew them well. During our visit we saw people were attended to in a timely manner. We noted the nurse call bells were answered promptly. People using the service and their relatives confirmed there was usually enough staff on duty to meet people's needs. One person told us "There are enough staff". A relative told us "A great thing about this place - there is always someone running the lounge and someone delivering care". Staff told us they had enough time to meet people's needs.

The provider ensured a satisfactory recruitment and selection process was followed. We checked six staff files which contained all the essential pre-employment checks. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We also noted the professional qualifications of nursing staff had also been checked to ensure they were fit to practise.



# Is the service effective?

## Our findings

People told us staff were knowledgeable and efficient at their job. People had confidence in the staff. One person said "Yes, they are very good staff". One relative told us "Staff are very good indeed, they know what they are doing". Another relative commented "I am amazed how well they are trained. The manager told me she set the bar very high and she trained them (staff)". One visiting professional described the staff as committed, involved and helpful.

Staff had received the training they needed to carry out their roles effectively. We noted the training plan demonstrated courses relevant to the care needs of people such as dementia care, pressure area care, dignity in care, nutrition or moving and handling had taken place. There was a comprehensive induction programme undertaken by all new employees. The staff we spoke with confirmed they had undertaken a thorough and structured induction when they started to work at the home. One member of staff commented "Very good training, this is my first job in care and training was good. I shadowed an experienced member of staff for two weeks and even then I still was observed and had supervision". Other staff comments included "We get sufficient training; I am also doing my NVQ (National Vocational Qualification)", "The training is very good, the manager always says, if you don't keep it up to date you can't work". We also noted that ancillary staff received training on subjects such as dementia, mental capacity, dignity or end of life care. This meant they were able to understand people's needs and engage with people in meaningful way. For example, when carrying out housekeeping tasks in people's bedrooms.

Staff told us and records confirmed staff received support through supervisions and appraisals. Supervisions are one to one meetings with their line manager. One staff member said "I get regular one to one meetings, but we can speak to any of the managers any time". Another member of staff said "Yes, I get support and the manager listens".

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).

The registered managers and the staff had a good understanding of the MCA and the DoLS application process. Staff showed us they had an easy read information card on MCA principles which they carried round with them. We saw an example of a DoLS application submitted for one person who lacked capacity to make certain decisions. We noted the reasoning recorded on the form met the guidelines and the decision was awaited from the local authority. The service had a log of all applications made, including review date due.

We observed staff supported people to make choices throughout the day. People, who were able to give

their views, told us staff explained things and obtained people's permission before care was delivered. One person told us, "It's lovely here, I make my own choices". Another person said "They allow me to live my life as I want".

People told us they enjoyed the meals, the food was good and there was a choice on offer. One person told us "Good food, we get alternative choices". A relative told us "[name] says the food is lovely and they can choose and get something else".

We observed the lunchtime meal experience which was very positive. The majority of the people had their meal in the main dining room. The staff were observed to assist people in a professional and attentive way, staff sat alongside people. We noted staff explained the meal and engaged in conversations with people in a meaningful way. For example, staff chatted to them quietly and encouraged people to eat their meal if they needed prompting. The menu offered multiple alternatives, we observed one person asked for jacket potato and this was facilitated by the staff very promptly. One staff member said "Here is your braised beef [name]". The person thanked and the staff responded "You're very welcome". The daily easy read menu as well as the alternative menu was displayed in the dining area. We also noted people who preferred or needed to remain in their bedrooms were assisted promptly. Some people were observed to eat their meals independently and we noted the staff provided support only when needed. People's nutritional risks were assessed appropriately and we found appropriate referrals to a dietician service were made when required. We noted staff knew people's needs very well and we observed staff offering plate guards to those who needed them. We asked one person about their plate guard and they told us "It's much easier for me to eat".

