

Mr Dennis Baily

# The Grange Nursing 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 ●

# Summary of findings

## Overall summary

The inspection took place on 26 February 2016.

The Grange Nursing Home provides accommodation, nursing and personal care for up to 24 older people, some of whom are living with dementia. There were 22 people living at the service at the time of our inspection, two of whom were in hospital on the day of our visit.

There was a registered manager in post, although they were not present on the day of our inspection. 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 and associated Regulations about how the service is run.

People were safe because there were enough staff on duty to meet their needs. Risks to people had been assessed and measures implemented to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and medicines were managed safely. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy.

People were supported by staff that had the skills and experience needed to provide effective care. Staff had induction training when they started work and ongoing refresher training in core areas. They had access to regular supervision, which provided opportunities to discuss their performance and training needs.

Staff knew the needs of the people they supported and provided care in a consistent way. Staff shared information effectively, which meant that any changes in people's needs were responded to appropriately. People were supported to stay healthy and to obtain medical treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell.

The acting manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when decisions that affected them were made and applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People were supported to have a balanced diet and could have alternatives to the menu if they wished. People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. Staff ensured that people who required assistance to eat and drink received this support, including where people chose to eat their meals in their bedrooms.

Staff were kind and sensitive to people's needs. People had positive relationships with the staff who supported them. Relatives said that staff provided compassionate care and were professional and caring. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity.

The acting manager had provided good leadership for the service in the registered manager's absence and led by example in their approach to supporting people. People and their relatives had opportunities to give their views about the care they received and told us that the acting manager responded appropriately to any concerns they raised.

People said they would feel comfortable making a complaint and were confident that any concerns would be dealt with appropriately. Staff told us they had opportunities to express their views and raise any concerns they had. The provider had implemented an effective quality assurance system to ensure that key areas of the service were monitored effectively. Records relating to people's care were accurate, up to date and stored appropriately.

## 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.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by regular staff that had the necessary skills and experience to provide effective care.

Staff had appropriate support and training for their roles.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff encouraged people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care and treatment they needed.

Care plans had been regularly reviewed to ensure they continued to reflect people's needs.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in activities.

Complaints were managed and investigated appropriately.

### Is the service well-led?

Good ●

The service was well led.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and stored appropriately.

# The Grange Nursing 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 was 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.

The inspection took place on 26 February 2016. The inspection was unannounced and was carried out by two inspectors and a specialist nursing advisor.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR 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.

During the inspection we spoke with nine people who lived at the service, three relatives and two social care professionals. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with six staff, including the acting manager, registered nurse, care and catering staff. We looked at the care records of five people, including their assessments, care plans and risk assessments. We checked how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The last inspection of the service took place on 3 December 2013 when no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe at the service and when staff were providing their care. They said that staff supported them in a way that maintained their comfort and safety. One person told us, "They always make sure I'm comfortable" and another person told us, "The staff are very careful, they never rush." Relatives told us that staff provided care to their family members in a safe way. They said staff were aware of any risks to their family members' safety and managed these appropriately.

There were sufficient staff deployed to meet people's needs in a safe and timely way. People told us staff were available when they needed them and that staff attended promptly if they rang their call bells. One person said, "I feel safe here. There are always staff around if you need them." Another person told us, "There are always enough staff. We've got 24 hour help here." Relatives told us that there were enough staff with appropriate skills to make sure their family members received the care they needed. One relative told us, "There are always staff around if she needs anything."

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. Care staff told us that qualified nursing staff were available if they needed to raise any concerns about a person's health or welfare. We observed that people's needs were met promptly during our inspection and that people were not rushed when receiving their care.

The acting manager ensured that staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. The acting manager told us that safeguarding and whistle-blowing were discussed with staff at individual supervisions and team meetings. This was confirmed by staff and in the team meeting minutes. One member of staff told us, "We are given information about safeguarding and what to do if we suspect abuse." Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

Staff carried out risk assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example staff evaluated the risks to people of developing pressure ulcers and those at risk of inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs.

The service aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as adapted baths, hoists and beds, were safe for use. The

provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The fire alarm system and firefighting equipment were checked and serviced regularly.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. Some of the staff employed had been recruited from outside the UK. These staff were subject to the same recruitment procedures as UK staff but also had to provide a criminal record check from their country of origin and evidence of entitlement to work in the UK.

People's medicines were managed safely. People told us that staff made sure they understood what their medicines were for and checked whether they required pain relief. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked.

There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and guidelines about how they received their medicines.



