

J Fisher

Grangewood Lodge Residential Care Home

Inspection report

Lullington Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 March 2016. The inspection was unannounced. Our last inspection took place in June 2014 and at that time we found the provider was meeting the regulations we looked at.

Grangewood Lodge provides residential care for up to 33 older people who may be living with dementia. On the day of our inspection 28 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the service and staff knew how to respond to incidents if the manager was not in the service. Staff understood their role in protecting people from the risk of harm.

People's preferences were considered and incorporated in their support plan. There were regular reviews of people's care to ensure it accurately reflected their needs.

People were supported by staff who had the knowledge and skills to provide safe care and support. There was sufficient staff available to meet the identified needs of people who used the service in a way that they wanted this.

People were supported to eat and drink what they liked. Where concerns were identified, people received support from health care professionals to ensure their well being. Health concerns were monitored and people received specialist health care intervention when this was needed. Medicines were managed safely and people received their medicines at the right time, as prescribed.

People were treated with dignity and respect and had their choices acted on. The staff were kind and caring when supporting people. People were confident that staff supported them in the way they wanted. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided.

People enjoyed the activities and opportunities to socialise. People were able to stay in touch with people who were important to them as visitors could come to the home at any time.

People knew who to speak with if they had any concerns and they felt these would be taken seriously. Arrangements were in place so that actions were taken following any concerns which was raised.

Quality assurance systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were involved in developing the service and there was strong

leadership which promoted an open culture and which put people at the heart of the service. There was regular communication with people and staff whose views were gained on how the service was run; their views were used to make continuous improvements.

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 felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. People received their medication as prescribed and medicines were managed safely. There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training to meet the support needs of people who used the service. People were supported to eat and drink and their health was monitored and the staff responded when health needs changed. People made decisions in relation to their care and support.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion and respect. People were encouraged to make choices and decisions about the way they lived and they were encouraged to remain independent.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies. People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The management team were approachable and sought the views

of people who used the service, their relatives and staff. There were effective procedures in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement.

Grangewood Lodge Residential Care Home

Detailed findings

Background to this inspection

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

We inspected the service on 3 March 2016. This was an unannounced inspection. The inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (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. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with five people who used the service, four relatives, five members of the care staff, the registered manager and the provider. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care records for three people to see if they accurately reflected the care people received. We also looked at two recruitment files and records relating to the management of the home including quality checks, training records and staff rotas.

Is the service safe?

Our findings

People who used the service told us they felt safe. They told us that if they were concerned they would talk to a member of staff or the registered manager if it was more serious. One person said, "I felt at home as soon as I walked in here. It just felt right and I haven't been disappointed." Another person told us, "I was lucky to come across this place. Everything is just how it should be and it's nice to feel content and safe."

People felt assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse and had a good knowledge of how to recognise and respond to allegations or incidents of abuse. One member of staff told us, "We all take responsibility for reporting anything which we are worried about. We have to act on what we see to protect people." We had not received any recent safeguarding referrals and the staff demonstrated that they knew what constituted abuse and when to escalate concerns.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. Staff understood how to support people and we saw when people were supported to move with the aid of a hoist, staff were attentive and spoke to people throughout the procedure. One person told us, "When they used the hoist I found it was a little frightening at first. The staff were very good and put me at ease. The staff are very clever and I trust them and I like someone to hold my arms when I'm in the slings. I'm confident that the staff know what they're doing."

Accidents and incidents had been recorded and analysed to identify any trends. Any risks or learning points identified as a result of these were cascaded to the staff team. One member of staff told us, "We are always looking at how we can do things better for people. When we review the falls we also look at how we could have done things better too." Referrals were made to external professionals as required. This was so that specialist advice was sought to reduce the risk of further accidents and incidents from occurring again.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were quick to respond. We observed that staff were available at the times people needed them, so they received care and support that met their needs and preferences. There was a member of staff present in the lounge area at all times and we saw that they spoke with people and ensured their welfare. For example, one person had fallen asleep in their chair and looked uncomfortable. A member of staff spoke quietly to the person and helped them to change position. Where call bells were raised, people were supported promptly. One person told us, "The staff are always here to help us." Another person told us, "If I need them they are there. You don't have to wait for long, which is good." The staff told us that the team worked together to ensure that vacancies or unplanned absences were covered in the team. One member of staff told us, "We work so well together and support each other. We want to make sure people have excellent care at all times so we work together to make sure everything is covered." The staff explained that a large number of staff members had worked at the home for a long time which ensured continuity of care for the people.

