

Grange Cottage Limited







# Grange Cottage Residential Home

## Inspection report

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### Ratings

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

### Overall summary

This unannounced inspection took place on the 30 April 2015. At our last inspection on 1 May 2014 we found no breaches of legislation.

Grange Cottage is a care home providing personal care for up to 19 people living with dementia. The home was fully occupied on the day of our visit.

The service has a registered manager in post. 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.

Grange Cottage is run by a limited company which consists of a husband and wife team. Mrs Halkoree is the registered manager and her husband is the deputy manager. Mr Halkoree is also a director of the service.

# Summary of findings

Grange Cottage is a care home that provides accommodation for personal care. The accommodation was arranged over two floors. The home had a stair lift that ensured people could move freely between floors. There was also wheelchair access to the garden.

The provider had ensured that only suitably recruited staff were employed. They had undertaken a number of checks to make sure staff were safe and had the qualities required to undertake their role. Staff once recruited had an induction period so they became familiar with the service. They also received training to ensure they had sufficient skills to undertake their role. This training was regularly refreshed so that it continued to be in line with current best practice. There were sufficient staff on duty to meet people's needs.

People were helped to maintain good health. This included being supported to have access to healthcare professionals and receiving their prescribed medicines when they should.

There was a choice of meals, snacks and drinks. Staff supported people to eat and drink sufficient amounts to maintain their health and well-being.

The provider was aware of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their

liberty in a safe and correct way. Staff had received training and applications had been appropriately made to the local authority. People were asked for their consent to care and treatment prior to it been given.

People were positive about the service and felt they could raise any issues with the registered manager or other staff members. There was a complaints procedure in place and people were encouraged to say what they thought of the service provided.

The provider was continually monitoring all aspects of the care through various audits, checks and surveys to make sure they were in line with best practice.

Everyone living at Grange Cottage had an individualised record of their needs and how they wanted to be cared for. These records were continually updated so they reflected people's current and changing needs and wishes. The provider understood people were all individual and had different interests, so as far as possible they offered a range of activities and social outings for people to participate in.

People were supported to maintain contact with people that were important to them. Relatives told us how welcoming the home was and how there was no restrictions on when they visited.

Staff knew the people they were caring for and treated them with dignity and respect. People were encouraged and supported to be as independent as possible so they retained their dignity and choice wherever they could.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe. There were enough staff on duty to make sure people's needs were met.

Staff knew what to do if they thought people were at harm or at risk at harm.

The provider ensured suitable recruitment checks had been undertaken so that only suitable staff were employed.

Medicines were stored and administered correctly. There were appropriate records to make sure people received their medicines when they should.

The service had undertaken assessments of risk to people and there were plans in place to manage these risks. Accidents and incidents were recorded and action taken to minimise the risk of a re-occurrence.

Good



### Is the service effective?

The service was effective. People health needs were met by arrangements the provider had made including having access to healthcare professionals and good nutrition.

The service was developing an environment suitable for people living with dementia.

People were supported by trained staff so they received care that was in line with current and best practice.

The provider met the requirements of the Mental Capacity Act 2005 to help make sure people's rights were protected.

Good



### Is the service caring?

The service was caring. People were positive about the care they received. They felt staff were welcoming and treated them with kindness.

We observed people were treated with dignity and respect.

People's wishes in terms of end of life care was documented and reviewed so that people would be given the care they wanted.

Good



### Is the service responsive?

The service was responsive. People received individualised care which were written down and reviewed so the care was consistent.

People were offered a choice of recreational and social activities based on their interests and preferences.

People were encouraged to say what they thought of the service and they felt their views would be listened to and acted on.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There was a registered manager in place who people felt they could approach to share their views about the service or when they have concerns.

The registered manager and deputy worked with other professionals to achieve the best outcomes for people.

There were systems for monitoring the quality of the service and working towards continuous improvements.

Good



# Grange Cottage 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 29 April 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection we received feedback from a local authority social worker. We reviewed information we had about the service, this included notifications of significant events that had taken place since the last inspection.

Some people living at Grange Cottage were not able to tell us about their experiences of using the service because of their complex needs. We therefore used our Short

Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. We also spoke with three people's relatives to get their views of the service people received at the home.

