

## Paydens (Nursing Homes) Limited

# Grange House

### Inspection report

21 Grange Road  
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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?

Requires improvement 

### Overall summary

Grange House is a detached property in a residential area close to the centre of Eastbourne. It provides care and support for up to 13 adults of all ages who are living with a dementia or mental health disorder. At the time of this inspection 11 people were resident in the home. The care needs of people varied, some people had needs associated with age and fragility, others needed minimal physical support, but relied on staff for general support and guidance

This inspection took place 21 and 22 April 2015 and was unannounced.

The service did not have a registered manager in post. The provider had appointed an acting manager with a view for them registering in the near future. 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 systems for monitoring the quality of the service were not consistent and had not ensured areas for

# Summary of findings

improvement had been addressed including some matters relating to health and safety or that information from complaints and satisfaction surveys had been used proactively in the past. Staff followed identified aims and objectives, however the type of service the home provided was not clearly recorded for people to know what care and support was provided by Grange House.

Feedback received from people their representatives and visiting professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. Some general comments included, "I would recommend Grange House to anyone it is so homely," and "This is a good home we were lucky to find it. People are well looked after and staff are so friendly."

People told us they felt they were safe and well cared for by the staff working at Grange House. Staff undertook safeguarding training and knew the correct procedures for reporting any suspicion of abuse. Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Staff were provided with a training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills so that people's needs could be met in a timely and safe fashion. Staff felt well supported and on call arrangements ensured suitable management cover.

Staff knew and understood people's care needs well and there were systems in place for all staff to share information. The care documentation supported staff with clear guidelines and reference to people's choices and preferences. This ensured staff responded to people on an individual basis.

Grange House was clean and well maintained. Individual risk assessments were undertaken and reflected those associated with people living with dementia and a person centred response to individual risk. Procedures were in place to ensure emergency situations were responded to quickly and safely.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were available within the home for all staff to reference. Staff at all levels had an understanding of consent and caring for people without imposing any restrictions.

People were very complementary about the food and the choices available. One person said the food was always "excellent." Mealtimes were unrushed and people were assisted according to their need. Staff monitored people's nutritional needs and responded to them. The availability of snacks and beverages allowed for a homelike environment and a flexibility that promoted regular eating and drinking.

People had access to health care professionals when needed. Staff supported people and their relatives to ensure this access was well used and appropriate. A healthcare professional told us staff referred people to them appropriately and followed their advice and guidance to promote good health.

There was a variety of activities and opportunities for interaction inside and outside of the home which met individual need. This took account of people's physical and mental needs and was also adapted to meet younger people's interests. All visitors felt they were welcome to come whenever they wanted to.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was available for people to use.

Feedback was sought from people, relatives and staff. Staff meetings were being held on a regular basis and staff handover meetings enabled staff to be involved in people's care and the running of the home. People were encouraged to share their views on a daily basis and satisfaction surveys were being used.

# 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 were protected from abuse and avoidable harm.

People had individual assessments of potential risks to their health and welfare. These had been regularly reviewed and ensured risks were reduced and managed effectively.

There were sufficient staff numbers to meet people's personal care needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Medicines were stored appropriately and there were systems in place to manage medicines safely.

Good



### Is the service effective?

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff had a good understanding of people's care and support needs. Communication systems worked well and ensured staff were made aware of people's current care and support needs.

People were supported by staff who had the necessary skills and knowledge. Staff had up-to-date training and regular supervision.

People's nutritional needs were assessed and recorded. People were consulted with about their food preferences and were given choices to select from.

Good



### Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them well.

Good



# Summary of findings

Everyone was very positive about the care provided by staff to them, and to other people in the home.

People were encouraged to make their own choices and had their privacy and dignity respected.

## Is the service responsive?

The service was responsive.

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activities inside and outside of the home, these met their individual interests.

People were made aware of how to make a complaint and these were responded to proactively. People were asked about their views on the service and these were taken into account.

Good



## Is the service well-led?

Some aspects of the service were not well-led.

