

The Grange Saddington Ltd

The Grange Nursing & Residential Home

Inspection report

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Saddington
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 23 November 2016 and was unannounced.

At our last inspection on 1 December 2014 we asked the provider to take action to make improvements. They were not meeting the regulation in relation to the safety and suitability of the premises. This was because people were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and not all environmental risks had been assessed. The provider sent us an action plan following the inspection telling us how they would address this and that this inspection we found that all of actions had been undertaken.

The Grange provides accommodation and nursing care for up to 50 people with health conditions, and physical and sensory needs including dementia. On the day of our visit there were 48 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.

There was not a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager in post told us they were starting the registration process.

Safeguarding incidents had not been further investigated and reported appropriately. There was a safeguarding policy in place but this had not always been followed. The provider had failed to notify the Care Quality Commission about the incidents and allegations that had occurred.

There were no formal channels to obtain feedback directly from people that used the service. People's opinions about the service and developments were not actively sought.

Risk assessments relating to people's care were carried out and there were systems in place to assess the safety of the service.

People could be assured that safe recruitment practices were followed and there were enough staff on duty. Staff felt supported in their roles and received regular supervision. However the provider could be assured that all staff had received training to enable them to fulfil their role.

People were supported to make decisions on a day to day basis. Where there was a reasonable doubt that a person lacked capacity to make a decision the service worked in line with Mental Capacity Act Framework. People received kind and compassionate care. Staff supported people to maintain their privacy and dignity.

People were provided with a varied and balanced diet. Mealtimes extended over a long period with the

majority of people eating in a communal area where they spent the rest of their day.

People's care records were regularly reviewed to ensure that they continued to meet people's needs. The service was responsive when there was a change to a person's needs the service. People's concerns were investigated and the service used these as learning opportunities.

Staff meetings were held on a monthly basis and issues relevant to the service were discussed. Audits to assess the on-going quality and safety of the service were regularly carried out. Where any concerns were identified action was taken to ensure that it was rectified.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Registration Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

Incidents and allegations had not been investigated and reported appropriately to ensure that people were kept safe.

People received their medicines as prescribed and safe recruitment practices were followed.

Risks associated with people's care were assessed and actions were taken to reduce them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider could not assure themselves that staff had received the relevant training to support them to meet people's needs.

People received their meals at varying times to the person sitting next to them.

People were supported to make decisions on a day to day basis. Where the service had a reasonable doubt that a person lacked capacity to make a decision in relation they carried out a MCA assessment.

People had access to a wide range of health and social care professionals.

Is the service caring?

Good ●

The service was caring.

Staff were kind. Staff knew and understood people's needs.

People's privacy and dignity was respected.

People personalised their own rooms.

Is the service responsive?

Good ●

The service was responsive.

People's concerns were investigated and the service used these as learning opportunities.

People's needs were assessed and plans were put into place to support people and meet their needs.

There were activities available for people to be involved in. These did not provide stimulation for all of the people at the service.

Is the service well-led?

The service was not consistently well led.

The service did not notify us of significant events that they were required to report.

Regular meetings with people that used the service did not take place.

Audits were carried out at the service to assess and monitor the on going quality.

Requires Improvement 

The Grange Nursing & Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 November 2016 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor 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 mental health and dementia care. The specialist advisor was a registered nurse and a specialist in falls management and medication.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and Clinical Commissioning Group who funded some people's care at the service to seek their feedback about the care that people received.

During our visit to The Grange we spoke with the 14 people that used the service and five relatives of people who used the service. We also spoke with the manager and deputy manager, a registered nurse, two members of care staff, the activities coordinator and a kitchen and laundry assistant. We looked at the care records of four people who used the service in detail, and other care documentation relating to people's specific needs. We looked at the incident and accident reports from the past 12 months, four staff recruitment records as well as a range of records relating to the running of the service including audits

carried out by the manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke also with an Optician and a Phlebotomist who were visiting the service.

Following our inspection we asked the manager to send us some further information about actions they had taken following our visit in relation to some incidents and accidents that previously occurred. We received this information as requested.

Is the service safe?

Our findings

At our last inspection carried out on 1 December 2014 we found that the service was in breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises which following the legislative changes of April 2015 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and not all environmental risks had been assessed. The provider sent us an action plan telling us how they would address this and that this inspection we found that all of actions had been undertaken. Window restrictors throughout the building had been replaced and all radiators had covers over them to reduce the risk of people getting burned by them.