Recruitment procedures were in place to ensure, as far as possible, new staff were safe to work with people

who used the service. We spoke with one member of staff who had recently started working in the service. They told us they had to wait for their police checks and references to be completed before they could start working at the service. They told us, "The manager made it clear that these checks would need to be here before I could start working and explained why. I understood and when my police check arrived I brought this to the manager so they could check this."

People were supported by staff to take their medicines at the right time. We observed a member of staff administering medicines to people and saw they followed safe practices. Staff received training in the safe handling and administration of medicines and had their competency assessed. Information was available to identify where people needed 'as required' medicines. One member of staff told us, "We've reviewed how people have their medicines to make sure when people need extra tablets they have them correctly. Where people are not able to tell us if they are in pain, we recorded what facial expressions people make or sounds which may tell us they are in pain. The last thing we want is for people to be suffering. This helps all the staff recognise and know the signs of discomfort." We reviewed the medicine administration records for people who used the service and we found the systems were safe and people were receiving their medicines as prescribed.

Is the service effective?

Our findings

People felt supported by staff that had the knowledge and skills to provide effective care and support and told us they felt that the staff were sufficiently trained. One person told us, "We are very fortunate that we have so many staff that are good at doing what they are doing." Staff completed an induction when they first started to work, that prepared them for their role before they worked unsupervised. One new member of staff told us, "I'm working with experienced staff at the moment until I finish my induction. It's good because it's giving me time to get to know people and to understand what I need to do." The registered manager had organised that all new staff would complete training based on the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff demonstrated a good knowledge of people's needs and told us they had received the training necessary to support people. The staff told us they had recently received training to understand the needs of people with dementia. One member of staff told us, "After the training we changed our uniforms. We now wear bright coloured tops with our names in large print so it's easier for people to know who we are. We also changed our plates so they had a bright edge to support people to identify where the food was. We looked at how we could make the home better too and in people's rooms. We've painted the doors a different colour so it stands out so people can identify where the toilet is." The home had large room signs on the bedrooms and bathrooms to help people to identify different rooms; consideration had been given to colours including having red toilet seats. This draws attention to the toilet and can help reduce accidents; especially for people with living with dementia or with a visual impairment.

Staff told us they enjoyed working in the service and had worked in the service for a number years. Staff said they had regular support and supervision with the registered manager where they were able to discuss the need for any extra training and their personal development. They told us they were given the training they needed to do their job.

We heard staff offering people choices and gaining consent from them before providing care. People were asked how they wanted to spend their time and where they wanted to sit. One person told us, "The staff ask me if I want to be involved with what's happening but usually I don't. I like to occupy myself and they respect that." When people were being supported to move, we heard staff ask for their consent. A member of staff told us, "We know how important it is that people make their own decisions and we respect that. We want people to do as much as possible for themselves."

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. A member of staff said, "We are reminded each day about how important it is to make sure people make their own decisions; we check people understand and have capacity to make decisions. It's really

important that we are doing everything right and don't make assumptions about what people want." We saw assessments had been completed for people who needed support with decision making. When people were unable to make their own decisions, staff recorded decisions made on their behalf in their best interest.

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. Some people who used the service were unable to understand risks to their safety and that they were not safe to go out without support from staff. We saw that appropriate applications had been submitted to ensure that people were only deprived of their liberty when it was necessary to protect them from harm.