People were supported to maintain good health and access healthcare services. We noted people were promptly referred to health professionals when their condition changed. General Practitioner (GP) visited the home weekly. When professionals' visits were recorded in the care plans and any recommended changes to care were made. One of the health professionals informed us that the service was planning to introduce a clinical governance meeting which they would attend. They told us areas such as medication management, accidents, incidents or deaths were going to be discussed. They felt will be a useful clinical learning forum for everyone involved in providing care for the people at the service.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. One person told us "I am looked after very well here". Other comments included; "The staff are all very nice and they are never rude", "It's lovey here" and "I get on with them all".

All the relatives we spoke with were consistently and exceptionally complimentary about the caring nature of staff. One relative told us, "The staff are excellent, [name] is very happy here". Other comments included; "The staff are lovely", "Staff are polite and caring", "Everyone is wonderful and very welcoming" and "I never seen anyone with a negative attitude here". One relative said "They (the team) take over a family role when people have no families, they will even buy Christmas presents for them".

Staff actively involved people in their care. We noted care staff explained to people what was going to happen before they provided support and continued to explain when supporting people. For example, one person appeared confused and they required to be transferred from their wheelchair to an armchair. We observed two staff took their time and explained to the person the implications such as a possible risk to skin integrity if they chose to remain in the wheelchair for longer periods. We heard staff encouraging the person "Are we going to sit now in the comfy chair?" Once the person agreed to be transferred the staff assisted them safely. We also observed nurses involved people and ensured people were enabled to make an informed choice. For example, when administering 'as required' medicine we saw that instead of just asking the person whether they required this particular medicine, the nurses took the bottle and showed to the person explaining what the medicine was for.

During our inspection we noted positive, caring interactions between the staff and the people. Staff never missed an opportunity for a meaningful interaction with the people. We saw staff getting down to the level of chair bound individuals when speaking to people, staff chatted to people when passing by and we saw hand holding and calm conversations.

There was a relaxed atmosphere at the home and staff we spoke with told us they enjoyed working at The Grange. One member of staff told us "I love my job". Other comments included "It's a nice place to work, I like people to be treated how my own grandparents should be treated" and "I always see care assistants are the ones that should leave a nice impression on people. I enjoy working here so much, we are like a family here".

People were actively involved in making decisions about the support they received. One person told us "Staff always ask my permission before they do things for me". A relative commented "[Name] makes their own choices and they (staff) do everything the person needs to have done for them". We also noted the emphasis on giving people choices was reflected in the way the care plans were written. For example, one care plan said "[name] can choose to sleep where they wish, bed or a (recliner) chair". Another person's care plan said 'care agreed and discussed with the resident'.

People told us they were treated with respect and their privacy and dignity was promoted. Staff were aware

about the importance of ensuring privacy and dignity was respected. Staff were able to give us various examples of how they maintained people's dignity. One staff member told us "I always cover people up as much as I can when I am washing them". Another staff member said "I always knock on people's doors". We saw staff knocked on people's door before entering their bedrooms even if the door was open. People's confidentiality was respected; conversations about people's care were held privately and we noted care records were stored securely.

None of the people living at the service were receiving end of life care on the day of our inspection. The registered manager told us the team at The Grange prided themselves for providing dignified end of life care. The registered manager however showed us the log of all people who had been assessed as requiring palliative care. The assessment considered areas such as end of life wishes and pain management. Palliative care is for people living with a terminal illness where a cure is no longer possible. It's also for people who have a complex illness and need their symptoms controlled.

## Is the service responsive?

### Our findings

The service was very responsive in all aspects of service delivery. This started from a pre-admission assessment stage, through keeping the documentation up to date and this was apparent throughout the day to day support we observed.

Each person had a robust assessment of their needs before admission. The management ensured the assessments were individually tailored to the needs of people. For example, one person who required a specific type of equipment for their transfers. We spoke with the relatives of this person and they told us "The management were amazing, they carried out one pre-admission assessment in the hospital and then they sent in two more senior staff (moving and handling trainers) to carry out an additional assessment around the transfers". This was to ensure this person's mobility needs were met by the staff at The Grange and provided additional reassurance to the person and their family.

People's care plans reflected the needs and support people required. The care plans covered areas such as personal care, mobility, emotional support, daily life, continence and communication needs. The care plans included information about personal preferences and were focused on how staff should support individual people to meet their needs. We saw a number of observation charts recording people's progress and daily progress notes were maintained on each person living in the home. The care records were current and reflected people's needs in detail.