In addition, we talked with five people living at Grange Cottage who were able to tell us their views of the service. We were also able to talk with representatives of the local authority brokerage team, who were visiting on the day of the inspection. We spoke with the registered manager, the deputy and two other staff members. We looked at four care records of people living at the home including their care plans. We checked how medicines were managed. We also looked at four staff records including those that related to their recruitment and training. We checked other records in respect of the monitoring of the service.

After the inspection, we also had telephone contact with a further two relatives and a GP to find out what their views of the service were.

# Is the service safe?

## Our findings

People told us they thought the service was safe. One person living at the home said, "It's a nice place and you can relax." A relative said "I do feel [relative's name] is safe." Another relative told us "Feel happy they are being looked after. I'm quite happy."

We checked there were enough staff on duty to make sure people's needs were met. We saw there were five staff on duty during the day which included the registered manager and deputy both of whom were involved in direct caring for people who used the service. In addition there was a cook, cleaner, and an activities co-ordinator who worked two hours per day. Relatives said they felt there were enough staff on duty and someone was available should they be needed.

The provider ensured people were protected from harm. Staff were able to tell us how they might safeguard adults who they thought were at risk. They were familiar with the possible signs of abuse and they knew how to report any concerns to the appropriate bodies. We saw staff including the manager had received training from the local authority and this training was regularly refreshed. The provider had policies which included outlining the process and procedure for making a referral to the local authority. The provider had instigated a 'policy of the week' which staff were required to read and sign, this was then discussed at the subsequent staff meeting. In this way the provider ensured staff were kept up to date and areas of good practice were shared.

We checked recruitment records to make sure necessary checks had been completed prior to staff starting work with the provider. We looked at staff records including those for a new member of staff and found appropriate recruitment checks had been carried out. There were documents including the application form, notes from interview, references, proof of identity and police checks.

People's medicines were managed appropriately so they received them safely. Medicines were stored in a medicines room which was locked when not in use. We saw there were daily records of room and refrigerator temperature checks to make sure medicines were stored at the correct

temperature. There were systems in place to log all medicines coming into the home and those being returned, when no longer required, to the pharmacist. We checked these records and saw there were no errors in the stocks of medicines held. We also looked at a sample of Medicines Administration Records (MAR) and saw there were no errors or omissions. Each set of MAR sheets had a photograph of the person they related to with a list of known allergies. There were six monthly audits of medicines completed by the registered manager and an annual pharmacy audit. In this way the provider was monitoring and reducing the possible risks to people of receiving their medicines incorrectly.

We looked at a sample of risk assessments. These documents were written so people could live as independently as possible whilst minimising the risks to them. We saw these documents were specific to the person and were reviewed monthly and updated if necessary. They covered areas such as possible falls and strategies that could be used to assist people such as availability of aids. In this way the provider was assisting people to live as full and as independent a life as possible.

We had received some information of concern from the local authority prior to the inspection. They stated that people did not have free access to the garden, instead people had to request staff to open the back door. Additionally the garden was full of unwanted items and had no fencing and therefore there was open access to the main road resulting in concerns about the security for people living at the home. At the time of our inspection, we saw the provider had already taken action. The back door was kept open during the day, so people could access the garden whenever they wished and there were additional staff in the dining area to monitor who was going in and out. Unwanted items had been disposed of and we saw invoices that related to the purchase of fencing and items to build raised flower beds.

Any accidents and incidents were recorded and analysed for trends and patterns to see if they could be prevented in the future. We saw there was a record of accidents and incidents that people had sustained and the remedial actions that had been taken as a result.

# Is the service effective?

## Our findings

People were supported to maintain good health. We saw people were supported to have access to healthcare services when they needed them. There was a record within the care plan of all the involvement people had with different professionals and when they were seen. There was documentation amongst others written by Community Psychiatric Nurses, GP's and Social Workers. One healthcare professional told us, "I have no concerns, they work well with me."

During a tour of the premises we saw the provider had made some changes to the home so it would be suitable for people with dementia. This had included painting people's bedrooms as a front door for ease of identification and signage used to help people orientate themselves as to the purpose of a room for example, the dining room, the bathroom etc.

