

Carlton Care Homes Ltd

Grange Hill House Residential Home

Inspection report

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Date of inspection visit:
06 September 2017
07 September 2017

Date of publication:
16 November 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Grange Hill House provides accommodation with personal care for up to 38 people. At the time of our inspection 31 people were living at the home. At the last inspection in June 2015 the service was rated Good.

There was a registered manager in post at the time of our inspection. 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 registered manager was present in the home throughout our inspection.

We saw occasions during which people were placed at potential risk. These included unattended medicines and a need to ensure checks to keep people safe were made.

People told us they received care and support from staff and felt safe. Staff had knowledge about keeping people safe and knew what would need to be reported. People received the care they needed by staff who knew them. Staffing levels were monitored by the registered manager to ensure sufficient staff were on duty. The registered provider ensured regular staff were on duty to ensure consistency in the care was provided.

People's care was provided by staff who had received training to enable them to carry out their job. Staff felt supported by the registered manager and enjoyed working at the home. The registered manager had made improvements to ensure people were not restricted without authorisation in place. Staff had knowledge around this and sought people's consent before care was provided.

People were able to make a choice about the food they ate and received alternatives. Where people needed assistance with eating and drinking this was provided in a discreet way. People were supported with their health care needs and attended appointments as needed to maintain good health.

People were happy with the care and support they received and liked the staff. People were seen conversing with staff members including the registered manager throughout the inspection. People felt their privacy, dignity and respect was usually upheld.

People were able to spend their time as they wished and were able to participate in activities and interests both in the home and in the wider community. People were supported by staff to maintain their independence. Procedures were available in the event of people having a complaint about their care and people felt comfortable to use these.

People were involved in reviewing their care to ensure their needs were met. People's family members felt welcome at the home and felt engaged in their family member's care.

Staff told us they were well supported by the management and liked their job. Management were available to offer guidance to staff and assisted in the provision of care as needed. Systems were in place to seek the views of people and their relatives as well as to assess the quality of the service provided.

You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risks to people's health and welfare were not always initially recognised placing people at risk of harm or injury.

People were protected from the risk of abuse by a staff team who had received training and were knowledgeable.

Regular staff were on duty to provide consistency in people's care.

Is the service effective?

Good 

The service remains Good

People were supported by staff who had received training and felt supported by the management.

People were able to make choices about their lives and any restrictions were authorised.

People were able to select what they wanted to eat and drink.

People were supported by healthcare professionals as they needs required.

Is the service caring?

Good 

The service remains Good

People were cared for by staff who were kind and friendly.

People were involved in their care and encourage to remain independent where possible.

People's privacy and dignity was regularly upheld by staff.

Is the service responsive?

Good 

The service remains Good.

People were involved in the reviewing of their care plans.

People were supported to engage in activities as well as their own hobbies and interests.

People were aware of how to make a complaint and were confident they would be listened to.

Is the service well-led?

The service was not always well led.

Systems in place had not identified shortfalls in some practices undertaken by members of staff.

People as well as relatives and healthcare professionals liked the registered manager who was found to be helpful.

Systems were in place to seek people's views and act upon them.

Requires Improvement 

Grange Hill House 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 checked 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 6 and 7 September 2017 and was unannounced. It was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection the provider had 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 intend to make. We reviewed the information we held about the service and looked at notifications they had sent to us. A notification is information about important events which the provider is required by law to send to us. The inspection considered information shared by the local authority who have responsibility for commissioning services.

During the inspection we spoke with 14 people who lived at the home, three relatives and three healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with eight staff members including senior, lead care staff, care staff and domestic staff and the activity coordinator. In addition we spoke with the registered manager and one of the provider's. We looked at care plans and risk assessments relating to two people plus medicine records for four people. We also looked at records maintained by the registered manager such as audits, minutes from meetings and compliments and complaints.

Is the service safe?

Our findings

Following our previous inspection on 2 June 2015 we rated this question as Good and found people were receiving a service which was safe.

As part of this inspection we observed the administration of medicines to people. In addition we viewed the records maintained by staff members to evidence when medicines were administered and the storage of people's medicines.

During the inspection we saw senior members of staff taking medicines to people. We saw these staff members speaking with people and assisting them with their medicines as needed. However, during lunchtime on the second day of our inspection we saw medicines left unattended on three occasions on top of a medicines trolley. The trolley was at this time located in the conservatory area of the home adjacent to the dining room. On two of these occasions the staff member left the vicinity totally for up to two and a half minutes. People who lived at the home were able to mobilise around the home and one person was sat near to where the trolley was left. As a result people were potentially at risk of avoidable harm because they could either ingest or remove medicines.

