The Grange Saddington Ltd

The Grange

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 1 December 2014 and was unannounced.

At the last inspection on 14 May 2014 we asked the provider to take action to make improvements. They were not meeting regulations relating to cleanliness and infection control and the safety and suitability of the premises. Following that inspection the provider sent us an action plan to tell us about the improvements they were going to make. We found that the provider had followed their action plan and taken action to ensure the service had made the required improvements. We also saw evidence of on-going refurbishment at the service.

The Grange provides accommodation and nursing care for up to 52 people with health conditions, and physical and sensory needs including dementia. On the day of our visit there were 44 people living at the home. Accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor.

Summary of findings

The service had a registered manager. 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 who we spoke with told us that the staff were very caring and kind. People also told us they were treated with dignity and respect. People were happy living at the service and told us that they were able to make choices about their daily living.

Although people were happy we were concerned that the provider had not sufficiently considered people's safety around the home environment. We found radiators that were hot to touch in people's bedrooms and communal areas. We also found five broken window restrictors on first floor windows. The systems used to assess the quality of the service had failed to identify these and other issues that we found during the inspection. We also found that a person not known to the service was given access to personal confidential information.

People had care plans in place that detailed their needs but people's preferences had not always been documented. Care plans were regularly reviewed but changes that had been made were not dated. This meant that it was difficult to establish which was the most recent information and identify when changes to people's care had been made. The activities that were provided were group activities and did not reflect everybody's individual needs and preferences.

All of the checks and information required by law had been obtained before new staff commenced employment at the service. Staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) is legislation that protects people who may lack capacity to consent to their care and treatment and protects them from unlawful restraint. We found examples that the registered manager was following this legislation. However we found that where people had the capacity to consent to their care and treatment that people's consent had not always been obtained.

The provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not consistently safe

People were not protected from all of the environmental risks at the service.

People were protected from harm and abuse because staff understood how to do this.

There were sufficient staff available to meet people's individual needs.

People had their medicines as they had been prescribed because the provider had appropriate arrangements in place.

Is the service effective?

Requires Improvement

The service was not consistently effective

People received care from staff that were trained but they had not always received appropriate supervision and appraisals.

People were referred to the relevant health care professionals.

People were supported to eat and drink sufficient amounts.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for and we saw that staff were caring and people were treated in a kind and compassionate way. Staff treated people with dignity and respect.

People were involved in decisions about their care and treatment and their views were respected. Where required people were supported to access relevant advocacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's complaints were acknowledged, investigated and responded to appropriately.

People felt able to raise concerns and they felt confident that they would be addressed. Activities were provided but were not always focused on people's individual hobbies and interests.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People told us that the registered manager was very approachable and that they felt happy raising any concerns with her.

Summary of findings

Although there were systems to assess the quality of the service provided we found that these had failed to identify some risks within the environment.

Meetings had taken place at which people were able to offer feedback about the service.

The Grange

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.

This inspection took place on 1 December 2014 and was unannounced.

The inspection was carried out by three inspectors, a specialist advisor in nursing care 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. Their area of expertise was for older people with dementia.

We looked at and reviewed the 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 reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority and health authority, who had funding responsibility for people who were using the service. We spoke with two district nurses that were visiting the service on the day of our inspection and a community based occupational therapist.

We used the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We completed a SOFI observation for three people who used the service.

We spoke with 15 people that used the service and seven people that were visiting relatives. We also spoke with two directors of the service, the registered manager, one nurse and four care workers. In addition we spoke with one member of domestic staff and one kitchen assistant specifically about their roles. We looked at care records of five people that used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we identified some concerns about the safety and suitability of the premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found that this plan was almost complete. For example two out of three bathrooms and the sluice rooms had been completely refurbished. We also saw that work had commenced to refurbish the third bathroom. We found that where required for people's safety doors had been locked.

However we found other areas which required attention. We saw that windows on the first floor of the home had window restrictors fitted. In five of the first floor bedrooms these were broken. This meant that these windows had not been restrained sufficiently to prevent people from falling. We saw an audit that had been carried out in November 2014 which showed that the window restrictors were all in working order. The provider told us that these five window restrictors' screws had become loose since the time of the audit. We also found a number of radiators around the service that were hot to touch and no actions had been taken to protect people from these. These were in both communal areas and in people's bedrooms. There was a risk that people may come into contact with the hot surface and be unable to either summons assistance or move away from it independently. This was particularly concerning due to the needs of the people using the service. Some people had limited physical abilities and would have been unable to move away from a hot surface independently if they fell onto it. Others had sensory impairments and/or dementia and may not have recognised the radiators as a danger and/or have the ability to avoid or move away from them. The provider had not identified these risks. This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our last inspection we found that people were not cared for in a sufficiently clean or hygienic environment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found that the provider's action plan had been completed. The cleaning staff hours had been increased and there were regimes in place to ensure that the environment was kept clean.

