Care Quality Commission

Derbyshire County Council

The Grange Care Home

Inspection report

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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

Overall summary

This inspection was unannounced and took place on the 13 May 2015.

The Grange provides accommodation and personal care for up to 25 older adults, including some people who may be living with dementia. At the time of our visit, there were 23 people were living in the home. There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in January 2014, people were not always protected from the risks of infection or from receiving unsafe care and treatment. This was because recognised guidance was not always being followed, risks to people's safety from their environment and health needs were not always properly accounted for and

Summary of findings

accurate records of people's care and treatment were not always maintained or securely kept. These were breaches of Regulations 12, 9 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements were made.

However, delays sometimes occurred in the transferring of information about changes to people’s health needs from computer held records to their individual care plans, which care staff followed. However, staff were kept verbally informed about and understood the changes. The registered manager agreed to take action to address the delays. This helped to mitigate any risk from this of people receiving ineffective or inappropriate care and treatment from inaccurate record keeping.

People felt safe in the home, which was kept clean and well maintained. Arrangements ensured that staff largely understood and followed their roles and responsibilities for the prevention and control of infection in the home. Further minor improvements were being made through additional policy review and staff training.

People were protected from the risk of harm and abuse. Potential risks to people’s safety were taken into account in the planning and delivery of their care and people’s medicines were being safely managed.

People’s health needs were being met and they were supported to access external health and social care professionals when they needed to. Staff understood the key principles of the Mental Capacity Act 2005 and they followed this to obtain people’s consent or appropriate authorisation for their care.

The provider’s arrangements for staff recruitment, training and deployment helped to make sure that people were safe and received the care they needed at the time they needed it.

People were appropriately consulted about and happy with their care. They were confident to raise any concerns or complaints, which were listened to and addressed by the service.

Staff, were kind and caring and they treated people with respect and promoted their dignity, independence and choice in their care. Staff knew how to and communicated well with people, who were actively encouraged and supported to engage and participate in a range of social, leisure and recreational activities. People were positive about their daily living arrangements and content that staff understood and supported their related needs and wishes. People enjoyed their meals, which provided them with a varied and balanced diet to suit their needs and preferences.

The home was well managed and run and people, relatives and staff were confident about this. The provider’s arrangements to regularly check the quality and safety of people’s care helped to make sure that people received safe and effective care and improvements were made when required. Staff understood their roles and responsibilities and they were motivated by recent service improvements. They were appropriately supported to share their views or raise any concerns about people’s care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. People were protected from the risk of infection and the home was clean, safe and well maintained. Potential risks to people's safety were taken in to account in the planning and delivery of their care and people's medicines were safely managed. Additional improvements were being made to fire safety arrangements in consultation with the local fire authority. People felt safe and they were protected from harm and abuse. Staff recruitment procedures and staff planning and deployment arrangements helped to make sure that people were safe and received the care they needed.	**Good**
Is the service effective? The service was effective. Staff followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care when required. Staff received the instructions, training and supervision they needed to provide people's care. Staff knew and understood people's health and nutritional needs, which were being met. People were supported to access external health and social care professionals when they needed to and staff followed relevant instructions for people's care when required.	**Good**
Is the service caring? The service was caring. People were happy with their care and had good relationships with staff that were kind and caring and treated them with respect. People's relatives were made welcome and kept appropriately informed and involved in people's care. Staff promoted people's dignity and rights and they consulted with people and supported their care and daily living choices.	**Good**
Is the service responsive? People's known preferences and diverse needs were taken into account in the planning and delivery of their care and daily living arrangements. Staff, were observant of people's needs and provided them with prompt support when required. People were confident and able to raise concerns or make a complaint about their care, which were appropriately addressed by the service.	**Good**
Is the service well-led? The service was well led. The service was well managed and run. The quality and safety of people's care, was regularly checked and improvements were made when required. Staff understood their roles and responsibilities and they were motivated by the recent care and service improvements.	**Good**

Summary of findings

Overall, records relating to the management and running of the service and people's care were accurately maintained and they were securely stored.