We saw gaps on the medicine records whereby it was not immediately evident whether people had received their medicines. The registered manager was able to produce some additional records held elsewhere to evidence a medicine was temporally withdrawn. However, another medicine was not signed for on 14 occasions over a four week period including a block of ten consecutive days. Staff said the person had received their medicine during this period of time but no one had identified the continual lack of signing the records. We were unable to find any evidence of a withdrawn medicine being returned to the pharmacy. Senior staff we spoke with were unable to account for these shortfalls.

We found a fire door which was not closing into its frame. This fault had not been recorded in the repairs book. This meant it had not been noted prior to our inspection and therefore left the area concerned vulnerable in the event of fire and therefore placed people at potential risk. Repairs were undertaken once we brought this to the attention of the registered persons.

The provider had systems in place to test the fire alarm system to ensure in the event of an emergency it would active and the sound would be auditable to people in the home. The registered providers own records showed the test needed to be done on a weekly basis. We looked at these records on 7 September 2017 and saw the previous test had taken place 3 weeks and 6 days earlier. In addition we saw a record held for June 2017 did not show the date on which the tests had taken place. This meant the registered provider could not be assured the fire alarm system was in full working order on a regular basis.

Tools used for 'Do it yourself' maintenance were seen left unattended on the floor in the main communal lounge on the morning of our second day. People who were able to mobilise without assistance were in the lounge at the time and a member of staff was not always present. These items represented a potential trip hazard to people. Staff were seen to enter the room and did not recognise the risks. A senior member of staff

came into the room and became aware of this potential hazard and took steps to make the area safe.

All of the above evidence demonstrates a breach of Regulation 12, Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These examples had the potential of placing people at risk of harm and or injury. We brought these to the attention of the registered person for them to take the necessary immediate actions to keep people safe.

People we spoke with as well as relatives believed staff levels were low at times. This was mainly due to staff holidays and sickness. One person told us, "There are always plenty of staff". Another person told us of a time when fewer staff were available and they had heard staff commenting they would have to wait to go to the toilet or to be moved again. The registered manager and staff we spoke with told us agency staff were not used to cover these shortfalls and that staff would when needed work additional shifts. We were also told at times of any shortage the senior staff who normally worked supernumerary and there not usually undertaken a care role on a daily basis would assist in the provision of personal care. Staff we spoke with confirmed these arrangements and believed sufficient staff to be normally available. Both the registered manager and provider believed continuity of care by having regular and known staff to be important. We looked over recent rotas. These showed the number of staff on duty was in line with the regular dependency assessment carried out by the registered manager.

People we spoke with during our inspection told us they felt safe living at the home. One person told us, "I feel safe and happy" and added, "I can't say anything bad about here." Another person told us they were, "Treated very well" and as a result felt safe at the home. People's verbal communication as well as their body language indicated they were comfortable with the care and support staff provided.

We spoke with senior staff and care staff and found they were aware of different types of abuse people could potentially be subjected to. One member of staff told us, "I've never seen any poor care." Staff were aware of their responsibility to report actual or suspected abuse and who they needed to report this to. They were aware of other agencies who they could voice any concerns about people's safety to. One member of staff told us they, "Wouldn't hesitate" reporting abuse to the registered manager or provider. The registered manager was aware of their responsibility to report abuse to agencies including the Care Quality Commission. Staff were aware of the whistleblowing procedure in the event of them having concerns about the care provided.

During our inspection we saw staff used equipment such as hoists to move people from one place to another. We saw staff used these items of equipment safely including wheelchairs where footrests were seen to always be in place to prevent people getting their feet trapped. One person we spoke with confirmed staff always used their footrests when using their wheelchair. Equipment including electrical and mechanical had been serviced to ensure they were safe to use. A dedicated fridge for the storage of certain medicines was in need of replacement as it was showing too high a temperature. We were assured action had been taken to obtain a new one.

Risk assessments were in place to guide staff on safe practices. These documents were regularly up-dated to ensure the information available was current and sufficiently detailed to ensure staff had the level of information needed. For example how to prevent people with swallowing difficulties from choking and the level of assistance they required to keep them safe.

The registered provider had systems in place to ensure a Disclosure and Barring Service (DBS) check was undertaken prior to new members of staff starting work. This check was to see if potential employees had

any criminal convictions and whether they were unable to work with people who lived at the home. Other checks such as obtaining references were also undertaken.