There was a safeguarding policy in place that provided information to staff members about the types of abuse and how they should report any concerns. It also advised that following any allegations of abuse the manager would make a preliminary assessment and notify the local safeguarding authority who may initiate the safeguarding procedure. However, we found there were five safeguarding incidents where reports from care staff had been made and no further action had been taken and they had not been reported to the local safeguarding authority. The local safeguarding authority have the responsibility to decide if any further action needs to be taken.

This meant the provider had failed to act on these incidents and allegations and further investigate these in any way. There were three incidents where there had been altercations between people at the service, one incident where a person had sustained an injury to their hand whilst staff assisted them to move and one allegation of physical abuse made by a person at the service who had bruising to their face. We referred these through to the local safeguarding authority who then followed these up with the provider.

This meant that there was a risk that following safeguarding incidents taking place people were not protected from abuse as the provider had failed to take action following the incidents and investigate an allegation of abuse. The provider had also failed to follow their policy that had been put in place to protect people and notify the local safeguarding authority about the incidents.

This was a breach of Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the manager informed us that they had made changes to the incident, accident and falls form and advised us that these would all be reviewed by the senior member of staff. They also told us that risk assessments would also be reviewed following any incidents and updated where required. The manager also told us that incidents would be assessed and rated for severity and any incident, accident or fall where a person was subject to abuse or sustained an injury would be reported to the local safeguarding authority and CQC as required.

People told us they felt safe at the service. One person told us, "I feel very safe," another person told us, "I

would say if I didn't [feel safe]." People told us that staff had never treated them unkindly, roughly or shouted at them. Relatives told us they felt people were safe at the service. One relative told us, "They take every precaution." Staff members were familiar with the signs and types of abuse and knew to report it internally or to report it to the police if immediate assistance was required.

Staff were familiar with risks associated with people's care. We saw that risks were assessed within people's care records and appropriate actions taken to reduce them. For example, where a person was at risk of falls, a sensor was in place and where a person was at risk of losing weight in discussion with the person they had introduced a fortified diet.

We saw that hand rails were available around the building on both floors to support people to walk around the building and reduce the risk of falls for people who preferred not to use walking aids and use furniture to walk instead. This supported people's freedom to walk around.

There were systems in place to assess the safety of the service such as fire and control measures were in place to reduce these risks. Staff had been trained in health and safety and how to respond if there was a fire in the service. We spoke with staff who knew what to do in the event of a fire. There were personal emergency evacuation plans in place and these were kept in a file in the office. These were comprehensive documents but there was no summarised list available for the emergencies services if an incident occurred. We discussed this with the manager who advised that this was something they would introduce.

People told us that there were always enough staff duty to meet their needs. Staff told us there were always enough staff on duty. We spoke with the manager about staffing levels at the service. They advised us that the staffing levels were flexible with varying times of shifts to meet people's needs at particularly busy times of the day. During our visit we observed that people's needs were met in a timely way and there were staff available to give support throughout the day. The relatives of people we spoke with did not raise any concerns about the staffing levels.

People could be assured that safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity, proof of eligibility to work where required and appropriate references had been obtained prior to employment and were retained in staff files.

People received their medicines as prescribed. We observed people being assisted with their medicines at lunchtime this was done safely and discretely, respecting the person's privacy. The nurse followed good hygiene practice and wore a tabard to ensure that they were not disturbed.

We looked at the storage of medicines at the service. We found that room and fridge temperatures where medicines were stored were checked daily and controlled drugs were by two registered nurses at handover twice a day. However we found that one medicine was not being stored and monitored appropriately. We discussed this with the nurse on duty and the manager who took immediate action to rectify this.

Is the service effective?

Our findings

People told us that staff provided care that met their needs. One person told us, "Staff are always here when you want them." Another person told us, "They can do anything you ask." A visiting health professional told us, "Staff have the knowledge of people needs." Another health professional told us, "They always report things appropriately." We saw from care records that where concerns in relation to people's health had been identified referrals had been made.

Staff told us that they received the training that they needed to carry out their roles. One staff member told us, "I've had lots of training. It helps me to understand people's needs." Another staff member told us about all of the courses that they had attended. We looked at records that confirmed that regular training had taken place. However there were some staff that had not received all of the training that they required. This meant that the provider could not assure themselves that staff had received the relevant training to support them to meet people's needs.

Staff told us they received regular supervision and an appraisal. We saw from records that staff received supervision. Staff had an allocated person from the management team at the service to carry their out supervisions and appraisals. We found that no appraisals had taken place since the beginning of 2016. The manager told us that they had recently sent self-assessment forms out to all staff members as a start of the appraisal process. We saw some of these forms had been completed and handed back in. The manager told us that the next step would be to set up meetings with each staff member and further reflect on their work and discuss their performance.