The systems for monitoring the quality and safety of the service were not consistent. However a number of systems were in the process of being established.

Staff followed identified aims and objectives, however the type of service the home provided was not clearly recorded.

The acting and deputy manager had a high profile in the home. They were readily available to people staff and visitors and responded to what people told them.

Requires improvement



# Grange House

## 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 21 and 22 April 2015 and was unannounced. The inspection was carried out by two inspectors.

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 reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection five people told us about the care they received. We spoke with seven members of staff which included the acting manager, a cleaner, chef, maintenance man, care staff and the activities person. We also spoke to a falls nurse assessor during the visit to the home. Following the inspection we spoke to two relatives

and three additional health care professionals including a district nurse and a psychiatrist and DoLS assessor. We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining area.

Some people who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. We also 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 reviewed a variety of documents which included four people's care plans, four staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home.

We 'pathway tracked' four people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

People told us that they felt safe in the home and with the care and support provided by staff. People said that staff were attentive and always attended to them when they needed anything. One person said, "The staff does not miss a trick they are on it, as soon as it is needed." People told us staff were always available. One person said "Staff are always watching for signs that people are not comfortable or are feeling unsafe." A relative told us they felt people were safe because of the staff skills and watchfulness. Relatives and visitors were impressed with the homes facilities and presentation.

People said they always got their medicines when they needed them. Staff were professional in their approach checking that each person wanted to receive their medicine and that they took it. Staff also asked people if they had any pain or discomfort and responded to the feedback received. The medicine storage arrangements were appropriate. These included a drugs trolley and suitable medicines storage cupboards and fridge. Checks were maintained on what medicines were received into the home and what was returned to the pharmacy. Medicine administration was undertaken in a safe and person centred way. Staff who had undertaken additional training administer medicines individually from the medicines trolley. They completed the medicines administration records (MAR) chart once the medicine had been administered safely.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it can be recognised. Staff were able to describe different types of abuse that they may come across and referred to people's individual rights. Staff gave us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the

steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. Staff knew where the home's policies and procedures were and senior staff knew how to raise concerns with the police or the social services directly as necessary. All staff knew to raise concerns with senior staff and to seek further advice from the local authority if need. Senior staff gave us examples of when they had raised a safeguarding alert and how this had been processed in the past.

Grange House was clean and was well decorated and maintained internally. The provider had systems to deal with foreseeable emergencies. Contingency and emergency procedures were available and covered what to do in the event of a gas leak, electrical failure and flood. Staff had access to relevant contact numbers in the event of an emergency. Staff knew what to do in the event of a fire. A private fire consultant was visiting on the day of the inspection to provide further advice and guidance. Fire procedures and fire risk assessments were in place. There was an emergency on call rota of senior staff available for help and support. The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation.

Systems were in place for staff to assess risks for people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and health needs. These included risk of falls, skin damage, nutritional risks and moving and handling and going out in the community. People's risks were reflected within individual care plans and ensured staff had guidelines to follow to keep people safe. For example, one person who had been falling on a regular basis had measures put in place to reduce the risk. This included 15 minute checks by staff and a sensor mat when they went to bed to alert staff when they were getting up from bed. Staff had referred this person

## Is the service safe?

to the falls risk assessor through their GP. The risk assessor visited on the day of the inspection and confirmed the staff had taken suitable measures to support and reduce the risk of falls for this person.

People were protected, as far as possible, by a safe recruitment practice. The manager was responsible for staff recruitment and followed the organisations recruitment policy. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The manager was aware that a recent photograph was not in place on each recruitment file and were progressing this matter. One staff file demonstrated the management took appropriate action to deal with poor staff performance.

Staff told us how staffing was managed to make sure people were kept safe. Staff knew people well and monitored people's individual needs responding to any increasing need. For example, when one person had very high needs due to emotional distress extra staff were provided. Staff and people told us there was adequate staff on duty to meet people's care and support needs. One person said, "There is always someone around to help if needed." Staff told us minimum staffing levels were always maintained and this included two waking staff at night. The staffing arrangements took account of the people's individual needs and ensured staff were available to attend to people when they needed support.