# Is the service effective?

## Our findings

People were cared for by staff who had the skills and knowledge they needed to provide effective support. People told us that staff knew them well and provided their care in the way they preferred. One person said, "The staff know what I need" and another person told us, "The carers know my likes and dislikes." Relatives told us their family members received their care from consistent staff who were familiar to them. One relative said, "There are regular staff, which means people get consistent care" and another relative told us, "She knows them all so well."

Staff told us they felt well supported by the acting manager and said they had access to the training they needed to do their jobs. All staff attended an induction when they started work, which included shadowing an experienced colleague. Staff said they had also familiarised themselves with people's care plans during their induction, which provided detailed guidance about how people preferred their care to be provided. Staff attended all elements of core training during their induction, including health and safety, moving and handling, safeguarding, infection control, fire safety and first aid. Staff also attended training in areas relevant to the needs of the people they cared for, such as dementia care, and the safe use of equipment involved in people's care, such as slings and hoists.

Staff told us they had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. This was confirmed by the records we checked. Staff also said the provider had supported them to undertake vocational qualifications in health and social care. The acting manager told us that, in future, staff would be supported to achieve the Care Certificate. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

The acting manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. We observed that staff sought people's consent before providing any aspect of their care. There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and

constant supervision by staff.

People were supported to have a balanced diet and could have alternatives to the menu if they wished. One person told us, "The food is very good. It's presented nicely, which makes all the difference. The chef makes lovely cakes. They always try and accommodate you if you don't like what's on the menu." Another person said, "The food is always good and we have plenty of choice." Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "She enjoys the food and her appetite is still good." Another relative told us, "The food always looks good and the cook knows people's likes and dislikes."

We observed that the atmosphere at mealtimes was relaxed and that staff made sure people were happy with the meals they had chosen. Staff ensured that people who required assistance to eat and drink received this support, including where people chose to eat their meals in their bedrooms. Relatives told us they were able to join their family members for meals if they wished. People were able to give their views about the menu and told us any suggestions they made were listened to. They said there was a feedback book in which they could record their views about the food provided.

People's nutritional needs had been assessed when they moved into the service and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. The service had access to healthcare professionals, such as a speech and language therapist and a dietitian, if people developed needs that required specialist input. The cook demonstrated a good knowledge of people's individual dietary needs, such as texture modified diets, and had received guidance on the preparation of specialist diets.

People's healthcare needs were monitored effectively and people told us they were supported to make a medical appointment if they felt unwell. One person told us, "They arrange for me to see the doctor if I feel ill." Relatives told us they were confident that staff monitored their family members' health and obtained appropriate treatment when needed. One relative told us, "They make sure she sees a doctor if she needs to." Another relative said, "They always call a doctor if she needs one." The care records we checked demonstrated that people were referred to specialist healthcare professionals if necessary, such as speech and language therapists and a tissue viability nurse.

## Is the service caring?

### Our findings

People told us the staff who provided their care were kind and caring. They said they had positive relationships with the staff and enjoyed their company. One person told us, "The staff are very good. They are always cheerful, they seem very happy" and another person said, "The staff are lovely. They have always been very caring. Visitors are always made welcome. Staff are always ready with a care plan of tea and biscuits." A third person told us, "I've settled in very well. They have made me feel very welcome. They encouraged me to bring my own bits and bobs."

Relatives told us their family members were looked after by staff who genuinely cared about them. They said staff were kind to the people they cared for and sensitive to their needs. One relative told us, "We're very happy. The care is very good. We can't fault it" and another relative said, "It's brilliant. She's very well looked after." Relatives said the atmosphere in the service was relaxed and friendly. They said their family members felt at home at the service and that they were made welcome when they visited. One relative told us, "It's homely and friendly. That's why we liked it the first time we saw it. We were so happy when she got a place here." Another relative said of their family member, "She's very relaxed here, she feels at home. We're always made welcome, we've got no concerns."

Relatives told us that staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this. One relative said, "They encourage her to do things for herself where she can." We observed during our inspection that staff encouraged people to do things for themselves where possible to promote their independence. For example staff encouraged people to mobilise as independently as possible and supported them to do this. Staff supported people to make decisions about their day-to-day lives, such as what time they got up and went to bed, what they wore and what they ate. People told us that staff knew their preferences about their daily routines and respected these choices.

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people's needs and proactive in their interactions with them, making conversation and sharing jokes. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support. We saw examples of staff going out of their way to compliment people on their appearance, which had a demonstrably positive effect on the people concerned.