Is the service effective?

Our findings

At our inspection on 2 June 2015 we found improvement was needed to ensure people were not deprived of their liberty when they were unable to give their consent to the care provided. At the time of our previous inspection the registered manager had not made the proper application of the Mental Capacity Act (MCA) 2005. We found decisions had not been followed up to make sure they were in people's best interests. We therefore previously rated the question as Requires Improvement.

During this inspection we looked at whether the improvements needed had taken place regarding the MCA. This act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found improvements had been made since our previous inspection. We saw mental capacity assessments were in place where needed. The registered manager had made applications to the local authority for authorisation under DoLS. The registered manager had systems in place to track these applications including the date when granted authorisations expired. The registered manager was aware of people's relevant person's representative and of the role this person had.

We spoke with staff members and found they were able to explain the MCA to us. Senior staff were able to name people who lived at the home who held an authorised DoL and the reason for them having this. One person told us it was important to them that they were able to make their own decisions. Throughout our inspection staff were heard asking people's permission and consent before they provided care as well as providing people with guidance such as when they were using equipment to assist with their mobility.

People we spoke with told us they believed staff to be suitably trained to meet their care needs. One person told us as a result of the training staff had received, "They do a very good job." Staff told us they had received the training required to ensure they had the knowledge and skills to carry out their work. One member of staff described their training as, "Spot on" and added, "We have to attend." Another member of staff confirmed they received regular updates in the training especially in areas such as how to move people safely. We saw staff putting into place the training they had received such as when they assisted people to move.

The registered manager had available to them training records. These showed when staff required updates in their training and was known to the registered manager. We saw training had recently taken place and

further training was scheduled to be delivered. The registered manager informed us some staff had undertaken the Care Certificate. This training includes core standards to equip staff with the skills required to undertake their role.

Cold drinks were seen to be available in the communal lounge. We saw these were replenished during the day. People we spoke with confirmed the availability of drinks was a daily occurrence. One person told us, "We get plenty to drink". We saw people supported with drinks in line with their identified care needs and assessed risks. One member of staff told us they knew it was, "Important to have drinks available" especially when the weather was warm.

People confirmed they had a choice of food available to them. Most people told us they liked the food provided. One person described the food as, "Good." Another person told us, "I eat all my food. I have no complaints" The same person confirmed they were satisfied with the quality of the food as well as the choice available to them. A further person told us, "The food on the whole is good. The soup is lovely. We get a choice of three meals." One person told us the food was "Not extra special". They told us however they had never had a meal they did not like. We saw some people required to have their food pureed due to difficulties in swallowing. The food provided was presented to look as appetising as possible. We saw staff assisted and guided people what food they had available to them. One member of staff told us they thought the food to be, "Very good" and added, "Everything is made fresh" and, "They [catering staff] have quality products.

People told us they were able to access healthcare professionals such as a doctor if needed. One person told us, "If I need a doctor they [staff] will organise." We were told by people that doctors visited the home regularly. During our inspection we spoke with three healthcare professionals all of whom were complimentary of the care they had seen provided at the home. They all told us communication between them and staff at the home was good and believed this led to maintaining people's health needs. One of these professionals told us they, "Get on well with the staff. I can't remember any problems. The staff are friendly and helpful." Another professional told us staff were aware of people's needs and would feed back to them how they had got on. During our inspection people were seen accessing healthcare professionals both as part of visits to the home as well as people attending appointments outside of the home environment. One person we spoke with told us staff would escort them on healthcare appointments.

Is the service caring?

Our findings

Following our previous inspection on 2 June 2015 we rated this question as Good and found people were receiving a service which was caring.

People told us they found the staff to be kind, caring and provided help when needed. One person told us, "We are well looked after." Another person told us staff are, "Very helpful and very kind" and added, "I am happy. I love it here." A further person told us, "I have no worries about the place. The staff are very patient" when we spoke about the care they had experienced. We were also told, "It's very good here. I think you would find better staff." The same person told us, "Nobody is unkind." A relative told us they would rate the care provided as, 10 out of 10". Another relative commented on the care staff as, "They're absolutely amazing."

We saw staff spent time with people chatting and engaging in day to day conversations. Some people were seen to be more withdrawn than others. Staff members recognised these signs and were seen spending time with people encouraging them to have a drink.

People told us they found the home they lived in to be comfortable and homely. The registered provider showed us improvements they had made in the home recently including décor and new carpets and lighting. People made positive comments about the décor of the home and told us they found the home a nice place to live. People felt involved in the home and in decision making. For example people were involved in locations they visited as part of the regular trips out on the mini bus.