We noted care plans and risk assessments were reviewed regularly. For example, one person suffered a number of falls in the recent months. We noted the referrals to the falls clinic were made promptly and the person was to be seen by a professional. We noted the person's care plans and risk assessment were reviewed on the date they suffered the fall. This immediate action meant the person's changing needs were identified by the provider and appropriate steps had been taken to ensure the person's wellbeing was maintained.

The staff had outstanding skills when looking after people. They demonstrated an excellent understanding of people's social and cultural needs, used innovative ideas and involved people in the decisions about their lives. The support people received reflected there was a strong and well embedded culture within the home, focused on enabling people to live their life to the full.

The service ensured people's well-being was the key priority. For example, one person had been admitted with an assessment for end of life care. They had been receiving symptom management medicine via a syringe driver. A syringe driver is a device that helps control symptoms by delivering a steady flow of liquid medication through a continuous injection under the skin. With time, the condition of the person improved and the nurses contacted the person's doctor for support to reduce and then completely remove the use of the syringe driver. This was replaced with transdermal and oral medication. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of drug through the skin and into the bloodstream. We noted the person was in a stable condition and although they still received palliative care they were able to eat, drink and enjoy life more within the confines of their condition. The

registered manager told us "This person was given back their control. We involve them now so the person can communicate their needs, for example, if they need their pain relief".

There was one person who suffered from a condition which related to their continence. The registered manager told us "We did not just accept the person was becoming incontinent". The person was referred to a specialist bladder and bowel service for an assessment. The advice received from the service was the person needed to retrain their bladder. This included extension of the intervals between toileting despite having a need to go to toilet. The manager designed a chart which was used to remind the person when they last went to toilet. We saw the chart was completed by the staff regularly. We also asked the person about their view and they told us "This worked for me" and when we asked them about the new regime they said it was "So much better than wearing (incontinence) pads". This meant the service ensured the person was enabled to live as full life as possible and empowered them to have some control in their life.

Following another person's admittance to the home, it was identified that this person's smoking habit needed to be reduced. The person was referred to the local 'stop smoking clinic' and they were supported to use nicotine patches. The person acknowledged they needed to reduce their smoking due to their ongoing breathing condition. This showed how the provider planned the person's support and worked with them to improve their health and lifestyle.

The registered manager also told us another success story. One person suffered a stroke and they lost their ability to speak. The person was also receiving their nutrition via Percutaneous Endoscopic Gastrostomy (PEG) tube. When a condition affects the patient's ability to eat, a feeding tube is inserted to facilitate the person's nutritional needs are met. The person had been referred to speech therapy and one of the nurses commenced gentle mouth exercises. The staff member sat with the person and they recited the alphabet together. Eventually the person started saying an odd word, naming flowers and colours. As a result the person was able to take more control over their daily support and wanted to do more independently. The person communicated they wanted to try to eat again and did not want to continue with the PEG. Following a professional assessment and with the support of the staff, the person started eating normally. The home also secured a placement and the funding for the person to attend a rehabilitation centre. The staff ensured the person was accompanied to the centre and they had their favourite and necessary equipment such as an adjustable table with them. The manager told us the progress the staff witnessed was remarkable. The person was able to communicate with her family, able to eat and drink normally and enjoyed their food once again. The person had taken back control of their life. The person was able to go home and enjoy a family dinner. The person told the staff she felt there was purpose to her life again.

During our inspection visit we observed numerous examples of person centre care in practice. For example, one person asked to go to the local shops during the afternoon which was a spontaneous request. The staff immediately altered the work allocation to facilitate this person's wish to go to the shops. This meant the person's wishes were respected and treated as a priority.

Another person had a very small appetite and finishing a meal was a challenge for them. The staff worked with the person and identified serving them a small portion of their meal on a regular sized dinner plate did not work as they were still reluctant to eat. The staff then started serving this person's meal on a tea plate. We noted the person accepted this and they were observed enjoying their meal and as a result they ate more. This meant the person's needs were appropriately identified and met by the staff which enabled the person to maintain good nutrition.