The Grange 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 visited the home on 13 May 2015. Our visit was unannounced and the inspection team consisted of two 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 service.

Before this inspection, the provider completed 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. We also looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with eleven people who lived at the home and one person's relative. We spoke with four care staff, a deputy manager, the registered manager and the provider's regional service manager. We observed how staff provided people's care and support in communal areas and we looked at six people's care records and other records relating to how the home was managed. For example, medicines records, meeting minutes and checks of quality and safety.

Good

Is the service safe?

Our findings

At our last inspection the provider's arrangements for the prevention and control of infection did not fully protect people from the risk of infection because recognised guidance was not being followed. We also found that people were not always protected against the risks of receiving unsafe care and treatment. This was because risks to people's safety from their environment and health needs were not always properly accounted for. These were breaches of Regulations 12 and 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which both correspond to Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements were made.

People told us the home was kept clean and well maintained. One person said, "They [staff] pay attention to cleanliness here, I don't think it could be better."

We observed that the home was clean and well maintained. Overall, staff understood their roles and responsibilities for the prevention and control of infection and hygiene in the home. They were provided with the equipment, guidance and training they needed and followed this. For example, for the appropriate storage and transportation of waste and laundry. Two care staff members were unclear about procedures in the event of body product spillages and the storage of used cleaning mops. However, the registered manager provided information, which showed this was being addressed through policy review and additional staff training.

People said they felt safe at The Grange. One person told us, "I feel completely safe here; there is enough staff and they know what they are doing." We observed that information was displayed to inform people of their rights and how to keep safe. This included information about what to do if they witnessed or suspected abuse of any person receiving care at the home. One person said, "I have never needed it, but it's good that it's there." Staff knew how to recognise and report abuse and they were provided with regular training and appropriate procedures to follow in any event. Since our last inspection, the registered manager had notified us of any alleged or suspected abuse of a person using the service and the action they were taking to protect people when required. This helped to protect people from the risk of harm and abuse.

People's care plan records showed that potential or known risks to their safety were identified before they received care. This included risks to people from their environment and their health needs. Care plans also showed how those risks were being managed and regularly reviewed. For example, risks form falls, pressure sores, poor nutrition and risks relating to people's mobility needs. Management checks of these were regularly undertaken and used to inform people's care and staffing planning arrangements in the home.

Staff understood the risks that were identified to people's individual safety in their care plan records and the care actions required for their mitigation. We observed that staff followed instructions for people's care and supported them safely when required. For example, staff were to hand when one person needed to move from their wheelchair to sit in a comfortable chair. They made sure the person had their mobility aid and that they were able to make this transfer correctly and safely. This helped to make sure that people received safe care and treatment.

People's medicines were safely managed. People said they received their medicines when they needed them. We observed staff responsible, giving people their medicines safely and in a way that met with recognised practice. Records kept of medicines received into the home and given to people showed that they received their medicines in a safe and consistent way. Staff told us about one person they were concerned about following a recent change in their mental health. Following this, the person's medicines administration record also showed that they sometimes refused their medicines, which they needed to maintain their physical health; but their care plan records had not been updated to reflect this change. However, records showed that staff had promptly referred this issue to relevant external health and social care professionals for assessment and review. This included the person's GP who was medically responsible for their treatment. Staff responsible for giving the person's medicines, described a revised and consistent approach to encourage and support the person to take their prescribed medicines in the interim. The registered manager told us they would take

Good

Is the service safe?

the necessary action to update the person's care plan. They have also since confirmed that this had been completed in consultation with relevant external health and social care professionals.

Staff responsible for people's medicines told us they had received medicines training, which included an assessment of their individual competency. Staff training records also showed that all relevant staff received this. The provider's medicines policy was subject to a periodic review and provided comprehensive guidance for staff to follow for the management and administration of medicines. This helped to make sure that people's medicines were safely managed.