# Is the service effective?

## Our findings

People told us that the care they received was good for them, and for the other people in the home. People felt that they made choices and these along with their preferences were responded to. People said they could do what they wanted to when they wanted to with no restricted routines. Visiting professionals told us the home had a relaxed and friendly atmosphere.

People said they enjoyed the food and there was seconds available. One person said, "We always have plenty of food, fruit and sweets, we have treats you see" One person told us how they worked with the chef to develop an eating pattern that would suit them and help them to lose weight. This included missing the 5.30pm meal and having a sandwich later. The chef had a detailed knowledge of people's preferences and needs. This included health needs and personal preferences. For example, one person was on a dairy free diet. These requirements were recorded in the kitchen for all staff to use.

Staff monitored and responded to people's nutritional needs and preferences. Most people ate their midday meal in the dining room. However, other areas were available if people preferred, including the longer and outside patio. Staff spent time encouraging and supporting people when needed in an unrushed and discreet way. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. A system was in place to record and monitor what people had eaten and in what quantity. These records were accurate and used by staff on a daily basis to identify any changes and trends in people's eating and drinking.

Equipment to promote independent eating and drinking were used and included plate guards and china mugs with two handles. There were menus

and pictorial tools on display to inform or remind people what was available for meals during the week. Throughout the day people were offered regular drinks and snacks and asked freely when they fancied an extra cup of tea. People were encouraged and supported to eat what they fancied when they wanted and to drink regularly.. This ensured people with dementia were able to maintain their nutrition and hydration as they were not limited to specific time scales. Younger people also benefited from the relaxed atmosphere around drinks and snacks which promoted a homelike environment.

People received care from staff who had appropriate knowledge and skills. People told us staff were well trained and understood their care needs and they felt well supported. One person said "The girls are so well trained aren't they, we're well looked after." A relative, said, "The staff all seem very informed with the skills to look after the people living in the home." Visiting professionals told us staff responded appropriately to people's needs, using a person centred approach. They said staff knew people very well and understood that everyone needed a different approach depending on their mental health need.

Staff told us they received training and support which provided them with the necessary skills and knowledge to meet the needs of people living in Grange House. One new staff member told us the induction training they received was suitable and included a period of shadowing and working with senior staff. The shadowing had allowed them to understand people's individuality and the different approaches that suited people. Staff had a sensitive approach to people that responded to the reaction they received back from people. For example, when talking to one person, when they became irritated staff knew to stop and restart the conversation after a short break. Records confirmed a programme of training was in place. This included essential training which gave staff additional skills to work in Grange House. This included dementia, concepts of mental health and challenging behaviour. Optional additional training



## Is the service effective?

was also available which included meaningful activities and loss and bereavement. One professional told us they had recommended specific training on responding to one person's behaviour from the local authority. This was accessed by the acting manager immediately. This meant staff had access to service specific training and guidance to support them in meeting an individual's need.

Staff told us they enjoyed their work and felt well supported by the management of the home and the organisation. Staff felt they could speak to the acting manager and more senior staff in the organisation if they needed to. Staff had regular contact with the acting manager and individual supervisions were undertaken on a regular basis. These included reflection on practice and discussion around professional development. Staff told us these sessions were useful and they felt they were listened to and had the opportunity for further training discussed. For example, one staff member confirmed they were developing their individual skills and was undertaking a management qualification. This was to support her more senior role in the home and was being financed by the provider.

All staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) as part of their essential training. There were relevant guidelines in the home for staff to follow. This act protects people who lack capacity to make certain decisions because of illness or disability. The safeguards ensure any restrictions to their liberty have been authorised appropriately to protect people.

Following admission people were assessed as to what decisions they were able to make and what ones they may need assistance with. Staff understood processes to follow when people lacked capacity to make decisions for themselves, along with their legal responsibility to protect people's rights.