We observed the medicines round. We saw the nurse demonstrated an excellent practice in responding to each person as an individual. Instead of undertaking the drug round by route as per bedroom numbers, the

nurse, who clearly knew people very well, did her medication round in a way so people's needs were met. She told us "I am going to see [name] now, as I know they like their medication straight after they had a shower" and "I need to go to [name] now as they like to sleep in and they will need their medication before the breakfast". This meant the staff not only knew the people well but they tailored the way they carried out support to reflect people's needs and preferences.

People's relatives were extremely complimentary about personalised care and the individual approach their loved ones received at the home. One relative told us "[Name] has not been here long and the nurses have been amazing, they recognised [name] is a shy person, they showed encouragement and gave her time. One day they took her to communion and sat them next to another person they felt was a good match socially. They also told us "One day [name] attempted to get up from their chair and walk. I think they forgot they were not able any more. On the same day the staff situated a pressure mat which would sound an alarm if [name] tried to attempt to walk". The family added their relative was also encouraged to have their hair done on the second day after they arrived to the home and they commented "These three things had a massive impact on [name]. This all seem so natural to staff".

Another family commented they were so grateful to the staff for 'working so hard to get to know their relative personally'. They told us this enabled staff to have good conversations with the person and helped them to settle. They also said "We moved [name] to be nearer to us and the staff have been so patient and kind to them, trying to chat to them about things they know and love, this has helped them tremendously and also helped us as a family, we couldn't be more grateful".

The provider implemented an innovative way of getting to know each person as an individual. A scheme "People like me, like ..." was in place with an emphasis on each person's identity and what was important to them. This related to the people who used the service and the team working at the home. Each member of staff had their likes written on their name badge. For example, music and travel, rugby and television. Additionally a display of all staff pictures and their likes was available in the reception area. The display even included the home's cat and the therapy dog. Opposite the staff display there was a family tree with people's pictures and the things they liked. Each person had also their likes displayed on their bedroom door.

The idea behind the scheme was to identify a connection between people who shared similar interests. The manager told us this worked extremely well and the scheme allowed people to find common interests which contributed to meaningful interactions and brought the home's community closer. Each person or a member of staff could nominate a 'Connections Champion' when a meaningful connection was made. Every two months the best Connection Champion was recognised and awarded. There were several successful connections made since the scheme had been introduced. This meant the provider promoted a vibrant and consistent, active culture that was focused on meaningful relationships.

For example, one person who used to enjoy baking cakes was identified as a connection with one member of staff who enjoyed baking. This created an opportunity for a member of staff to seek an opinion and advice on their baking skills. We asked the person what they thought about the connection. They told us "I used to make all cakes, birthday and wedding cakes. It is a one thing I am sorry I never went into professionally. I like cakes, [name of the staff] brought pumpkin cake. It's nice to give advice". This meant the person's skills were promoted and the service empowered them to act as an expert advisor on the subject of their interest.

Another person liked musical events and the member of staff who shared the same interest identified the local church and the village hall often held recitals or pantomimes shows. They facilitated for the person to attend these events and the person enjoyed these outings. This showed the provider ensured the person's



cultural needs were met.

As a result of another successful connection, a 'knitting circle' had been set up. This was another opportunity for a social gathering where people chatted about knitting booties, hats or mittens for their grandchildren. A member of staff helped people to choose the wool colour and would support them to knit a garment of their choice. Once completed the item was wrapped and posted as a surprise present from a 'granny'.

The registered manager told us that as a result of another successful connection between a person and a member of ancillary team, the gardening club would be introduced as soon as the weather allows. The registered manager also told us the connections have proven to work not only within the service but also for visitors. For example, a visitor saw on one person's bedroom door the person liked certain sport and chatted to them about this. This demonstrated how the provider promoted people's individuality, encouraged them to pursue their interest and kept people in touch with the outside community.