People received care from staff who had the knowledge and skills required to carry out their roles. We spoke with a new member of staff who told us about the induction process they had undertaken. They told us there was a period of time when they were an extra member of staff and had the opportunity to read policies and procedures, were given essential information about the service and shadowed a more experienced member of staff. Since then the member of staff had received further training some of which was provided by the local authority on areas such as safeguarding adults at risk and the Mental Capacity Act (2005). The member of staff received formal one to one supervision sessions every two months and felt supported by their manager. Other staff we spoke with also confirmed they received one to one support from their line manager and felt supported by them.

We looked at training records for staff members. The initial training matrix showed a number of training courses many of which had not been refreshed. However, the registered manager was able to supply us with the evidence we required within two days of the inspection. This consisted of training certificates for courses that had been refreshed, including medicines awareness, nutrition and safeguarding adults at risk. This meant that staff were suitably trained to undertake their role and appropriately care for people living at the home.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe way when it is in their best interests. At the time of our inspection, the service had received authorisations to deprive two people of their liberty under DoLS. The registered manager told us they had recognised that further assessments were required for other people as they may potentially be depriving others people of their liberty. The service had approached the local authority to ensure that DoLS applications were made.

We saw that people were asked their permission and consent before support was offered, this included for people who were not able to communicate verbally. For example, people were asked if they wanted a protective apron on during lunch to protect their clothes; and a member of staff was observed discreetly asking someone if they wanted help to go to the toilet. Staff were able to tell us how they could interpret what people were communicating through gestures and expressions. People's consent was recorded in their care plans and reviewed every month. Where people were unable to give consent themselves, their relatives had been consulted so that decisions regarding care reflected as best they could, peoples' known preferences.

People were supported to eat and drink sufficiently to meet their needs. We saw people were given a choice of what they wanted to eat and alternative was available. In one example, we observed someone had chosen a sandwich rather than a hot meal at lunchtime. Staff became aware that the person was not eating the sandwich either and so therefore offered them a third item. The person then ate the item and appeared to enjoy it. Staff told us, they had to work hard to make sure the person had enough to eat and drink throughout the day and so would offer alternatives until they felt the person had eaten sufficiently.

People's nutritional needs had been assessed and recorded. We saw people's weight was monitored monthly and more frequently if required. Where people's weight had changed significantly action had been taken so they were referred to the appropriate healthcare professional.

# Is the service caring?

## Our findings

We received many positive comments about the home. One person living there told us, "It's pretty good, they are respectful." A relative told us, "She [their relative] looks well cared for, better than she's looked for years" and another relative said, "Feel happy he's being looked after. I'm quite satisfied". Relatives told us they were kept informed if there were any issues or concerns regarding their relative. Some relatives were also encouraged to be involved in personal care if they wanted to. This helped them to feel involved and part of their relative's care.

People were treated with kindness and respect. We saw staff were visible in the communal areas to assist people when it was required. They took time to help people move around the building. At lunchtime we observed two staff helping someone to walk down the corridor to the dining area. One member of staff was gently guiding them and giving them reassurance whilst the second member of staff walked behind. We also saw staff appropriately use touch to reassure and comfort people.

A number of staff had worked at the home for some time and were able to tell us in detail the preferences of individuals. New staff members were also able to tell us about people's abilities, likes and dislikes and their interests. For example, during a conversation about football, a member of staff was able to remind someone of the football team they were passionate about. A relative

also told us, how the home made sure their relative was always dressed in the particular clothes they liked to wear. They went on to say, "Whoever answers the door, they know what's happened to [relative's name] during the day."

We saw staff treated people with dignity and respect, this included knocking on bedroom doors and waiting for a reply before entering. They could tell us how they supported individuals when providing personal care including keeping doors and curtains shut. If people had specific requests about how they wanted to be cared for, this was recorded in their care plan and was respected if at all possible. For example, one person liked to be cared for by one individual member of staff. We talked with staff about confidentiality and all were able to give us a response which showed they understood why it was important and how to maintain it for people who used the service.

Relatives and professionals commented on how welcoming the home was and how they could visit whenever they wanted. One relative said "All the staff are friendly, and there's always a cup of tea and a biscuit." Another relative explained how they visited whenever they wanted to and would take their family member out in the evenings.

We saw that people who used the service had an end-of-life plan. The information recorded was gathered from people who used the service themselves, if they were able to give it, or from relatives. The plan outlined people's preferences and choices for their care and this document was kept under review.