Staff encouraged people and their relatives to be involved in developing their care plans. Relatives told us they were invited to care plan reviews and that their views were listened to. They said the service maintained good communication with them about their family members' health and welfare. One relative told us, "They are very good at keeping in touch. They contact us regularly.

I always get a phone call if she's not well." Another relative said, "I can always talk to someone about Mum's care and if I have a view, they take it on board."

People had access to information about their care and the provider had produced information about the service. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. All staff had signed this policy to indicate their understanding of it and their agreement to adhere to it. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

## Is the service responsive?

### Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that the staff could provide the care and treatment they needed. Where needs had been identified through the assessment process, these were recorded in people's care plans. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence, mobility and pain management. The plans were person-centred and provided clear information for staff about how to provide care and support in the way the person preferred. People's plans were reviewed regularly to ensure that they continued to reflect their needs.

Staff shared and communicated information about people's needs effectively. This meant that all staff were aware if guidance about how to provide people's care changed. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their care was delivered. The minutes of team meetings demonstrated that the acting manager used these meetings to discuss any changes in people's needs and to reinforce best practice in the provision of their care.

Staff understood the importance of treating each person as an individual and ensuring that the care they received reflected their needs and wishes. Staff told us the acting manager frequently reiterated this message and that this had increased the extent to which care was person-centred. One member of staff told us, "It is important to treat each person an individual, not just a patient." Another member of staff said, "We understand we must take into account the needs of each individual resident." Relatives told us that their family members' preferences about their care were known and respected by staff. One relative told us, "The staff know her very well, they know her preferences. When she moved in, we asked that she always had a same sex carer and they arranged that."

People had opportunities to take part in activities at the service and to go out to local places of interest. One person told us, "There are activities going on if I choose to join in but I usually prefer to read. It is very nice to have all these books here to choose from." Another person told us they enjoyed crossword puzzles and we observed staff spending time with this person working at a puzzle. People told us they were supported to attend services at a local church and that they had opportunities to go out when they wished to. One person told us, "I enjoy going out now and again" and another person said, "We often go out together on a Monday." Relatives told us that events and special occasions were celebrated. One relative said, "Everyone's birthday is celebrate and they make sure everyone has a good time at Christmas, with decorations and special activities."

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied. One person told us, "I know how to complain if something is not right" and a relative said, "I've never needed to complain but I would feel able to if necessary." We checked the complaints record and found that any complaints received had been investigated and responded to appropriately.

## Is the service well-led?

### Our findings

There was a registered manager in post, although they were absent from work at the time of our inspection. The lead nurse was operating in an acting manager role. Relatives told us the acting manager provided good leadership for the service. They said the acting manager was well organised and approachable. One relative told us, "She is very professional and organised. She always knows exactly what is going on." another relative said, "[Acting manager] is brilliant, the way she keeps us informed, and she knows all the residents so well."

Staff told us the acting manager was a source of advice and support to them. They said they met as a team regularly and were encouraged to give their views about improvements and to raise any concerns they had. Minutes of team meetings demonstrated that the acting manager used these opportunities to reinforce good practice in areas such as infection control and pressure area care and to remind staff about their responsibilities should they have any concerns about abuse or poor practice. Staff told us the acting manager communicated their expectations clearly and led by example in their values and approach to supporting people. One member of staff told us, "She makes it clear how she wants us to work." Another member of staff said, "She is really nice. She is very supportive and she really cares about the residents. A third member of staff told us, "She is very approachable. We have regular meetings with her and, if you have a problem, you can go to her."

The social care professionals we spoke with told us the acting manager was highly competent, professional and communicated with them well. They said the acting manager had prepared well for their meeting about one person and had produced accurate and up to date information to inform their decisions.

People had opportunities to give their views about the care they received and these were acted upon. People told us that staff always listened to what they had to say and respected their wishes. Relatives said the acting manager was always available if they needed to discuss their family members' care. One relative told us, "If there's ever a problem you can speak to her and know she will listen." The provider distributed satisfaction surveys, which people could return anonymously if they wished. We saw that the feedback from these surveys was extremely positive about the care provided and that, where suggestions for improvements had been made, these had been considered.

The provider had implemented effective systems to monitor and improve the quality of the service. Regular audits were carried out which checked key areas of service delivery, such as accidents and incidents, pressure ulcer care and equipment, medicines management and infection control. A report of each audit was produced and the action taken where areas had been identified for improvement. We saw evidence that the acting manager carried out spot checks on the way in which staff delivered people's care. Any improvements identified were discussed with staff in order to drive up standards of care.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in. The service had established effective links with

health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.