The activities and social stimulation were excellent. There were several areas for people to socialise in and people used the activities room for reminiscence activities which encouraged discussion. The spiritual support was also provided on regular basis, we noted a chaplain arrived during our visit. We noted staff went round the bedrooms offering people the choice to attend the short service to ensure they felt included. Other activities included flower arranging, musicals, shows and external entertainers.

People spoke very positively about activities. One person told us "Quite a few, plenty of entertainment". Another person said "Lots of going on". A relative told us "[Name] says to me there is always something going on and they say they are so much happier to what they were in their own home". When people preferred individual activities this was respected. One person said "There are activities, but I just keep to myself". We observed this person, after they had their breakfast, was sat at a small table and were finishing their puzzles. The staff told us and we saw the puzzles completed by the person were framed and displayed around the home.

On the day of our inspection we noted several groups of visitors engaging with the people they were visiting. The resources such as puzzles, photo albums, small tables to sit around made available to facilitate these meetings. Relatives told us they were able to visit at any time. There was a strong emphasis on the community spirit at the home.

During the afternoon we noted a flower arranging activity. The activity coordinator took care to involve both more able and vocal people and those that were not able to verbally communicate. The member of staff took the flowers round to people and asked them if they could identify the flowers and if they remembered having these in their own garden. We observed the staff asked people for help in deciding which flowers should be arranged where and comments on how the arrangement was looking. People were engaged and enjoyed the conversation around this activity.

The registered managers also told us about the recently introduced 'Ladder to the Moon' project which as they described was "A way of making sure every person living at the service gets involved". This enabled the service to bring creativity to care, promoted meaningful activities and involved the staff and the people at the service. The aim was to create 'Vibrant Communities' focused on innovative approaches to open up a creative culture of the activity provision. The most recent planned activity was to create a movie. The people were asked to choose a theme and they agreed on "South Pacific" which was going to be produced later this month. The 'Ladder to the Moon' pack included, plot summaries, images from the original film, lyrics and music. People who agreed to take part in this activity were going to create their own version of the movie



which promoted social engagement and developed a creative environment.

Strong and meaningful communities were maintained which created opportunities to enhance people's wellbeing and opportunities for people to have a sense of purpose. The children from the local school visited weekly. They participated in arts and crafts activities with the people living at the service and their relatives. The students made a contribution to the lives of people living at The Grange and in return they took away a wealth of living history. This assisted some students in their own goals. For example they continued with their voluntary work and worked towards their Duke of Edinburgh Award. This is an internationally recognised programme for young people providing a challenging and rewarding programme of personal development.

The areas of the home were designed to support people with orientation. We noted there were boards in the communal areas of the home, the current date and weather forecast was recorded. The registered managers told us they identified one meeting room to be used as a GP consulting room. This meant people were able to 'go and see their doctor' as if they were visiting the practice in the community. We saw a note "Doctor Surgery in progress - do not disturb" was available to be displayed when the surgery was taking place.

The provider had an effective system for handling and responding to complaints from people using the service and their relatives. Information about how to make a complaint was included in Service Users' Guide provided to people on admission. The complaints policy and an easy to follow procedure were displayed in the reception area. The management fostered an open and transparent culture and they welcomed any ideas how to continuously improve the service. Additionally, suggestions and comments forms were available for people to use. Both registered managers were visible around the service throughout the day and by their hands on approach and ease of communication they were able to deal with any concerns promptly.

We viewed the complaints log and noted there were only three complaints received in the last year. These were investigated thoroughly and responded to in a timely manner. People told us they had no reason to complain but they knew who to speak to if needed. One person told us "I never complain, there's no need". Another person said "Life is so simple here. I have nothing to worry about. But if I did I would go to the boss, the manager". Another person said "I never had to complain since I've been here, they (staff) always want to know if everything is ok and all that".

One relative told us "Never had to complain, once I asked for a piece of furniture to be replaced with a different one and they did it, they're very good". Another relative told us "My [name] has not said anything she did not like here". Staff we spoke with told us people's complaints were taken seriously and they would report any issues to the managers. One member of staff said "I would ask the person what was the matter. I would try to help them resolve it. If they wanted to take it further I would go straight to the office". We noted the service received an impressive number of compliments in the last year. The compliments received referred to excellent care and support provided by the home and reflected people were very satisfied with all aspects of the service.