People were supported to eat and drink enough to help keep them healthy. We observed the lunch time meal and saw that where people needed support to eat this was given by staff in a discreet and supportive manner. People had a choice of what meal to eat and there was a vegetarian option. One person told us, "We look forward to the meals here, They are very good." People had a choice of when to eat and one member of staff told us, "We tend to have two sittings of each meal as some people like to get up early in the morning, so it's only right they should be offered an earlier time to eat lunch and dinner." People were able to have tea and coffee making facilities in their room. One person told us, "I like to make my own and have everything I need here." Staff had a good understanding of people's specific dietary needs and likes and dislikes. Where there were concerns about people's weight, we saw that people were weighed regularly. Where people had been assessed as requiring extra calories, fortified food was provided and regular snacks were given.

People's health needs were monitored and their changing needs responded to. Where people were at risk of developing a pressure ulcer or had developed an ulcer, staff had sought appropriate advice from the district nursing team and had obtained specialist equipment to help manage the risk. One person told us, "I've just had a new bed and it's so comfortable. The staff have to move me during the night and this bed is so comfortable I went straight back to sleep."

People told us they were supported to see a doctor when they needed to and that chiropodists and opticians visited them at the service. One person told us, "I have my blood checked and go to the hospital. I have an appointment next week and the staff have arranged transport for me so I can get there." Another person told us, "I have my eyes tested. My eyesight is very important to me and if I need new glasses I get them ordered."

Is the service caring?

Our findings

People told us that staff were consistently caring and kind and that they felt very comfortable with the staff. One person told us, "The staff here are like family. We get on really well and I feel at home here." Another person told us, "They are all so lovely. We talk about everything and our families. They always have time for us." One relative told us, "One thing that shines out, is that staff are always talking with people and its not unusual to see people being comforted." We saw people laughing and chatting with each other and with staff. People told us they had developed friendships with other people and with staff and these relationships were evident.

People's comfort was important to staff and we saw where people were agitated or upset the staff spoke with people, giving reassurance and support. The staff bent down to be at the person's eye level and spoke directly to that person. Where people had a hearing impairment they gained their attention before speaking and checked they heard and understood what they were saying. Staff were patient and waited for responses from people when assisting them to mobilise or when waiting for a response. One member of staff told us, "Most of us have worked here for a long time which means we know people really well. I love listening to people and listening to what they have to tell me and this helps when we speak with people." A relative told us, "I visit here at different times and the staff are always welcoming and everything is just how it should be. It's good with the staff as they been here for a long while. It's like seeing old friends."

We saw people's choices were respected and they were able to choose how they wanted their room decorated. One relative told us, "When [person who used the service]'s room was decorated, we were all involved with the decisions about how this was done. The manager asked what we wanted and they were very accommodating."

People told us that staff respected their privacy and dignity and we saw staff speaking with people discreetly about matters of a personal nature. For example, where people had spilt food on their clothes, staff supported them to change. One relative told us, "The staff understand the importance of looking nice and making sure clothes are changed. More importantly though they recognise that sometimes people don't want to change and this is respected too. I've seen where this happens they may ask later, but people aren't forced to do what they don't want to do."

People were able to have a key to their room and a lockable facility in their bedroom. One person told us, "Whenever I go out I always lock my room. I like to know everything is safe and people respect that. Staff don't come into my room unless I give permission. I like it this way."

People were encouraged to maintain relationships important to them. A relative told us, "I visit whenever I can and I am always made to feel welcome. The staff are always attentive and we can visit in their room or get involved with what's happening around the home. It's never awkward." Some people chose to go out on their own or with family and friends and staff fully respected this. One person told us, "My friends visit and we go off out together. There's never a problem with this."

Is the service responsive?

Our findings

People told us they received care and support in the way they preferred and met their needs. They told us their support had been discussed and agreed with them, and staff knew about their likes and dislikes. One person told us, "I have everything I need here. Everything is right in my room and with the care. I wouldn't change anything. The staff had a good understanding of people's preferences and care needs and the support was reviewed with people each month. One member of staff told us "People have monthly reviews here. We sit with them in their bedroom and go through the care plan. This includes asking people if everything really is okay or if anything needs changing. We ask how the meals are and what can be changed to make things better. We ask people what their favourite meal is and do we serve this? Where people lack capacity it helps being in their own room because there are less distractions. We point at things so we can help them to remember and understand. For example, we open the wardrobe door and ask about the clothes and whether they are happy with how they are supported to dress and what they wear. Everybody here can contribute towards their review."