Discussion with the acting manager confirmed that DoLS had been applied for in the past and relevant advice had been sought in relation to possible restrictions to people's liberty. A visiting professional involved in a recent DoLS application told us the management had dealt with process appropriately and involved the local authority as required to safeguard people's rights

Staff worked with external health and social care professionals to support people with health and social care needs. One person told us staff were attentive to people's needs and responded to them. "Staff don't miss anything, they know people so well. If someone's not well, they know. If someone's not eating or drinking, they know, If staff are worried, they'll call the doctor, I've seen them do that plenty of times." Feedback from visiting professionals was positive and indicated timely and suitable referral to appropriate services. For example, one person who was exhibiting changes in behaviour was referred to the mental health team for re-assessment and admission to hospital. Care records confirmed regular review of people's health needs and the incorporation of the advice and support of health care professionals

# Is the service caring?

## Our findings

People were supported by kind and caring staff. People told us staff were kind and always attentive to people and responded to people in a positive caring way. One person said, "I'm glad I've got somewhere like this to live, you hear such awful stories. I am very happy here" another said, "Staff are very good and caring and that's what people want." One relative said, "The staff are excellent, I would recommend the home to anyone." Visiting health professionals were positive about the approach of staff and the atmosphere was fostered by staff. They told us they felt the home was welcoming and staff were caring and professional. Health professionals gave examples when staff demonstrated a caring attitude. Staff had supported a relative during an upsetting time when their husband had needed treatment and support from the mental health team.

During our observations we heard and saw staff interact with people in a caring, pleasant and patient way. All staff demonstrated skills in listening and responding to people as individuals. When listening staff lowered themselves to a position where they could be close and maintain an eye contact. Staff told people they were there to help them. Observations in the main lounge and dining room showed staff were continuously attentive to people. Staff approached people in a sensitive way, they did not rush people and supported them to do things that they wanted to do and in a way that took account of individual preference and needs. For example, one person took a long time to eat their meal. Staff encouraged this person to eat independently and tempted them with different foods and drinks at different times throughout the day.

All staff, including catering and domestic staff, undertook equality and diversity training as part of their essential training programme. One staff member told us they always treated people as a family member. Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them.

Care and support was provided with good humour and staff and people enjoyed each other's company. Staff were able to tell us about people's choices, personal histories and interests. For example, staff knew one person liked to wear jewellery and staff made sure they wore jewellery that they had chosen for that day.

Staff talked to people and involved them whenever possible in the assessment process. Records confirmed that people or their representatives were involved in planning the care and support to be delivered, on an individual basis. For example a recent reassessment and care plan established for one person to spend much of their time in the community, had been signed and agreed by the person involved. This plan needed regular review and change which had been documented. Staff recorded people's allocated representatives to ensure people's individual wishes were responded to. This included people's preferred contact and designated enduring power of attorneys.

People and relatives told us they considered they were treated with respect and dignity. They along with visiting professionals, talked about the homely and pleasant atmosphere maintained by staff. Another visiting health professional told us how staff always escorted them to people's rooms and introduced them. This was also staff practice during the inspection. This ensured people were treated respectfully and had private space for treatments and private conversations.

Staff actions supported people in a respectful and dignified way. For example, a staff member maintained a person's dignity by understanding their perception. This person was concerned about eating the biscuits, as they did not understand who had paid for them. Staff responded by assuring the person that this was not a problem. Staff knocked on doors before entering and spoke to people as adults. They were kind and looked at people when they engaged with them. People were dressed according to their own wishes and tastes. One person liked to wear a shirt. This was respected and their shirt was well ironed. Staff commented

## Is the service caring?

on how people looked in a positive way, noting issues which related to them. For example, one person had a recent haircut and staff said how much they liked the new style.