## Is the service well-led?

### Our findings

Both registered managers had been working at the service for over 30 years. This meant they contributed to the stability of the service and had an excellent understanding of the quality of care for people. They ensured they met the regulations of the Health and Social Care Act Regulations. The registered managers told us the service celebrated its 30th birthday last year and they were recognised by the provider for their hard work and dedication.

The registered managers were passionate about their work and they promoted high standards of care through a 'hands on' approach and attention to detail. They provided excellent leadership to the team at the service. This helped to ensure the service was very responsive to people's needs and the management acted as excellent role models for the team.

People we spoke with and their relatives described the home as very well managed. Relatives told us they had chosen the service because of their positive first impressions and local recommendations. There was a warm, open atmosphere and the service ran smoothly on the day of our visit.

One relative said "It is very well run". Other comments from relatives included; "This place has a long history and stability due to very experienced managers", "The management also care for families. They actively encourage us to speak to them. We've been recommended this home by a professional who told us you will not find a better one than The Grange" and "They are the most welcoming".

One external health professional told us "This is the best home in the area". They added the team of nurses knew people well. They also had a good knowledge of different health conditions and were proactive when making referrals. They added the staff always had the most recent clinical observations to hand and referrals were always appropriate. They also told us the staff were always ready for their visit and accompanied them as appropriate in particular when a person was unwell or struggled to communicate.

The staff were all very enthusiastic in describing the support received from the management. One member of staff said, "They (managers) are always around so we can ask them if we are concerned". Another member of staff told us there was an open culture based on no blame principles at the home. They said, "If I made an error, I would not be worried to report this as the managers are very supportive and just want to understand what happened and how to stop it happening again". Another staff member said, "The management is very supportive, you feel like they were on the same level and not above you, we can go to them with anything and anytime". This meant the management successfully developed a culture which encouraged staff to raise any issues. Another member of staff said "Managers are very supportive and they are always around. They are very hard working and they are very hands on. There is no detachment between the office team and us".

Relatives we spoke with also commented positively on communication from the service. One relative told us, "They always ring me if something has happened or a change was made to [name] care."

Our observation on the day of the inspection confirmed this, we saw the registered managers walked around the service and helped with any tasks if required such as transferring people to a wheelchair. We noted the people knew the registered managers by name and there was an ease of interaction between people and the management. The registered managers' knowledge about individual people's needs and their health condition was impressive. They were able to tell us people's health history and the details of the treatment people received. The feedback received from the staff confirmed the managers were very involved in care planning. One of the nurses told us "The manager walks around and observes. They use this as an opportunity to update us on clinical issues or leadership".

The registered managers told us the service was regularly visited by the senior management from head office. This provided managerial support and guidance. The registered managers also attended wider manager meetings and areas such as leadership, budget and recruitment were discussed. This was an opportunity for the managers to share what was working well and what could be improved, discuss good practices and learn from each other. The managers were able to share the feedback and learn about other success stories from 'People like me, like' scheme of which the management team of The Grange were the champions.

Additionally, the provider had facilitated training sessions by 'Ladder to the Moon' scheme. The scheme focuses on creativity and innovation within the care sector. This meant the provider demonstrated commitment to achieving excellence in providing a truly positive care experience through innovative and creative leadership. The Grange was the first home within the group that successfully piloted the electronic care records and the managers were able to share their experience around using these.

The service had a clear staffing structure in place and the staff were aware of their roles and responsibilities. A number of champions or leads were appointed. This included Safeguarding, Dignity and Advocacy champions, Tissue Viability lead, Infection Control lead, Medicines Management lead and Moving and Handling champions. One member of staff told us "The management have invested in my development and I enjoy the lead role I have". This meant the service invested in staff and ensured their job satisfaction. This helped to retain a consistent and motivated workforce and allowed the management team to consider future developments.