People told us they could choose how to spend their time and what to be involved with. People told us they spent time in their room or doing activities. There were activities during the day and we saw people were enthusiastic to participate. The activities included skittles and ball and bean bags games. One person told us, "I've enjoyed today." We saw people were entering in competitions and laughing with each about scores and how well they had performed. One relative told us, "Today has been really good; it's nice to see people enjoying themselves." One person told us, "I prefer activities my own way. I like to do puzzles; to keep busy and keep the dust out of my brain. I also like to turn the television on and know what's going on."

People were registered and able to vote. One person told us, "I'm registered to vote. When women went to all that trouble to vote, it's an insult to them not to vote. I'm interested in what goes on in politics and will definitely be voting in June." The registered manager confirmed people were registered and were supported to go and vote or use the postal voting service. The care records recorded whether people wanted to apply for postal voting so this could be arranged.

People were supported to practice their faith and to attend their chosen church. One person was visited by their priest and had communion in private. The person told us, "My faith is very important to me and I'm happy with the arrangements here."

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not have any concerns and one person said, "They listen to you and I know if anything was wrong they want to put it right." Relatives said they felt comfortable to speak with staff if they wanted to raise any concerns. One relative told us they had raised some minor concerns. They told us, "I mentioned something that I wasn't happy with and they sorted it out straight away. They weren't defensive. They told me when we came here that they are always aiming to improve and if they get things wrong to tell them." Another relative told us, "The staff are lovely and very supportive. If I have any problems I can always tell them, there is good communication here." There was a procedure for staff to follow should a concern be raised. Staff knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns. We saw

where formal complaints had been raised, these had been investigated and the person had been informed of the outcome.

Is the service well-led?

Our findings

There was a registered manager in post and they understood their role and responsibilities. People were clear about who the manager was and felt they could approach them if they wanted to talk to her about anything and they would listen and make changes as a result of this. The registered manager had a good understanding of people's needs and drove improvement within the service for the benefit of the people who used the service. People and their relatives told us that the registered manager was approachable and they felt they could raise any concerns.

People were encouraged to put forward their suggestions and views about the service they received. There were meetings for people who used the service; we saw the last meeting considered people's views on the meal arrangements over the Christmas period, how activities were organised and improvements to be made to the home. Minutes were available in large print for people to read. The home was being extended and the provider had arranged for facilities and bedrooms to be enhanced. We saw people were consulted about the developments and their views were listened to. People were also consulted individually about the quality of the service and their care. One member of staff told us, "People are asked about how they want things to change or improve. For example, when we change the menus, we go around and ask people individually rather than have the big meetings, as this means everyone can contribute."

The registered manager carried out quality checks on how the service was managed. These included checks on care and associated records, health and safety and incidents. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. For example people had identified that improvements were needed with the bathrooms. We saw these had been redecorated and new seats and grab had been provided.

The provider had arrangements in place to monitor the quality and safety of the service people received. The provider visited the service and the staff told us that the provider asked people how they felt, spoke with family and shared a meal with people. One relative told us, "The provider will always speak with us. It's nice to see them." A member of staff told us, "The provider is very proud of this home and what happens here and they like to get involved."

Staff had a good understanding of their role and responsibilities and they told us they enjoyed their work and valued the service they provided. One member of staff told us, "I get a lot of satisfaction here because the standards are high. We are always looking to make improvements and there is always room for improvement. We try to do the best we can and if we get things wrong then we own up to things. Staff were able to put forward their suggestions and be involved in the running of the home and review their contribution. One member of staff told us, "I can tell my manager anything; they're really supportive and they boost my confidence and praise me." Another member of staff told us, "The manager is very supportive; that's why we are still here."

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people

received.