Key areas in the home were signposted in a way which supported people to find their way around the home independently. This included the toilets. This enabled people to use the toilet independently whenever possible. The signposting was not intrusive and did not detract from the pleasant environment that allowed everyone living in Grange House to look upon it as a home. It was clear that where people wanted to have personal

items in their rooms, they were free to do so. People's bedrooms varied in the personal items on display, with some rooms full of individual memorabilia. Most rooms had photographs of family and/or older photographs of themselves at a younger age. This gave staff a point of reference for conversation and gave people a sense of identity. People's bedrooms were seen as their own personal area which supported people to maintain their own private lifestyle.

# Is the service responsive?

## Our findings

People were able to choose how they spent their day and were encouraged and supported to make decisions about their care. People said they could do what they wanted, when they wanted to. Three gave the example of getting up and going to bed when they wished and doing what they wanted during the day. One person said, "I can really do as I like." Another person said, "Staff help you rather than do to you." Relatives told us they were involved in discussions about people's care plans. They told us when changes occurred or concerns arose they were contacted and staff acted promptly to ensure people received the care they needed. One relative said, "They always inform you and discuss any changes to people's health, you are fully involved and informed."

People had full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The assessment took account of people's beliefs and cultural choices. This included what religion or beliefs were important to people. Care plans were written following admission and reviewed on a monthly basis. Care plans included daily preferences for example, what people liked to do during the day. One person enjoyed painting. This was recorded. Staff facilitated this person's interest and encouraged them. People felt they were consulted about their care. One person said, "I make decisions about my own care." Care plans also reflected how individual care needs were to be met in a person centred way. For example, one person suffered with anxiety attacks. Staff were given clear individual guidelines on how to respond to these.

Activity, entertainment and staff interaction was tailored to individual need, taking account of people's age and disability. A full time activities person was employed and worked in the home Monday to Friday. They knew each person very well and what each person liked to do. People

were engaged in different activities throughout the day. One person was gardening, another was painting outside, whilst other people were in the lounge listening to music. As the weather was nice people were in the patio area, they had drinks and played a game of cards. Later a non-denominational church visited the home to give prayers. People were asked if they wanted to attend and only participated if they wanted to.

Everyone was engaged with and had the opportunity to participate in activity and entertainment as they wished. Some people preferred to have individual time with staff to chat, read newspapers or have their nails filed or painted. One person enjoyed the music and sang and danced with staff. Other people sang and joined in with familiar songs they knew. People laughed at staff when they sang and danced. People and staff enjoyed each other's company and had fun. There was a whiteboard in the lounge which contained details of what activities were on offer that day, the menu and the weather. People used the board to find out what was happening that day. The activities person asked people if they were happy with the planned activity and discussed how they were going to be provided.

People told us they had plenty to do and enjoyed the music and activity in the home. One person said, "I'm not bored, I have plenty to do, painting and jewellery making." Another said "I am not a great one for going out, but do not feel that I am stuck here." Relatives told us the activity in the home was a huge bonus for people. One relative said, "The activities are really good always something going on in the home." Another told us that during a relatives meeting people had asked for additional activity at the weekend. They confirmed the activities person had organised activity including craft and arts for staff to do with people if they wanted to.

The variety of activity and entertainment included regularly going out from the home. Outings were arranged on an individual basis, including

## Is the service responsive?

shopping going to the bank or a café. The activity person had also made links with local organisations to help staff facilitate other trips like swimming and places of interest.

The home supported people to maintain links with family and with other important people to them. Relatives told us they could visit at any reasonable time and spend time with people. People went out with relatives and friends on a regular basis and staff supported people to do this. During our visits a priest visited a person. This had been arranged by the activities person who had been told that it was important to this person who wanted to re-establish links with the church of her past.

People and relatives told us they would raise a complaint if they needed to, and would speak to the acting manager or deputy manager. They felt they would be listened to and any complaint would be responded to effectively. One relative said, "I do not have any complaints but any niggles that I have raised have been resolved quickly." The

'resident's information book' contained information on making a complaint and a full complaints procedure was available in the office. Records confirmed a complaint received this year had been recorded and dealt with effectively. When dealing with the complaint the acting manager had communicated with the complainant and involved them in the resolution.