There was an effective communication within the service. Staff told us there was a supportive and open culture between the team members and this was evident in general observation with the ease of communication between them. We observed a handover and we noted the staff were asked for their input. For example, they were asked to choose which unit to work on. The nurse in charge told us they would step in and reallocate if the choices made by the staff were not to meet people's needs. There service issued a staff newsletter where areas such as training, compliance and activities were discussed. There were monthly general staff meetings and two weekly clinical staff meetings. We saw the minutes from these meetings and we saw issues such as champion's roles, health and safety or staff development were discussed.

The management ensured people had opportunities to contribute to the running of the home. For example, by promoting an open door policy and holding regular residents' and relatives meetings. We saw the minutes from these meetings and we noted people were actively involved in making contributions to these meetings. We noted entries such as 'went around the room and asked people if they had any concerns' were recorded. We also noted any areas required further action were recorded and followed up. For example, one person wanted to rearrange the layout in their bedroom and the maintenance man was allocated to assist the person. The minutes also clearly stated where no action was required as a result of the meeting.

A positive culture had been developed and sustained over the years and the registered managers

demonstrated they were proactively finding a new ways to improve the service. The registered managers demonstrated they worked in partnership with other organisations, referring to national guidance on good practice and constantly developing their practices.

The provider supported the management of the Grange's who volunteered to be a part of an innovative new pilot to work towards a Bronze Stroke Association's Care award. The team successfully drove changes and recently became the first home in the UK to achieve this award. The service's self-assessment tool was recognized as an example of outstanding practice. The Stroke Association set the standards achieved by the team at The Grange as the baseline for other providers wanting to work towards this. The management planned to achieve a Silver Level award next, which reflects their continuous strive for improvement. A representative of Stroke Association commented, "They're continually striving to improve and the changes implemented at The Grange have gone beyond what we have asked for. Many of the changes implemented are already well on the way to achieving the next level, a Silver award". The award will enable the team to further develop a culture where the staff understand the needs of stroke survivors and are trained in best practice to improve the quality of their life.

The management strived for excellence through their research work. As a result of their work towards the award, the managers raised with the head office that the provider adopts the stroke policy. All the services within the provider's group signed up to the policy, meaning that staff know what a stroke is, can recognise signs of stroke and they know how to act if they suspected a stroke or.

A representative of Stroke Association told us, "The Grange is complying with the National Stroke Strategy by ensuring stroke survivors have reviews with the appropriate professionals. The registered manager showed drive and imagination and created an editable Stroke Recovery Passports. These are a superb example of the registered manager's problem-solving capability. The Grange's version of the Passport is now being adopted by the Stroke Association". The management also planned to hold a Stroke Open Day, inviting local people and families to come and find out more about stroke and how they support stroke survivors.

The service also ran 'Shires Therapy Group' which were facilitated by a qualified Occupational Therapist. The sessions, groups or individual if needed, took place twice per week and the aim of these was to exercise the mind and promote people's wellbeing.

The management talked about their service with a pride and they told us they were always looking at ways to involve all community. The ethos of the home "Let all we do be done with Quality, Dignity and Choice" was reflected in day to day practice. The managers strived for excellence and told us they were developing a new observation assessment tool for staff. These were going to be used as an additional form of staff competencies in areas such as understanding of legislation for example, surrounding safeguarding issues. This was to ensure staff knowledge and practice was always reflecting the most up to date regulations.

The service promoted a sense of fun as well as compassion in the atmosphere. This not only related to people, relatives and the staff at the service. The team at The Grange demonstrated commitment to helping other people through sponsorship or donations to various causes. Various social events such as coffee mornings were organised to support a number of charities. We noted letters that had been received from Children in Need charity, Macmillan Cancer Support or Comic Relief to thank the community at The Grange for their donation.

A number of quality assurance audits had been used to make sure the quality of the service was monitored. We saw the audits included clinical issues, care records, medicine management and health and safety. The

audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon. Additionally a monthly report was produced which included information about safeguarding concerns, medicine issues, complaints, activities and staff recruitment. Records also showed the registered managers had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. We noted the audit identified the type of the occurrences such as falls, skin tears or a bruise. This allowed the management to identify any trends or patterns and to prevent further reoccurrence.