People that we spoke with told us they were satisfied with the cleanliness of the service. One person told us "My room is spotless. It regularly gets vacuumed and dusted – about twice a week I think", another person told us "My room is cleaned every day". A relative visiting the service told us "The cleanliness has improved greatly recently, especially since the new carpets were put down". Staff had all attended training on infection control since our last inspection and they knew the actions required to manage infections and reduce the risks of cross contamination. Staff were also able to tell us about the actions they would take when providing care and support to people that were unwell and there may be a risk of infection to others. We found that staff had access to the personal protective equipment, such as gloves and aprons, that they needed to do this.

People all told us they felt safe at the service. Visiting relatives told us they felt their loved ones were safe and that nothing untoward would happen to them. Staff were able to tell us how they helped to keep people safe at the service. Their examples included ensuring there were non-slip floors, putting signs up when floors were wet and ensuring that people had appropriate risk assessments in place. One staff member told us how extra training had been provided for staff to ensure they were able to meet a person's needs and keep them safe.

From the information we looked at prior to the visit, we were aware that the provider had appropriately reported safeguarding concerns to the local authority and to us. Staff that we spoke with had a good understanding of different types of abuse, how they would report it and the actions they would take if they had any concerns.

People told us they felt there were enough staff available to meet their needs. One person told us, "If you press the bell you don't have to wait very long for them to come". We spoke with a visiting health professional who told us "We visit any time of day and find there is always plenty of staff". During our visit staff were observed to interact with people well and responded to call bells within a timely manner. We looked at the records around staff recruitment. We found that safe recruitment practices were followed.

Requires Improvement

Is the service safe?

People told us they were able to make decisions relating to their care. One person told us “I had a sensor mat by my bed but it was too much bother. I asked them to take it away. It was my choice”.

We looked at the care files of five people that used the service. Where people were identified as being at a greater risk because of either their specific health conditions or specific behaviours we saw that there were appropriate risk assessments in place that were regularly reviewed.

We looked at the administration and management of medicines. The records and storage of medication including controlled drugs were correct. There was a system to manage and dispose of medicines. We observed a nurse safely administer medicines.

Requires Improvement

Is the service effective?

Our findings

People told us that they were satisfied with the care and support they received. One person told us the staff were very skilled in meeting their needs. They told us, "I'd give them ten out of ten, I would." Relatives that we spoke with told us they felt that staff were trained to complete care tasks for people.

Staff told us they had received adequate training to enable them to carry out their roles. They also gave us examples of specific training they had attended to further their knowledge about people's specific needs and how to respond better to them. One staff member told us how they had recently attended a session to enable them to get a better understanding of a person's specific behaviours. They told us how this had helped them to understand triggers and identify ways to support the person.

Staff also told us that they received regular one to one supervisions. This was a meeting with a senior member of staff to support them in their work and discuss any problems. One staff member told us "We have one to one meetings. It's a two way process, it's beneficial." We found that all staff had received supervision within the past three months but the frequency of supervisions prior to that was inconsistent. One of the directors of the service told us about the actions they had taken to ensure the consistency of these going forward.

We were unable to evidence that all staff had received an annual appraisal. An appraisal is the opportunity for staff to reflect on their work and learning needs in order to improve their performance. We discussed this with a director of the service who told us how they planned to address this in the new year. They told us they had allocated specific staff members to carry out appraisals with the support of the other director of the service.

Staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who lack mental capacity to make decisions about their care and support, and protects them from unlawful restrictions of their freedom and liberty. We looked at the care records of five people that used the service and we found that the legislation had been used appropriately. We saw evidence that MCA assessments had been completed. We saw that where a person lacked capacity to make a decision relating to their care a best interest decision had been made and this was documented appropriately. This showed that the registered manager had a working understanding of the legislation. We discussed the recent case law relating to DoLS with the provider as they had not yet reviewed the need for people to have a DoLS authorisation in place following this ruling. The provider understood the recent case law and advised us that this work would be carried out.

People told us the food was 'fairly good' and that they were offered an alternative if they did not like what was on the menu. When asked about the food one person told us, "It's good to okay." Two relatives told us that they felt sometimes the food choices were inappropriate, one relative told us, "My [relative] was offered chicken in black bean sauce the other day. They only like traditional food."