Before our inspection we received concerns that staffing levels were not always sufficient to meet people's needs and we spoke with the registered manager about this. They told us about the action they were taking to recruit additional staff and to revise interim staffing arrangements to make sure they were sufficient to meet people's needs.

At our visit people using the service and staff felt that staffing levels were sufficient for people's needs to be met. Staff rotas confirmed there had been a recent review of staffing arrangements in response to people's changing needs and staff absence. This included the introduction of additional care staff cover, at key times where increased care activity had shown this was required in relation to people's needs. The revised arrangements were being consistently used and monitored to inform staffing planning and deployment arrangements. This was being done in a way that took account of people's needs and staff absence and recruitment requirements.

Throughout our inspection we observed that people received assistance from staff when they needed it. Staff planning arrangements had taken account of staff absences, including holidays and sickness. On-going account was taken of people's personal care and dependency needs and used to inform staffing deployment arrangements. Recognised recruitment procedures were followed to check that staff, were fit to work in the home before they commenced their employment. This helped to make sure that staffing arrangements were safe and sufficient to meet people's needs.

Emergency plans were in place for staff to follow in the event of any emergency in the home. For example in the event of a fire alarm; and routine fire safety checks were being undertaken and recorded. The manager told us that, further improvements that were being made to fire safety arrangements at the service in consultation with the local fire authority.

Good

Is the service effective?

Our findings

People felt their health needs were being met and they were satisfied with the care they received. One person said, “I am well cared for in every way.” Another person told us, “The care is worth coming here for; I never wish I was still at home; I’d recommend it to anyone.”

People’s needs assessments and care plans, determined their health needs and conditions. Staff, were provided with the information they needed about this and people’s related care requirements. Staff understood people’s health needs and they supported people to maintain and improve their health. For example, through the use of individually agreed health action plans.

People told us that staff supported them to see their own GP and other health professionals when they needed to. This included the arrangements for people’s routine and specialist health-screening such as optical care or diabetic health screening. People’s care plan records reflected this and showed that staff followed relevant instructions from external health professionals about people’s when required. For example, in relation to people’s nutritional needs and particular dietary requirements.

One person‘s care records showed instructions from an external senior medical professional, following changes in the person’s health condition. The instructions, which were for regular blood screening checks relating to the person’s diabetes, were not being consistently followed. We spoke with the registered manager about this and they advised they would follow this up and discuss the matter with the district nursing team responsible for carrying out the checks.

People said they were asked for their consent to their care and their care plans recorded their agreements. For example, this included a health plan agreement; consent to photography for identification and for relevant information sharing purposes. Staff understood the key principles of the Mental Capacity Act 2005 (MCA) and knew how to put them into practice. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this. Staff followed the principles of the MCA when required and people’s care plan records showed this. Where people lacked capacity to make decisions, their care plan records showed how decisions about their care were being made in their best interests. For example, one person’s care records showed they may not always be able to make important decisions about their care and treatment due to recent changes in their health condition. This person’s records also showed that staff had reported the changes to relevant external health and social care professionals for an assessment and review of the person’s mental capacity and treatment requirements.

Two people’s records showed how they were supported to make important decisions about their care and treatment in the event of their sudden collapse. However, where such decisions had been made about some people’s care and treatment in their best interests; relevant documentation was not always properly completed and did not always show that the MCA was being followed. Whilst staff at the service, were not responsible for completing the documentation; we spoke with the registered manager about this, who assured us they would refer this to the GP, who was responsible for their completion.

Staff told us about one person who was not able to make important decisions about their care and treatment. They described how they were restricting the person’s freedom in a way that was necessary to keep them safe. Appropriate steps had been taken to obtain a formal authorisation for this action from the relevant authority, which is known as a Deprivation of Liberty Safeguard (DoLS). This is required when a person’s freedom is being restricted in this way.

People said they enjoyed their meals and that snacks, fruit and drinks were regularly available. One person said, “The food is very good.” Another person told us, “The food is enjoyable and there’s always plenty.”