Relatives we spoke with felt they were made welcome at the home and found the staff to be knowledgeable about their family members care. For example recognising early indications of a person becoming unwell. One relative told us, "I get regular updates on the care." The same relative felt staff had the right balance on when they would be called at home about their family member's health and when it would wait until they visited.

A healthcare professional told us people were, "Well looked after." Another healthcare professional described the staff as, "Very attentive and kind." The same person added, "I have never heard or overheard anything which makes me think staff haven't got the right attitude."

People we spoke with confirmed staff always knocked on their bedroom door before entering. We saw staff doing this as well as waiting for people to respond prior to entering bedrooms.

We heard people taking with a person who had visited the home prior to potentially moving. One person said, "They [staff] treat you with respect" and, "You will be alright here". Staff members were seen to be mindful of people's privacy and dignity throughout our inspection. For example we saw staff closed bedroom doors while providing personal care. A notice was available on bathroom doors informing people personal care was taking place. People were able to personalise their bedroom to reflect individual likes and dislikes. We brought to the registered managers attention comments from people about staff at times

talking over them when more than one member of staff were engaged in this activity. We did not witness this during our inspection. The registered manager undertook to bring these comments to the attention of staff to ensure they engaged with people at all times and brought them into such discussions.

Is the service responsive?

Our findings

Following our previous inspection on 2 June 2015 we rated this question as Good and found people were receiving a service which was responsive.

People confirmed to us they received the care and support they needed to meet their individual needs. This support ensured their needs were met while also maintaining their health needs and independence. We saw examples of staff responding in a timely way during our inspection. For example when one person almost tipped a drink over themselves staff responded by going over to the person and guided with hand to mouth co-ordination of the drink.

People told us staff responded in good time when they had used their call bell. People we spoke with in their bedrooms had their call bell close at hand in case they needed to use it and seek assistance from the staff on duty.

People told us they were involved in their own care and reviewing their care plan. One person spoke of a recent review of their needs and told us from it their family could see, "I am quite happy and would say if I wasn't." Another person told us since moving into the care home they had not regretted it. A further person told us reviewing their care plan with staff was a, "Regular occurrence." Relatives we spoke with told us they were informed of any changes in their family member's health and felt the staff acted in a responsive way. One relative told us, "They [staff] act on any concerns" and added, "They always let me know if there are any concerns or changes."

During the inspection we saw one person who with their family was having a look around the home and spent time with other people and staff. We heard staff seeking information from the person and their family as a means of ensuring they would be able to meet the person's individual needs. Staff told us they would refer any changes to people's care needs to a senior member of staff or the registered manager to review. One member of staff told us they were confident changes in care needs would be acknowledged and suitable arrangements put in place to meet these needs.

Care records were person centred and referred to the person as an individual. These plans showed people's involvement alongside where requested their family members. The registered manager included within their monthly report for the provider details of reviews undertaken. The report contained an overview of the person's review. From this we saw everyone had reported to be happy with the care provided for them.

One person told us, "We have activities here". People were positive about the level of activities provided. We heard examples of how people were able to maintain contact with their hobbies and interests such as by attending gardening club and knitting club.

One person told us of how they had managed to pursue their individual hobbies and we saw the example of what they had done within their bedroom as well as around the home itself. The registered manager gave us an example of a member of staff escorting a person to an important family function. These examples

demonstrated the registered manager's desire to provide care centred around each person and recognised what was important to them.

Information was seen within the main communal lounge of the home as well as available to people in their bedroom about the scheduled events for September. People we spoke with mentioned the 'Newsletter' to us and confirmed events had taken place which they enjoyed. One person told us they found the newsletter and the programme within it as, "Useful" and, "Nice to have". People told us about regular outings they had gone on to locations such as places of interest as well as garden centres. For example on the first day of our inspection people told us on their return they had enjoyed going to a vineyard that morning. People told us they liked regularly getting out for some fresh air and had enjoyed the opportunity to have a coffee somewhere different. One person commented, "Looking forward to going to the butterfly centre."

Activities were seen taking place in the main lounge for example melody therapy (exercise to music) and bingo. Both of these events involved a sizeable number of people as well as family members who were visiting. The activities co coordinator told us everything they did was based on the wishes of people who lived at the home. They told us the events scheduled were based on conversations they had with people and as a result of meetings held. We heard friendly banter involving people and staff members who were participating. People told us about visiting entertainers who came to the home. Although these were not to everybody's liking people appreciated these events were enjoyed by many.