We saw staff during the morning of our inspection asking people what they wanted to eat for dinner that day. Kitchen staff also showed us a folder of pictures of food that could be used to enable people to make informed decisions. Staff were aware of people's dietary needs including those relating to religion and these were well managed. We found that during the day regular food and snacks such as cheese and biscuits were available if people wanted them. We noticed that during lunchtime most people remained in the lounge area and had their food brought to them. We spoke with people about this and they confirmed that this was their choice. We saw that adapted eating and drinking aids were provided for people if they required them. We saw that staff were unhurried and patient while providing people with support to eat and drink. People were supported to eat and drink sufficient amounts.

People had access to a wide range of health and social care professionals. These included GPs, district nurses, occupational therapists, physiotherapists, chiropodists, opticians and speech and language therapists. We saw that where people required specialist equipment it was in place and being used effectively. We saw that where people required re-positioning due to their health condition that this was being carried out in line with their care plan. A district nurse that was visiting told us, "They are very good at following recommendations, putting charts in place to monitor people. For example weight charts if there are concerns about a person's weight."

Good

Is the service caring?

Our findings

People told us the staff were all very caring and that they supported them appropriately with their care. One person told us, "I'd give them 100% because they give me 100%". Another person said, "The staff are actually like friends or at least we build up friendships." A relative told us, "The staff seem to know my [relatives] little ways and respond the way they like. I think that the newer staff must read up in a book what [name] likes".

Staff that we spoke with knew people well. They were able to tell us about people's likes and dislikes and they knew the types of things that people enjoyed doing. One staff member told us, "I feel that the staff are all caring and treat people with dignity and respect but there is not always the time to sit on a one-to-one and talk to people." Another staff member told us, "We support people's needs. A person likes to pray, we respect this and support the person with their wishes, their religion is important to them. We provide culturally appropriate meals and their room has items in it that are important to their faith."

When staff were assisting people with eating or any moving tasks their interactions were good. We saw that staff listened attentively to what people were saying and acted in accordance with their requests. Although we saw the director of the service regularly engaging with people, other care staff only engaged with people when they were carrying out a required task.

We did not see any information available relating to advocacy services that were available for people to access should they wish to. We discussed this with the manager of the service. They advised us that they would ensure there was information relating to advocacy services available on display and accessible to people within the home. We saw that where a person did not have anybody to support them the service had taken appropriate action and support had been obtained.

People told us that staff treated them with dignity and respect. One person told us, "I get help with dressing and undressing as well as showering; they support me in a nice way. Not too intrusive, just the right amount of support." A staff member told us "I feel that the staff are all caring and treat people with dignity and respect but there is not always the time to sit on a one–to-one and talk to people." We saw that when staff were supporting people to move, staff explained what they were doing and offered people reassurance throughout.

People's bedrooms varied in shape and size and were respected as their own space. People were able to take their own furniture, ornaments and other personal belongings into the home if they wanted to. We saw that some people had chosen to do this and we also saw where people had chosen not to. Their choice was respected and people's bedrooms were uniquely different. A reading corner at the service had been developed to provide a dedicated area for people to read and a hair dressing salon was available for people to use where an external hairdresser provided a service once a week. This was to ensure that people had privacy while they were having their hair done.

Requires Improvement

Is the service responsive?

Our findings

People that we spoke with were aware that they had care plans in place but their involvement in care planning varied. People did tell us that they had choices relating to their individual care. One person told us, "I was given the choice as to whether I wanted a female or male worker to attend to my personal care. I told them I wasn't bothered and I'm still not bothered. At least I was asked." Another person said us how they had been asked whether they wanted a female or male care worker and they initially said that they didn't have a preference. They later told the manager they preferred a female care worker and this choice was then respected.

People told us they were able to make choices such as when they got up and when they went to bed. One person told us, "I'm a late riser, they [staff] let me have a lie in when I want one". A staff member told us "We know people's routines and preferences. Some people like to get up early because that's what they did when they worked. That's their choice and we respect it. Other people like to go to bed early, we respect this but we check on them and make sure they have drinks available."

Staff appeared to know people well and were able to tell us about people's likes and dislikes. We looked at the care records and we were unable to see that people's preferences and usual routines had been recorded anywhere. We discussed this with the registered manager who confirmed that this was the case.

We saw that people had care plans in place that provided information about how to meet that person's needs. We found that these were regularly reviewed. We found that photographs of people's pressure ulcers or wounds were taken to enable the service to monitor change and respond appropriately. However the photographs had not been dated so they were of limited use in this respect.