We observed that drinks with fruit or biscuits were offered during the morning and afternoon. Daily menus were displayed on a board outside the dining room and which showed a choice of hot and cold food at each mealtime. Food menus reflected people’s needs and preferences and showed a varied and balanced diet. Some people chose to eat their lunch in their own rooms and many people choose to eat in the main dining room where tables were attractively set with the required cutlery, condiments and napkins. Lunchtime was a cheerful, sociable and relaxed atmosphere. Meat or fish was put onto a plate by the cook from the main serving trolley and vegetables were

Good

Is the service effective?

separately served at each table by care staff according to what people requested. People were provided with the support they needed to eat and drink and said they had enjoyed their meals.

Staff told us they received the training, support and supervision they needed to provide people's care. Records reflected this and showed that staff, were supported to achieve a recognised vocational care qualification. They also showed that staff received regular training updates when required. All staff had recently undertaken a five day training course relating to dementia care. The registered manager said this was being done to prepare staff to meet planned service developments, which aimed to provide specialist personal care for people with dementia.

Good

Is the service caring?

Our findings

People and their relatives were happy with the care provided and felt that had good relationships with staff. Several mentioned the caring nature and attitude of staff, which they said was consistent. For example, one person told us, “They’re all so caring, I can’t thank them enough.”

Another person told us, “The care is worth coming here for; I never wish I was still at home; I’d recommend it to anyone.”

People told us that staff treated them with respect and supported their rights to dignity, privacy, choice and independence. One person said, I’m treated with respect; staff always knock on my door and wait for me to respond before they come in.” Another person told us that staff delivered their personal mail to their own room when it arrived, so they had the time and privacy to open it themselves.

People’s relatives said they were always made welcome at the home and kept appropriately involved and informed. One person said, “It’s lovely, staff are so warm and welcoming.”

Throughout our inspection we observed that interactions between people, visitors and care staff were warm and good natured. There were a lot of cheerful conversations and a few people commented to us that this was ‘the norm.’ One person said, “We laugh a lot here.” We saw that staff spent time with people and supported them to make choices about their care, such as where to spend their time and what to eat and drink. We also saw that when staff supported people, they were respectful and patient in their approach. For example, supporting people to mobilise.

Staff we spoke with understood the importance of ensuring people’s rights, including their privacy and dignity and demonstrating a caring attitude. They were able to give us examples of how this was done and were keen to tell us the home had achieved a local authority award initiative for promoting people’s dignity in their care. Some of the examples they gave us included approaching people discreetly to discuss their care needs and giving them time to make choices about this. Two staff said, “It’s important to us that people feel they belong,” and “We are like a family; We’re here to help people when they need help and we support their independence as much as they wish; it’s their home.”

This showed that people were treated with kindness and compassion and that staff promoted their rights to dignity, choice and respect.

The provider had recently asked people for their views about their care by way of a questionnaire type survey. The results showed that people felt they were treated with respect by staff who were caring and consistent in their approach.

Good

Is the service responsive?

Our findings

We found that people were involved in their care and daily living arrangements and that the service routinely sought, listened and responded to people's experiences and their concerns and complaints about the service.

People were positive about their daily living arrangements and told us they were regularly supported to engage in social and recreational activities of their choice. People told us they had opportunities to discuss and make choices about their daily living and lifestyle arrangements. Minutes of meetings held with people showed this. For example, arrangements for trips out to the coast and more local places of interest; were planned from people's suggestions.

Several people said they especially enjoyed gardening and told us that staff supported and encouraged them to "grow their own" on individual patio areas outside their own rooms. One person showed us their patio garden area and told us, "Other people here help me, we love it; we grow potatoes, tomatoes, fruit and flowers and then sit out here and have a cuppa and a chat." We saw that some of their gardening category award certificates were displayed in the home from the local authority's inter-home gardening competition.

We saw that photographs were displayed around the home showing people engaging and enjoying a range of social, recreational and leisure activities, including seasonal and traditional celebrations. One person told us they often liked to spend time in a quiet seating area of the home. We saw this area provided a range of books and games for people to use and also an adapted payphone, which people with hearing difficulties could use.