The registered manager described the activities coordinator as, "Fantastic" and told us of many of the events others had told us about such as seeing people play cards. A member of staff told us the activities were built around what people wanted to do.

The provider has sought comments from people, their relatives, staff members and healthcare professionals by using satisfaction surveys. We saw the survey completed on behalf of people who lived at the home were all completed by the same member of staff as the handwriting was the same. The results from the surveys had been analysed and showed the action taken to make improvements where identified such as ensuring people had a copy of the providers complaints procedure.

People and their relatives we spoke with told us they were confident they could raise any concerns or complaints in the event of people having them. One person told us, "Never had any complaints at all". Another person told us, "I would go to the office" in the event of any concerns. The same person told us they had not had the need to do this. A further person told us, "I would tell the manager if I had a complaint." The registered manager told us they had not received any complaints about the service provided since our last inspection in June 2015. Staff we spoke with were not aware of any complaints made. They told us they would refer people to the registered manager or the registered provider.

Is the service well-led?

Our findings

Following our previous inspection on 2 June 2015 we rated this question as Good and found people were receiving a service which was well led.

The registered manager had a range of audits and quality assurance systems in place. A yearly programme was in place however at the time of our inspection the programme had not enabled the registered manager to identify the shortfalls we identified.

We saw where improvements had been identified actions were seen to be taken. For example the registered manager was aware of some care plans which needed to be updated and had highlighted the areas where changes were needed. However, a period of ten days when staff had not signed for a medicine or the time frame since the fire alarm was last checked was not identified or brought to the registered manager's attention. The registered manager assured us they would address other shortfalls were found such as tools in the lounge and the unsecured medicines. Action to remedy the fire door which did not close was taken immediately by the registered provider.

The registered manager told us they were well supported by the provider who visited the home regularly. Audits of medicines were undertaken. Staff had not brought the concerns to the attention of the registered manager the concerns we found as part of our inspection. The registered manager was confident they would have identified the shortfall when the monthly audit was carried out. The registered provider and manager took our concerns seriously and acknowledged the risks they had presented.

During the inspection we saw a fire risk assessment specialist in the home. This fire specialist had reviewed the provider's fire risk assessment following recent guidelines issued by the local fire and rescue service and the Care Quality Commission and returned to present their report. We were told some actions were required but these were anticipated to be manageable and none of these placed people at imminent risk.

People, their relatives and staff spoke well of the registered manager. Comments from people who lived at the home included, "Lovely" and, "Approachable." One member of staff described them as, "Fair". Another member of staff described the management as, "Very good, really good. Look after the staff and exceptionally looks after the residents [people who lived at the home]." The same member of staff added, "In my mind it's [the home] run lovely." In the event of staff having concerns about the care provided at the home they were aware of whistleblowing procedures

During our inspection we saw the registered manager had a presence around the home. They were known to people who lived at the home and were seen interacting appropriately with people. One person was heard speaking with the registered manager about their family and the holiday they had just been on. Both took an interest in the accounts given and demonstrated a positive relationship between them.

The registered manager had a good knowledge of people's care and support needs and was able to answer questions about these needs when we enquired. They told us of recent occasions when they had visited

people who lived at the home while they were in hospital. They demonstrated a genuine interest in people's care and maintained and developed links between the home and the hospital. People we spoke with felt able to approach the manager if they had any concerns. We saw minutes from a meeting involving people who lived at the home. Following the meeting a number of requests had gone to the registered manager for their consideration. The registered manager was able to update us on the action they had taken as a result of the feedback and opinions gained. Following the feedback from the most recent survey we saw the registered manager had responded to relatives regarding staffing levels and the complaints procedure.

The registered manager showed us a folder containing compliments they had received, primarily from people's family members. We saw seven such compliments since January 2017. These covered areas such as knowing people were safe, the quality of the care provided including good humour and respect and the food.

Staff told us they had attended staff meetings. Although these were not regularly held staff confirmed they were able to access the registered manager at any time and felt listened to and supported in the work they were doing. One member of staff told us, "I feel I can go to her." Staff told us they liked their work. One member of staff told us, "It's a really good home. Like a family".

Both the registered provider and the registered manager told us of their plans for the home in the future. For example they had plans for future improvements towards care centred around each person which included continual improvements in ensuring people's hobbies and interests were met and the introduction of electronic care records.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not identified risks to people's safety.