Mrs Amelia Rose Newstead

Grangewood Lodge Residential Home

Inspection report

Grangewood Lodge
Grangewood, Netherseal
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Grangewood Lodge is a residential care home providing accommodation and personal care for up to 37 people. The service provides support to people who may have a physical disability, sensory impairment or dementia. At the time of the inspection there were 27 people using the service. People were accommodated on 2 floors, with communal lounge and dining areas. People had access to a pleasant secure outdoor space.

People's experience of using this service and what we found
The registered manager did not submit all statutory notifications to CQC for all significant events that occurred at the service. The registered manager assured us that statutory notifications will be sent without delay, which we received following the inspection.

The home was decorated to stimulate people living with dementia, however some of these sensory aids were not clean. The registered manager took immediate action to address this.

People felt safe living in the home. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were regularly assessed and managed.

There were enough staff to meet people's needs. Staff were recruited safely and appropriate checks were completed prior to employment.

People's needs were assessed and risk assessments were in place to guide staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the care provided was good and staff were caring and respectful. Staff had developed positive relationships with people.

Care plans were personalised and clearly described people's diverse needs. Detailed information on the support needed from staff was included; this was reviewed and updated accordingly. Complaints were investigated promptly and people knew how to raise a concern.

Staff confirmed the registered manager was supportive and approachable. Staff received regular supervision and training they needed to perform their roles. The service had established good networks with external healthcare professionals which gave people access to a wide range of healthcare services. Recommendations from healthcare professionals were followed by staff.

There were clear quality assurance systems in place to monitor the quality of the service. Regular checks were carried out to ensure risks were identified and action taken to minimise any risk.

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

Rating at last inspection
This service was registered with us on 10 July 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 31 May 2018.

Why we inspected
This was a planned inspection following registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Grangewood Lodge Residential Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was completed by 2 inspectors.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people who used the service, 2 relatives and 3 healthcare professionals. We spoke with 6 staff members, including the registered manager, head of care, cook, domestic and care workers. We reviewed a range of records, including 4 care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The home was decorated with ornaments, memorabilia and sensory aids to support people with dementia; however, we observed these were dusty. The registered manager addressed this immediately by cleaning the items during the inspection and also provided us with a revised cleaning schedule.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no visiting restrictions. Visitors were supported to stay safe and to follow government guidance about COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff understood how to raise any concerns immediately with the registered manager. Staff were confident the registered manager would act on any concerns raised. One staff member said, "If I had any concerns I would go to [management]."
- People using the service felt safe. One person said, "I feel safe here, I want to be here, I kept falling at home."

Assessing risk, safety monitoring and management

- People's care plans and risk assessments contained information to guide staff on how to support people safely. For example, we saw a person's risk assessment in relation to falls and steps taken to mitigate this risk. This meant staff had relevant information on how to mitigate identified risk to minimise avoidable harm.
- Staff focused on minimising people's risks, whilst ensuring they had as much independence as possible, for example, we saw a person's risk assessment that directed staff to assess their mobility daily, due to their fluctuating ability to move independently.
- The registered manager completed regular checks to ensure the environment was safe for people and the

care they receive. These checks included fire safety, equipment and maintenance.

Staffing and recruitment

●There were enough staff to meet the needs of people using the service. There were systems in place which the registered manager used to regularly review staffing levels to ensure the needs of people using the service were met.

●People told us they did not need to wait long for support and we observed staff attend to people quickly. One person told us, "I can do most things myself, but if I need help they come quickly."

●Staff were recruited safely. Records showed pre-employment checks and a Disclosure Barring Service (DBS) were undertaken prior to staff starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● People were supported safely with their medicines. The provider maintained appropriate records for the receipt, administration and disposal of medication.

● There were written protocols to guide staff on administering medicines prescribed 'as and when required'. For example, protocols included how people expressed pain and guidance for staff on the steps to take to support individuals prior to administering medication.