This showed that people were supported to follow their interests and hobbies and to engage and participate in home life as they chose.

During our inspection we observed that staff, were observant of people's needs. For example, care staff promptly fetched one person's cardigan for them to wear when they commented that they felt a little chilly. One person told us, "Nothing is too much trouble for staff; you always get a positive response."

People confirmed they were involved in agreeing their needs before they received care; and their care was also regularly reviewed with them. People's care plan records were agreed with and signed by them. They showed staff what was important to people in relation their daily living routines and choices and their lifestyle preferences. They also showed people's disability and communication needs, which staff understood and followed. For example, one person was provided with their health care plan and other service information in a suitable format, which helped them to understand and also to agree their health care plan. The format is known as an 'easy read' format, which included pictures to assist them. This helped them to stay as independent as they could be.

We saw that a number of adaptations and arrangements had been made to support people and promote their independence. For example, an electronic bingo number display had been purchased to help one person with hearing difficulties to join bingo games played in the home, which they liked to participate in. This provided a large numerical display, which they could easily see. This person was able to understand and use sign language to communicate with people. Staff and some people living at the Grange had chosen to and been supported by the service to learn and use this sign language to help them communicate with the person. This showed that appropriate adjustments were made to support people's communication needs when required, which helped to promote their inclusion in daily life at the service.

People told us they knew how to raise concerns or make a complaint and felt comfortable to do so if the need arose. One person said they would discuss any day to day 'niggles' with their key workers, which were resolved without the need to make a complaint. Another person told us, "I don't think there's anyone (staff) that you couldn't talk to." The provider's records showed that two complaints had been made during the last 12 months, which they told us about at the time. They also showed that the complaints were thoroughly investigated, recorded and responded to

Good

Is the service well-led?

Our findings

At our last inspection we found that people were not always protected against the risks of unsafe or inappropriate care and treatment because accurate records of their care and treatment were not always maintained or securely kept. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which both correspond to Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breach and at this inspection we found that the improvements were mostly made.

We saw that people's care and treatment records were securely stored and overall they were accurately maintained. Delays sometimes occurred in the transferring of information about changes to people's health needs by senior staff, from their computer held records to the printed care plan records, which care staff followed. However, staff had been verbally informed and knew about the changes and the registered manager agreed to take action to address the delays. This helped to mitigate the risk of people receiving inappropriate or ineffective care and treatment from inaccurate record keeping.

People, relatives and staff were confident about the management and running of the home. Some commented about improvements, which had been made during the previous 12 months in relation to people's care arrangements and since the appointment of the registered manager. One person said, "I don't know what they could do to better it." One person pointed out a staff photograph board, which was displayed to help people, their relatives and other visitors to the home, to identify staff and their designated roles

The registered manager told us that they carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. They also included checks of the environment, equipment and the arrangements for the prevention and control of infection and cleanliness in the home. Checks of accidents, incidents and complaints were monitored and analysed to help to identify any trends or patterns and used to inform any changes that may be needed to improve people's care.

Since our last inspection some improvements had been made to the quality and safety of people's care. This included cleanliness and the prevention and control of infection in the home and record keeping improvements. Other improvements had been made through the provision of additional equipment, environmental adaptations and staff training to enhance the care experiences of people living with dementia, sensory and communication difficulties. Further improvements were assured in relation to care plan record keeping and fire safety arrangements.

There were clear arrangements in place for the management and day to day running of the home and external management support was also provided. The provider's area management lead was present for part of our inspection, who visited the home to check the quality and safety of people's care. Staff said the registered manager was approachable and accessible and they were confident in the management and leadership of the home. They also spoke with pride and were motivated by some of the recent changes and service improvements.

Staff said they were regularly asked for their views about people's care in staff group and one to one meetings. Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people's care if they needed to.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. For example, notifications of the alleged abuse of any person using the service.