# Is the service responsive?

## Our findings

People received care that was personalised to them and could be changed dependent upon their needs. This process began prior to people coming into the home during a pre-admission visit when a member of the senior staff would visit the person so they could get to know them better. Not everyone living at the home was able to say how they wanted to be cared for, although we did see that information was gathered from family members and used to develop the care plan. One relative told us, "I'm surprised how quickly [their relative] has settled", they went onto say, "If she can't sleep, they [the staff] just let her sit and have her cocoa until she's ready."

Each person using the service had an annual review meeting which relatives told us they were invited to. They told us they were kept informed of any changes with their family member and review meetings could be held more frequently if required. Everyone living at Grange Cottage had a named key worker. Their role was to have responsibility for overseeing and coordinating the care and support received by people they were key worker for. However, most people told us they were comfortable speaking to any member of the staff team and that the manager or deputy were also often available.

We saw that people were offered a number of social and recreational activities dependent upon their interests and wishes. The provider employed an activities coordinator during the morning and in addition a member of the care staff was also involved in organising activities in the afternoons. We were told by the activities coordinator that live monthly music sessions were offered. We saw there

was an activity's timetable in everyone's bedroom and that daily newspapers and various books were available. The registered manager told us, a number of people at the home enjoyed going to the local pub or for meals out which was arranged spontaneously. One person stated how they were looking forward to voting in the forthcoming election. We discussed this with the registered manager who told us everyone living at the service was registered to vote although they anticipated that only two or three would wish to do so on election day.

We observed that people were given choices about many aspects of their care from what they wanted to eat and drink, where they wanted to be in the home and what they wanted to wear. One relative told us Indian food was provided for one person who liked to eat spicy food. They also told us how staff encouraged their relative to do things for themselves so the person could maintain their own independence and choice.

People told us they felt comfortable raising any issues or complaints with the manager and that they would be listened to and there would be no repercussions. One relative said, "If there was anything wrong I'd say", they went onto tell us, "The last care home was nowhere as good as this one". We saw the provider had developed a complaints leaflet in a pictorial and easy to read format. There was also a suggestion box so people could make comments anonymously about the service. We noted there was a complaints policy which included timescales of how quickly the complainant could expect to be responded to.

The registered manager told us residents meetings had stopped for a while, but had been initiated again in response to relatives' requests.

# Is the service well-led?

## Our findings

Relatives and staff told us the registered manager and deputy were open and approachable. Relatives felt they could raise any issues and we observed that throughout the day relatives were 'popping in' to see the manager and have a chat. A member of staff told us how they could raise any personal or professional issues and considered "they [manager and deputy] will always take on board my point of view". We observed the registered manager and deputy working alongside other staff members, as well as taking on the supervisory role. Care staff were positive about this feeling the manager and deputy understood their work and the impact it could have on them. They also felt the manager was making themselves available for staff to talk.

We saw there was an annual survey sent directly to relatives and other stakeholders so people had further opportunities to raise views about the service. At the time of our inspection visit we saw the home had sent out the questionnaire and was beginning to receive some returned questionnaires. The registered manager told us returned questionnaires were reviewed and analysed and any necessary actions were put in place.

The service had a registered manager in post who was well aware of their responsibilities. They had notified the CQC of significant events that had taken place within the service, in line with legal requirements. The registered manager had worked with other professionals to promote best practice

within the service. One professional we spoke with said, "The service is professional and will respond to requests". Where shortfalls had been identified, for example in respect of the lack of access to an outside area, the provider had taken action to rectify the situation and improve the environment for people living with dementia.

We saw there were numerous audits and checks on the service to ensure it offered high quality care. The registered manager checked care plans, risk assessments and people's weight and reviewed these monthly. There were also daily medicines checks and more thorough checks undertaken every six months by the registered manager or an external pharmacist. In addition, there were weekend and night time checks undertaken to ensure the quality of the care over a 24 hour period, seven days a week. There were systems in place to assist staff to understand the various procedures and processes for auditing areas of practice such as infection control. This had been completed so that if the registered manager was absent they could still be completed. The provider had supplied a range of information so staff knew what to do in the case of an emergency.

The provider took feedback from stakeholders about the quality of the service seriously. They gave us a copy of the local council's quality assurance visit which had taken place in February 2015. It had identified areas the home could improve upon and the provider had developed an action plan to address the issues identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.