

Grange Cottage Limited

Grange Cottage Residential 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Grange Cottage is a residential care home providing personal care to up to 33 people. The service provides support to older people, many of whom are living with dementia. The home does not provide nursing care. At the time of our inspection there were 30 people using the service.

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

People received safe care. There were sufficient numbers of staff to provide people with the level of care they needed. Staff were knowledgeable of the risks to people's safety and supported people to minimise those risks. Care records provided detailed information about risk management. There were processes in place to safeguard vulnerable adults and learn lessons from any incidents that occurred. People were protected from the risk catching and spreading viruses and staff's practice was in line with current government guidance regarding the covid-19 virus. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff obtained people's consent prior to providing support or liaised with those authorised to make decisions on people's behalf when people did not have the capacity to consent to care. Staff liaised with healthcare professionals to ensure people's health needs were met. Staff provided people with any support they required at mealtimes to ensure their nutritional needs were met. Staff received regular training to ensure they had the knowledge and skills to undertake their duties.

Staff had built good working relationships with people and had taken the time to get to know the person, including their life histories, their interests and hobbies. People, and their relatives, were involved in their care. People's privacy and dignity was maintained, and people were supported to maintain their independence.

Care records had been improved to ensure staff had up to date accurate information about people's needs and enabled them to provide person-centred care. Staff were aware of people's communication needs and used a combination of verbal and non-verbal communication to ensure they understood what people were communicating. A full activities programme was in place to ensure people were stimulated and there had been an increase in opportunities to visit local amenities in the community. A complaints process was in place to ensure any concerns raised were appropriately investigated.

There were governance systems in place to review the quality and safety of the service. Unfortunately, at the time of our inspection these systems had missed some minor improvements required. As soon as we brought these improvements to the registered managers attention, prompt action was taken to address the concerns, including improving the storage of topical creams, restricting one window and updating infection prevention and control risk assessments to be in line with current practice. There were systems in place to obtain the views of people, their relatives and staff about the service and incorporate their ideas to ensure

continuous improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 February 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Grange Cottage Residential Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was undertaken by 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 care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there were two registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, their action plan following the last inspection and information received from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people, 2 relatives and 9 staff. Including care workers, senior care workers, the registered managers, the deputy manager, the activities coordinator, the cook and domestic staff. We undertook general observations and observed how people spent their time and interactions between them and staff. We reviewed 5 people's care records, 3 staff records and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- During our inspection we identified some minor concerns regarding the safety of the environment including one small window which was not appropriately restricted to protect against the risk of falls from height and some exposed plasterwork in an en-suite following removal of a damaged shower chair. When we brought it to the registered managers attention they acted and provided us with evidence that these risks to people's safety had now been mitigated.
- There systems and processes in place to ensure regular review of the safety of the environment and servicing of equipment to ensure it remained in good working order.
- Staff were aware of the individual risks to people's safety and supported them to minimise those risks. This included reporting any changes in behaviour that may indicate a decline in their health. A staff member said, "I make sure there are no obstacles in people's way so they can move about safely. I report any changes I see in people to the registered manager and we can go to the care home support team for a referral. They call us every morning to get an update to see how people are and if there are any concerns noted about people."
- People and their relatives felt safe at the service and felt risks to people's health and welfare were mitigated. A relative said, "I feel mum is perfectly safe here. I am quite lucky she is in here, she has a sensory mat on the floor in her room [to protect from the risk of falls]." Another relative said, "On a whole it is safe for him, they look after him well and look out for him." A person said, "I feel safe here and the people are nice and the people who run this place are nice."

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- During our inspection we identified that some unsafe practices were in place regarding the storage of topical creams. This was addressed immediately by the registered manager and made safe.
- Safe procedures were in place for administration of covert medicines (medicines to be given to people without them knowing), medicines to be given when required, for example, pain relief and the administration of homely remedies (medicines that can be given without a prescription).
- There were regular audits of medicines management processes. Through this process minor

improvements were identified as being required and these were promptly addressed.

Preventing and controlling infection

- At our previous inspection we recommended the provider reviewed their practices in line with guidance at the time relating to essential care givers. At this inspection practices at the service were in line with current guidance.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

Staffing and recruitment

- The service had enough staff to provide effective support at the service and when on trips out in the community. People told us they were able to get support from staff when they needed it. One person said, "I do have a call bell and whenever you ring it, they come straight away."
- Since our last inspection there had been a number of new staff employed.
- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support. A relative said, "They are very caring in here...they always let me know if anything happens to him."

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to ensure up to date and accurate records were maintained regarding assessments of people's care needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- The registered manager told us they used the first 6 weeks of the person's stay to gather comprehensive information about their needs and how they wished to be cared for.
- We looked at care records for one person who had recently moved into the care home. We saw their needs had been appropriately assessed in line with best practice and in collaboration with the person and their family. Their care records provided detailed information about the person, their routine, their preferences and care needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included completion of the provider's mandatory training covering dementia awareness, safeguarding, first aid, fire safety and infection control. We saw that many of the care staff had also completed additional training on moving and handling, diabetes awareness, falls prevention, end of life care, person centred care and the Mental Capacity Act 2005.
- Updated training and refresher courses helped staff continuously apply best practice. One staff member said, "I feel like I'm developing all the time."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A staff member told us, "The managers are very supportive, and we can talk to them at any time about any issues. They are accessible at any time even at the weekends... We get supervision every 3 months. I find it helpful and we can talk about our concerns or any conflicts we face."

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

- People received support to eat and drink enough to maintain a balanced diet. During lunchtime we observed the cook speaking with the registered manager about concerns that a person wasn't eating much. The registered manager sat with the person to encourage them to eat their meal and ensure they were

happy with the meal they had been given.