People were encouraged to share their views on the service on a daily basis during discussion with staff. The acting manager and deputy manager were readily available to people. In addition the activities person held regular meetings with people to gain their views on the service and any thoughts for future activities for the home. Notes of these meetings were recorded and corresponding action plans were written.



# Is the service well-led?

## Our findings

People told us they were happy living at Grange House and felt the home was well managed. People said they were listened to and could talk to either the acting manager or deputy manager about anything. Other staff were also approachable and would listen. People liked the relaxed and friendly atmosphere in the home. Two relatives were positive about the management arrangements saying the new manager was effective. One said, "The new manager is friendly always there if you need her but you know she is in charge and not just one of the girls." Visiting professionals were positive about the management of the home saying the staff had good leadership and were well organised.

A new manager was appointed at the end of February 2015. They were aware that it is a legal requirement of the registration of the home to have a registered manager with the CQC and told us this was to be progressed as a priority. The acting manager told us they felt well supported by the organisation and this included support from other registered managers in associated care homes and a regional manager structure. This was a daily if required and focussed on supporting her management role. We were aware through contact with the provider and discussion with the acting manager that the regional manager support had not been consistent. This had reduced on-going audit and review of quality. For example, complaint records preceding the appointment of the new manager were not retained in the home and the last quality report based on feedback from people was not available. This meant any lessons learnt had not been adapted into practice. This was identified as an area for improvement. However, there were some systems in place to monitor aspects of quality. These included audits on medicines, recruitment and care records. Information gathered was carried forward into

action plans to be addressed. For example, a list on what was needed regarding full recruitment and staff records was raised and was being addressed.

The health and safety monitoring checks undertaken routinely did not cover the safety of radiator surfaces or windows. We found a window which was not restricted to stop people falling and other windows throughout the home had not been restricted to prevent people from entering the home. This meant that risks to people had not been responded to appropriately. This was identified as an area for improvement. The acting manager said that they would ensure these matters were addressed as a priority. The maintenance man checked all windows to ensure their safety. The provider had established systems to ensure other equipment and services were checked on a regular basis. This included the servicing and safety checks on electrical equipment and the provision of safe water.

Information on the aims and the philosophy of care followed by staff was recorded within the residents' booklet which was available to people, staff and visitors. This included the aim to provide a secure, relaxed and homely environment. Staff were well aware of these aims and worked with these in mind. One staff member said, "I always try to make this like someone's own home here, people should feel like they are at home." However, the booklet did not provide clear information to people or staff on the specific care type Grange House could provide. This did not provide people with full information about the home which may inform their decision to live there. This was identified as an area for improvement. Staff had an understanding of people's rights and ensuring people were treated with fairness and kindness. The culture in the home was open and both staff and people could say openly what they thought about all services and care provided.

Staff at all levels told us how much they enjoyed working at Grange House. They talked about an excellent team spirit and looking after each other.



## Is the service well-led?

One staff member told us how they had been supported through a health problem. This team spirit promoted a good working environment where staff felt able to complete their work with confidence. Staff told us they were able to discuss any concerns with the acting manager and deputy manager. They were confident they would be addressed appropriately and confidentiality would be maintained. Staff had a clear understanding of their roles and responsibilities. There was an on call arrangement to ensure advice and guidance was available every day and at night. Records confirmed the management dealt with staff disciplinary matters effectively.

Staff worked well together and communicated regularly with each other throughout the inspection visit. Staff said that they knew what tasks had to be undertaken and they were given clear instructions from the senior staff. Handover meetings held on a daily basis were used to

facilitate communication. Staff said they felt they were listened to and their views were taken into account. Staff meetings were held on a regular basis and all staff had the opportunity to participate. Records confirmed they were well attended and minuted. The meetings included a training element as well as opportunities for staff to make suggestions for improvements. For example, one staff member felt that issues raised around staffing arrangements had been listened to and responded to. Staff were aware of the whistleblowing procedure and said they would use it if they needed to.