●Staff had received training in administering medicines safely and their competency was assessed regularly.

●The registered manager carried out regular checks and audits in relation to medicines.

Learning lessons when things go wrong

●The registered manager reviewed all accidents and incidents and recorded actions. Actions identified were followed up appropriately. For example, following an incident, action was taken to include specific diversion techniques to help a person who became distressed during care interventions. This helped them to feel safe.

●Staff understood the process to follow for reporting accidents and incidents. One staff member said, "Everything gets reported on accident forms and [registered manager] reports this further."

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed prior to using the service. We saw detailed pre-admission assessments including information on key risks and support needs. This meant staff had enough information to support people who were new to the service safely.
- People's care plans were person centred and reflected their current support needs. Care plans were regularly reviewed.
- Assessments from health care professionals and the views of the people using the service were used to plan effective care. For example, a person's care plan included a section called 'anything I would like you to know about me' which detailed someone's wish to be reminded by staff about their wife due to memory loss.

Staff support: induction, training, skills and experience

- Staff were trained and competent to carry out their roles. People and relatives told us staff were competent and knew how to meet people's needs.
- Staff received regular training. We reviewed the provider's training matrix, which showed staff were up to date on all mandatory training. Staff told us training was regular and useful to carry out their roles. One staff member told us "I think training is really good."
- Staff received regular supervision so they could discuss individual learning and development needs.
- New staff completed a comprehensive induction and were supported in their roles. For example, we saw a 'new employee monitoring form' completed by management to help new staff starting their employment.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain a balanced diet by staff. People enjoyed the food. One person told us "Food is lovely."
- Mealtimes were calm and relaxed and people were offered a choice. We observed practice which promoted people's independence, for example, vegetables were on a platter for people to serve themselves and staff were on hand to support people when needed.
- People's weight was monitored and where risks of malnutrition were identified action was taken, for example, starting food and fluid charts. This meant any changes could be closely monitored and escalated.
- The provider worked effectively with professional teams. A healthcare professional told us "They phone us if they are unsure or need any help." This meant people received effective care in a timely manner. Referrals were made to a range of healthcare professionals, for example, chiropodist and district nurses.

Professionals told us advice was followed by staff.

Adapting service, design, decoration to meet people's needs
● The home was appropriately adapted and designed to meet peoples' needs. We saw a range of adaptations to support people with dementia, such as themed corridors, memorabilia and tactile objects for people to engage with.
● People had personalised bedrooms to suit their individual preferences, for example, family pictures and their own soft furnishings.

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● The provider worked within the principles of the MCA. People had their capacity to make decisions assessed and this was reviewed regularly. For example, a person had fluctuating capacity for a decision, we saw their assessment included best interest documentation for staff to support them and consent documentation where applicable.
● Staff had received training around MCA and DoLS. We found that management and staff demonstrated a good understanding of their responsibilities under the MCA.

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- Staff respected people's diverse needs and treated them with dignity and kindness. One person told us, "I love being here, they are kind to me, I'm happy here. I'm looked after."
- The manager focused on promoting a warm friendly environment and encouraged meaningful relationships between people and staff. People were supported by compassionate staff. We observed kind and caring interactions between people and staff.
- Relatives were complimentary about the staff team. One relative told us, "[Staff] are absolutely brilliant."
- The registered manager and staff were committed to providing compassionate care. For example, they promised to look after a person's dog after they passed away. We saw this person's wishes were respected as the dog was looked after in the home.

Supporting people to express their views and be involved in making decisions about their care
- There was a regular staff team who knew people well. People's equality and characteristics were considered, for example, people's care records included individual communication needs.
- Care records showed that people's choices and cultural needs were documented. For example, we saw a record which included someone's preference to want to take part in Halloween celebrations.
- People and their relatives were involved in decisions about their care. Care records reflected this.