People were supported to make decisions on a day to day basis. We observed staff enabling people to make informed choices and gaining their consent. We saw that staff had a good understanding of how to communicate with each person. However the Mental Capacity Act and the requirements of it were not consistently understood by staff when we spoke with them. Staff members were unable to explain what the mental capacity act was and were unsure of what best interest decisions were.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, we found that where the provider had a reasonable doubt that a person lacked capacity to make a decision in relation they carried out a MCA assessment. Where appropriate the manager had made applications for DoLS where appropriate to ensure that people were not being deprived of their liberty unlawfully. For example, one person had been assessed as not being able

to use their call bell, having a reclining chair which they were unable to operate and they were not free to leave the service alone. Where people had DoLS authorisations in place the service was complying with them.

We received mixed feedback from people about the food at the service, one person told us it was, "Reasonable." Another person told us, "It's as good as can be expected under the circumstances." Whilst other people told us, "The dinners could be better, but I have enough to eat and drink," and, "It's not like home cooked food." The main meals at the service were cooked/chilled and regenerated at the service and then served. The menu available was varied and provided a balanced diet for people. People were offered a choice of two main meals each day. If people did not wish to have either of the meal options available they were offered alternatives. We saw two people with alternative meals of their choice being provided over lunchtime.

We saw that the majority of people remained in their chairs in the communal lounge areas while they ate their meals. Although this was through people's own choice it meant that some people were seated in the same chair all day. It also meant that people received their meals at varying times to the person sitting next to them as the meal serving process took over an hour as staff were serving people with meals over a widespread area. In the dining area two tables had been set and three people had chosen to eat at these tables. We found that in the main lounge area some people were struggling with their meals. One person we saw was left with their meal in front of them and untouched for 15 minutes. When then prompted by another person using the service they began to eat. We spoke with the manager and director of the service about how people's lunchtime experience could be developed to enhance people's well being and made into a more of a social occasion. They advised that this was something they would look into.

We saw that throughout the day there were jugs of juice available in communal areas. There were no facilities for people to make their own drinks but hot and cold drinks could be requested at any time.

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 received positive feedback about the service from health professionals. One health professional told us, "They [the staff] always make a referral if they need us." And they went on to say, "They [the staff] always follow our advice." This demonstrated that people were supported to maintain good health.

Is the service caring?

Our findings

People and their relatives spoke positively about the staff at the service. One person told us, "They are very helpful and listen to me." Another person told us, "The staff are superb." We saw throughout our inspection that staff responded to people in a caring way. For example, one person became unsettled in the lounge and a staff member immediately responded with compassion and supported them to go for a walk.

Staff members knew people by their preferred names. One staff member told us, "We treat everyone here like we'd want our own parents to be treated." Another staff member told us, "We respect all of the people here." This was reflected by the care we saw being provided throughout the day.

The provider operated a key worker system which enabled people to build close relationships with a named carer who then oversaw their care and ensured they had items such as the toiletries that they required.

Staff knew and understood people's needs. People had personal profiles within their plans of care that included information about how they liked to be cared for. People told us that they were able to make decisions about their care such as the time they liked to get up or go to bed and when they had a bath or shower. People's care records reflected these choices.

People told us that staff respected their privacy and dignity. We saw that when one person was distracted and not eating their food a carer discreetly moved next to them and supported them with verbal encouragement which also promoted their independence. We saw that when staff asked people if they wanted to go the toilet they bent down next to them and lowered their voice to respect their privacy.

Staff members had a good understanding of how they were able to respect people's privacy and dignity while assisting them with personal care. They gave us examples of how they were able to do this in their day to day work. We saw that staff knocked on people's bedroom doors before entering and waited outside until they received a response.

A treatment room was available at the service that provided people with privacy during health appointments. Visiting health professionals told us that the treatment room had recently been refurbished and was available for them to use to provide treatment and consultations with people.

One person told us, "It's just what I wanted [referring to their bedroom]." Another person told us, "I love my room." People told us they were able to have the things they wanted within their rooms. We saw that people's rooms were personalised and contained things that were important to them.

Staff told us that people's relatives and friends were able to visit them without any unnecessary restriction. We saw relatives and friends visiting people throughout the inspection. They confirmed they were able to visit the service at any time.

Is the service responsive?