A relative of a person using the service told us, "The only thing that is missing, because of [my relative's health condition] is activities that suit [my relative]. I think she is thoroughly bored." Two other relatives that were visiting people at the service told us they thought that the activities were not suitable for their relatives. A member of care staff told us "The mornings are usually busy but we try and provide activities during the day. A senior will ask us to provide an activity but we are expected to be proactive also. People like to reminisce; we support people with this and talk to people about their past and things important to them." The activities that we saw evidence of were group activities and were not specific to individual people. Although two people did tell us that they had attended a community event recently with a member of staff. Some group activities and stimulation were provided for people such as sing-a-long sessions, bingo and nail filing and painting. However people were not actively supported to engage in hobbies and interests specific to them.

During our inspection the television was on in the main lounge area. The provider had sought external advice to help to improve the general environment and make it more stimulating for people that used the service. The provider told us that they had recently purchased a fish tank and we saw that this was in place. A London theme in the lounge area had been created as part of a reminiscence activity. The introduction of the fish tank and London theme were to provide additional taking points and stimulation for people. We also saw that they had some sensory materials in one corridor of the service for people to explore. The service provided a small variety of activities and events, however there were limited examples of care that enabled people to explore individual interests or personalised social activities.

People told us that if they needed to complain that they would know who to approach. One person told us, "Staff listen to what you say and things change if they need to – no messing." Relatives told us that if they had any complaints they felt assured that the manager was very approachable and would deal with any complaints in a proper manner. Although people could not recall seeing any information relating to complaints, we saw that there was information relating to complaints on display within the reception area of the service.

Staff told us that there had been a lot of changes made at the service recently following our last inspection and based on concerns raised by relatives. We saw that the provider had a complaints policy in place that provided people with information about how their complaint would be dealt with. It also included information about where people could go to if they were not satisfied with the provider's response. We looked at the provider's log of complaints and we saw that complaints had been recorded, investigated within appropriate timescales and written responses provided to people that had raised them.

Requires Improvement

Is the service well-led?

Our findings

A healthcare professional that was visiting the service told us "If I was unhappy about anything I would say something. I know that it would be taken on board and sorted out. I was concerned about the moving and handling performed by a care worker, I raised it with the manager and it was dealt with there and then but appropriately."

Staff members told us that they were able to go to the manager with any concerns and they were able to discuss issues at staff meetings. One staff member told us, "I'm confident to raise any issues or concerns. The manager asks us for our opinions. We can speak freely. They ask how we are, they are fair and give feedback that is helpful." Staff members and the provider confirmed that staff meetings took place.

People and relatives we spoke with could not recall being given a questionnaire asking for their views about the service. However, we saw that a relatives meeting had taken place over the summer at which positive feedback about the service had been received. The last minutes of a meeting with people that used the service we saw were from six months prior to our inspection. We saw that people had provided suggestions for the tea time menu and we saw that these had been taken on board. Meetings had taken place at which people were able to offer feedback about the service. We saw that a suggestions box was available at the service but had been moved temporarily due to refurbishment work that was being carried out. However people were not aware of this or any other methods the service used to seek their views and opinions. We saw that the provider had registered with an external website where people were able to provide feedback about the service. We saw that very positive feedback had been received and they had an average score of 9.7 out of 10.

The registered manager ensured they met their legal responsibilities and obligations. This meant they adhered to the registration conditions with us. This also included the contractual obligations with external organisations such as the local authority and health commissioners. These are organisations that have funding responsibility for some people who used the service. The local authority told us how the provider had worked with them and addressed areas of improvement that were required. The Grange was awarded the Bronze Award by Local Authority Quality Assessment Team.

The provider told us in their provider information return about the improvements they were planning to introduce in the next 12 months. They told us that they had spent a lot of money refurbishing the home to make it feel more homely for people that lived there. We spoke with staff members that told us about the importance the service being homely for people that lived there.

There was a monthly audit that the registered manager carried out that covered a wide range of areas such as care planning, complaints, environmental checks and training. These were then checked by the provider of the service. The provider also told us that they carried out a walk around of the building each day and reported any concerns that needed to be addressed to the maintenance person. We saw records in a note book that confirmed that these walk-arounds had taken place. However, we were concerned that there were some environmental issues, the broken window restrictors and the accessible hot radiators that both the walk-arounds and audits had failed to identify and address. This placed the safety of people that used the service at risk.

We found that care plans and records had been regularly reviewed but that changes to information had not always been dated. This meant that it was difficult to establish from the care records when changes to people's needs had occurred and whether appropriate actions had been taken within a timely manner. We found that one person's mobility had deteriorated over a period of time and it was difficult to establish if appropriate action had been taken as information recorded had not always been dated. We found another person's care plan detailed that they required two people to assist them due to their behavioural needs. This had been changed to one staff member and then back to two staff members again. The changes had not always been dated so it was difficult to establish from the records when and why the changes had been made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and not all environmental risks had been assessed. Regulation 15 (1) (c).