- Staff liaised with dieticians and speech and language therapists to ensure people received a diet that was suitable for their needs, this included the provision of texture modified diets when required.
- People received a varied diet and the cook was working with people to ensure their likes and preferred meals were incorporated into the menu. A person told us, "The meals here are excellent, never had a complaint. There are certain things that I do not like to eat. They don't give that to me, but the food is very good."

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

- People were being supported to access healthcare professionals to ensure their health needs were met. A person said, "When I needed to see a doctor when I'm ill, they document it and call the doctor."
- The service had arrangements in place for dentists, opticians and chiropodists to come to the service
- Staff supported people to attend hospital appointments if they were accessing specialist healthcare services.

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

- At the time of our inspection improvements were being made to the care home environment, including relaying flooring throughout the ground floor.
- There was signage throughout the service to help orientate people as they moved around.
- People were able to personalise their rooms and bring in their belongings to make a more homely environment.
- Improvements had been made to the garden since our last inspection to provide additional covered areas for people and their visitors to use.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where able, people's consent was obtained prior to receiving care and support. A staff member said, "I always ask for consent before I provide any care. If they say no we will try again maybe with someone else or a bit later."
- When people did not have the capacity to consent to aspects of their care, best interests' meetings were held to make decisions on a person's behalf in liaison with people's relatives.
- Where it had been assessed that people needed to be deprived of their liberty to ensure their safety, appropriate authorisation had been obtained.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to ensure people's needs and preferences were being met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff had spent time getting to know people at the service and building relationships. A relative said, "The staff here are very polite, lovely and absolutely professional." A person said, "I like it here, I like the people and the food, there is people always around you."
- Staff had got to know people's preferences, their likes and dislikes and spent time engaging people in conversations. A staff member said, "Things have definitely improved since I first started here... Definitely hear staff chatting away with people." Another staff member said, "I think it's improved in terms of staff engagement with people... staff are getting more involved with people and interaction is better."

Supporting people to express their views and be involved in making decisions about their care

- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A person told us, "I am involved in my care plan." We saw that people and their families were spoken with to get to know as much about the people staff were supporting and how they wished to be cared for. People and their relative's views were incorporated into care plans.
- Staff supported people to maintain links with those that are important to them. There were regular visitors to the service and people and their relatives were able to engage in leisure activities together, including gardening groups and visits to the local community.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A relative said, "They treat mum with respect. They maintain her dignity when washing her. They shut the doors. Her privacy is maintained all the time."
- People were supported to maintain their independence and staff respected people's abilities. One staff member said, "I like the fact that people are independent and when we provide care we try and promote people to do as much as they can themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to plan people's care in a personalised way and to support people to follow their interests and engage in activities relevant to them. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care that met their needs, including support with their personal care. A relative told us, "People always look well dressed and turned out here."
- Care records were detailed and up to date. They included information about the person as well as their care and support needs. A staff member said, "We have started to get family histories and people's likes and dislikes and we're building a picture about people." Another staff member said, "People's preferences are in their care plans so this helps us to offer more person-centred care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of people's communication needs.
- Most people were able to communicate verbally with staff. However, staff also used pictorial information and body language to understand what people were communicating. Staff told us as they had got to know people they were able to anticipate their needs and what they were asking for.
- People were provided with a key worker who spoke the same language as them, as far as possible, to help facilitate communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since our last inspection an activity coordinator had been employed. A staff member told us, "The activity co-ordinator has made a huge difference ... There is a lot more happening with people now."
- A full programme of activities was now being delivered at the service as well as supporting some people to access local amenities. One staff member said, "We have been monitoring activities to see what works well and keep the ones people like... Last week I took four people out and a relative came as well and we went to

the pub." A relative said, "Mum enjoys all the activities, she comes out of her room and stays in the lounge until bedtime, they are excellent here."

- The registered manager had recently purchased a service vehicle which enabled people to get out into the local community more.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A person said, "If I had any problems, I will tell them...[the registered manager] will take me to the office and I will chat to them privately, and they do sort out any issues."

End of life care and support

- People were supported to have a dignified death. The staff worked with people and their relatives to explore their preferences and wishes around end of life care and what arrangements they would like to have in place.

Is the service well-led?

Our findings

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

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

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

At our last inspection the provider had not effectively reviewed whether people received person-centred care and had not always ensured a person-centred culture. In addition, quality assurance audits and checks had not identified the issues found. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered managers had the skills, knowledge and experience to perform their role and a clear oversight of the service they managed.
- On the whole governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a regular programme of audits to review the quality and safety of service delivery and make improvements where required. A staff member said, "The management team have made a lot of positive improvements [since last inspection]. The food menu was updated to people's choices...They do more spot checks."
- However, we saw the window restrictor audit had been signed as all windows had been safely restricted to protect people from falling from height. On the inspection we identified one window that was not appropriately restricted. The registered manager told us this had been an oversight and they took immediate action to address the concern.
- We also identified on inspection that the provider's infection prevention and control policy had not been updated to refer to the COVID-19 virus nor was there a policy in place to reflect practices regarding the virus and how to protect people and staff from the spread of the virus. We also found that some documentation had not been updated in line with practices including the provider's covid-19 risk assessment. We spoke with the registered manager about this who said they would update their risk assessment to ensure it was in line with practices at the service.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. This included submission of notifications about key events that occurred at the service to the CQC and reporting to the local authority safeguarding team when appropriate.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A person told us, "[The registered manager] is very lovely, we always have a chat." Another person said, "I am very happy, [the registered manager] is very good."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service. A staff member said, "I feel quite well supported by managers and if I have ideas they do support me to do these."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Another staff member told us, "There have been a lot of changes. We changed our lunchtime meal service to make sure people that need assistance get the time they need to eat their meals."

Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with other health and social care organisations