Our findings

People and their relatives told us that staff and the management at the service were responsive to their needs. However we received mixed feedback from people about their contributions towards their care plans. One person told us, "I know that there is one [a care plan] in the manager's office but I haven't seen it." Another person told us, "No I don't have one [a care plan]."

We saw from care records that people's needs were assessed and plans were then put into place to support people and meet their needs. We saw that these were regularly reviewed to ensure that they remained relevant. We saw from people's care records that care was delivered in line with people's plans of care. Staff told us that they were kept updated with any changes to people's needs through handovers.

The manager told us how they responded to people's changing needs. For example, when one person's mobility deteriorated and they required more intensive support from staff they offered them a change of bedroom. They discussed this with the person and their family and it was agreed with them that person would move rooms. The change in bedrooms enabled staff to support the person more effectively. We saw that where another person displayed behaviours that challenged others during a particular activity the manager put an additional member of staff on duty through this time so that the person could still be supported to attend this.

An activities co-ordinator was employed by the service who provided group activities in communal areas at the service and one to one support to people in their rooms. During our inspection we saw a seaside themed reminiscence activity taking place in the small lounge area. There was an interactive quiz with music, maps and visual aids and people that chose to take part enjoyed it. However in the main lounge there was limited stimulation for people throughout the day. Staff spoke with people in passing and when they needed something. However these interactions were task focussed. People in their rooms received one to one support with an activity approximately once a week.

The manager told us about the activities that were available through the reminiscence boxes and a number of ideas that he was hoping to develop to enhance the activities and opportunities available for people. The provider showed us plans of the gardens that they were having developed to make them more accessible to people. These were going to be shared with people at a meeting to seek their views.

People told us they had no concerns but knew how to make a complaint and felt confident that the staff and manager would take it seriously. There was a complaints policy in place that was on display that provided people with information about how to make a complaint.

We saw that the provider kept a comment and complaints book where they recorded any concerns they had received. We saw that each of the concerns had been looked into and action had been taken to prevent the situation from occurring again. For example where a concern had been raised in relation to a person waiting to receive care due to staff breaks this had been discussed in depth at a staff meeting and an apology was made. People's concerns were investigated and the service used these as learning opportunities. We saw

records that confirmed this.

Is the service well-led?

Our findings

The manager and provider had not always notified us as required of significant events that they were required to report. For example, we had not received a notification regarding a person who had been referred to the local authority under safeguarding, and a further five safeguarding incidents where people had either been abused or made an allegation that they had been abused.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was not a registered manager in post. The provider had notified us that the registered manager had left the service and they were unable to cancel their registration. The manager who had been at the service for approximately six months told us that they were going to start the registration process within the next week and they had previously been registered as a manager with us.

Quality assurance questionnaires were sent out, however these had not been analysed. Relatives told us that they used to receive questionnaires about the service twice a year. One relative told us that they had stopped filling them in as they were the same each year. We spoke with the manager about the relatives questionnaires. They told us the last one had been sent out in August 2016 but they had not yet completed the analysis or any feedback in relation to it.

There were no formal channels to obtain feedback directly from people that used the service. The provider told us that they were holding an event over the coming weeks where they would be discussing the garden plans. However, regular meetings with people did not take place. There was a suggestions box in place in the reception area. Whilst visitors walked through the reception to access the home, people that lived at the home did not have regular access to this area.

Staff members told us that staff meetings took place. We saw from the minutes that monthly staff meetings were held. These provided staff with updates about the service and provided an opportunity for concerns and ideas to be shared.

People told us that they knew the manager by name and they felt encouraged that the owners of the service were often around. Staff members told us that the manager was approachable and that they felt well supported by him. One staff member told us, "[The manager] will always sort things out for you." They went on to tell us, "We have great team work and can talk to [the manager] about anything."

The service had been awarded the Silver Award by Local Authority Quality Assessment Team. The manager of the service told us that they worked a variety of shifts throughout the week to help cover the shifts with consistent staff and to help them to understand the benefits, challenges and demands of each shift. Staff meetings were held on a monthly basis and issues relevant to the service were discussed.

The manager completed a number audits in relation to the service to assess the on-going quality. These included areas such as the general environment, equipment at the service, medication and care plans. We

saw that when any concerns were identified action was taken to ensure that it was rectified.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider had not notified us of significant events that they were required to report.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	The provider had not implemented a robust procedure and process to ensure that people were protected. Systems and processes were not established and operated to investigate immediately upon becoming aware of any allegation or evidence of abuse. Incidents where people had been abused had not been recognised as abuse and an allegation of abuse had not been further investigated in any way. Regulation 13 (1) (3).
Treatment of disease, disorder or injury	