Respecting and promoting people's privacy, dignity and independence
- Staff respected people's privacy and dignity and promoted independence. We observed staff knocking on people's bedroom doors before entering and communicating their support regularly.
- People were supported to remain as independent as possible. One person was being supported to access care in the community due to their high level of independence.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised including people's preferences and choices to ensure their needs were met. For example, one person was supported to be kept up to date on their spouse's health and wellbeing.
- Care plans were reviewed regularly and updated when people's needs changed.
- Staff were updated about people's changing needs through detailed shift handovers. One senior staff member told us "Everyone has the information they need; care plans are updated if needed to, care staff have access to care plans."

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

- The registered manager understood their responsibility to provide information in all accessible formats. For example, large print or easy read.
- People had their communication needs fully assessed by staff and information on how to support people's different communication needs. For example, the provider could make information available in large print for those who needed it.

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

- People were supported to maintain relationships. Activities were planned regularly to support people to feel included. We saw people playing cards, knitting and having positive interactions with staff whilst enjoying their morning snacks; this meant people were included and supported to engage in activities of their choice.
- Care plans recorded information about people's interests and hobbies and how they enjoyed spending their time. For example, we saw records of a person who enjoyed gardening and listening to classical and spiritual music.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people told us they understood how to make a complaint. People we spoke with told us they would, "go to the manager" if they had any concerns.
- Complaints were investigated promptly by the registered manager and outcomes from these were used to

improve the quality of care provided. For example, the service made changes to improve a person's dining experience following a complaint.

End of life care and support

- At the time of inspection, no one using the service was considered to be reaching the end of their lives.
- Staff received end of life care training and we saw guidance for staff to support people at end of life.
- Care records evidenced end of life discussions with people, exploring family wishes and information for staff on how to support them.
- We received positive feedback regarding end of life care. One professional told us "[Staff] managed end of life for a patient really well."

Good

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● The registered manager did not submit all CQC notifications for all significant events that occurred at the service. We discussed this with the registered manager, who assured us notifications will be sent without delay; a statutory notification was submitted retrospectively following our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Systems and processes were in place for monitoring risk and driving improvement. The provider and registered manager completed audits to monitor the quality of the service to ensure people achieved good outcomes. For example, a falls audit identified a recliner chair was more appropriate for a person to minimise their risk of falls.

● The provider and registered manager had clear oversight of the service and was able to promote good person-centred care.

●There was a positive approach to learning and development. Staff understood their roles and took opportunities to develop their skills to improve people's outcomes.

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

● The service was well led. The registered manager focused on providing an inclusive and open environment where people were treated with dignity and respect. A positive person-centred culture was felt in the home.

● People, relatives and staff consistently expressed confidence in how the service was managed. One relative told us, "I couldn't wish for a better place."

● Staff felt supported by the registered manager and comments we received from staff were positive. For example, "Fantastic, best managers I've ever had in my life." And "[registered manager] is a brilliant manager, [they] will help you with anything."

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

● The provider and registered manager regularly sought feedback. Questionnaires were regularly sent out to people and relatives. We saw positive feedback from the analysis of recent questionnaires. For example, questionnaires from people using the service had an opportunity to feedback on building works in the home.

● Staff attended regular supervisions and team meetings to allow for discussion and feedback. Staff told us

they felt involved in the service.
● The provider promoted a diverse workplace. Where additional support needs were identified, reasonable adjustments were made to support staff.

Continuous learning and improving care
● The registered manager promoted staff being trained for 'train the trainer' opportunities. This allowed staff in the home to train other staff in specific areas. For example, on the day of inspection, a tissue viability nurse visited the home to train staff in the area of skin care management.
● The provider analysed the findings from quality assurance audits to identify improvements and learn lessons. We saw an action plan in relation to areas for improvement in the home.

Working in partnership with others
● The provider had worked in partnership with a range of professionals when supporting with their individual care needs, for example we saw records of people who were referred to the falls team, district nursing team and GP.