

The New Grange Care Home Limited

The New Grange Care Home Limited

Inspection report

10-16 Homefield Road
Worthing
West Sussex
BN11 2HZ

Tel: 01903213693

Date of inspection visit:
11 October 2018

Date of publication:
18 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 October 2018 and was unannounced.

At our last inspection on 18 and 23 February 2016 we rated the service Good with Requires Improvement in Effective. At the previous inspection we found some confusion about current best practice in relation to Deprivation of Liberty Safeguards (DoLS). Staff were unclear whether the front door being locked was depriving people of their liberty and told us that all people did not have the capacity to make day to day decisions and therefore the door was kept locked for their own safety. The MCA code of practice clearly states that capacity must be presumed unless proven otherwise and assessments are time and decision specific, a 'blanket' assessment of people's capacity is not appropriate. At this inspection we found that improvements had been made, though further embedding was required.

The New Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The New Grange Care Home is a care home, without nursing and accommodates up to 58 people in one adapted building, for people living with dementia. At the time of inspection, there were 42 people living at the service.

The home is situated in Worthing, West Sussex and accommodation was provided over two floors. There were assisted bathrooms on each floor, a large dining room, three lounge areas on the ground floor and a large garden.

The manager registered with the Care Quality Commission in November 2014. 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 had not always ensured that information relating to DoLS for some people was effectively communicated and understood by staff.

Staff did not always know people well to deliver responsive care and support people with behaviours that could challenge.

The care and support people received was often task focussed and not always person-centred.

Governance and performance management were not always effective, systems were in place and regularly reviewed, but were not always managed effectively to drive improvement.

Procedures for infection control were in place. People had access to personal protective equipment (PPE) such as hand wash, gloves and aprons.

Staff were trained in adult safeguarding procedures and knew what to do if people were at risk of harm, or if they needed to report any suspected abuse. People told us they felt safe at the home.

Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.

People were given their medicines as prescribed. Medicines were ordered, stored and disposed of safely, according to the provider's policies and procedures.

There were sufficient numbers of staff to support people to meet their needs. The provider completed pre-employment checks for all new members of staff. These checks help the provider to make safer recruitment decisions and help prevent unsuitable staff from working in health and social care.

Staff had undertaken appropriate training to ensure that they had the skills and competencies to meet people's needs. Staff attended regular supervision meetings with the registered manager.

People were supported to maintain a balanced diet and had access to healthcare services, when needed.

The home had been decorated and arranged in a way that supported people with dementia to live more independently.

People's care, treatment and support was delivered in line with current legislation. People's care plans and assessments were comprehensive, and representative of their needs to deliver effective care.

We observed people being treated with dignity, kindness and respect and most staff knew people well.

People had the opportunity to participate in activities ranging from arts and crafts, quizzes, trips out in the community and from external entertainers. People were also encouraged to stay in touch with family and friends.

People and relatives felt confident to raise any complaints or concerns with the registered manager.

The home worked with healthcare professionals to provide people with a dignified and pain free death that was as comfortable as possible.

Staff felt the registered manager was supportive and said there was an open-door policy.

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.

Staff were recruited safely and trained in adult safeguarding procedures. Staff knew what to do if people were at risk of harm or if they needed to raise a concern.

People were given their medicines as prescribed. Medicines were ordered, stored and disposed of safely, according to the provider's policies and procedures.

Procedures for infection control were in place. People had access to personal protective equipment (PPE) such as hand wash, gloves and aprons.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

The registered manager had not always ensured that information relating to DoLS for some people was effectively communicated and understood by staff.

Staff had undertaken appropriate training to ensure that they had the skills and competencies to meet people's needs.

The environment was conducive to meeting the needs of people living with dementia. People were supported to maintain a balanced diet and had access to healthcare professionals when needed.

Is the service caring?

Good ●

The service was Caring.

People were treated with kindness, respect and compassion.

Staff understood equality, diversity and human rights. Staff treated people equally and recognised people's differences.

People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

The service was not always Responsive.

People's care was often task focussed and staff did not always know people well enough to deliver responsive care and support people whose behaviour could challenge.

People's concerns and complaints were listened and responded to and used to improve the quality of care given.

The provider had a policy on Accessible Information Standards to support people and staff who have communication needs relating to a disability, impairment or sensory loss.

Requires Improvement 

Is the service well-led?

The service was not always Well-Led.

Governance and performance management were not always effective, systems were in place and regularly reviewed but were not always managed effectively to drive improvement.

Staff felt the registered manager was supportive and said there was an open-door policy.

The service had a policy regarding their duty of candour and the registered manager was open and transparent, acting in accordance with CQC registration requirements.

Requires Improvement 

The New Grange Care Home Limited

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 11 October 2018 and was unannounced. The inspection team consisted of two inspectors 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. The Expert-by-Experience at this inspection had experience of dementia and elderly care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service. This included previous inspection reports and statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. Following the inspection, we contacted health and social care agencies to gather feedback from them about the service.

We spoke with people throughout the inspection and observed how staff interacted with them. We spoke with 11 people and three visiting family members. Not everyone was able to tell us their experiences of the care and support provided. We spent time observing how people were cared for and their interactions with staff to understand their experience of living in the service. We spoke with four care staff, the activities coordinator, chef and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at electronic records, including six people's care and support records, three staff recruitment files and staff training records. We also looked at records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We reviewed other records, including the registered manager's internal checks and audits, medication administration records (MAR), health and safety maintenance checks, accident and incidents, compliments and complaints and staff rotas.

The service was last inspected on 18 and 23 February 2016 and was awarded the rating of Good.

Is the service safe?

Our findings

People told us they felt safe living at the New Grange Care Home. One visiting relative said, "My mother is safe because there is always someone nearby to supervise her."

The provider had a safeguarding policy in place and staff understood their responsibilities to recognise potential abuse and raise safeguarding concerns appropriately. One staff member told us, "I would record that something is not quite right and report to a senior member of staff, if a crime had been committed I would contact the police." Staff had received training in adult safeguarding. The registered manager spoke confidently about raising safeguarding concerns with the local authority and sending notifications to the CQC. The provider had a whistleblowing policy and staff confirmed they were aware of the policy. One member of staff told us "I would not have any concerns reporting a colleague."

The registered manager completed an assessment before a person moved to the home. This looked at the person's support needs and any risks to their health, safety or welfare. Where risks had been identified these had been assessed and guidelines were in place to reduce the risk. We found risk assessments in people's care plans which included, moving and handling, falls including fall savers fitted in people's bedrooms and people at risk of malnutrition. Where people had fallen, been poorly or were not eating and drinking we found 24-hour observation records in place to monitor the person.

Lessons were learned when things went wrong and accidents and incidents were managed safely. Incident logs recorded details and this was analysed to reduce the risk of incidents re-occurring.

Premises and equipment were monitored and checks were undertaken regularly including; gas, electrical wiring, fire safety equipment and alarms, Legionella and electrical appliances to ensure the premises was safe. Ongoing maintenance issues were logged into a general message book and actioned appropriately. Personal emergency evacuation plans (PEEPs) were in place to guide staff in safe evacuation in the event of an emergency. Fire alarms, emergency lighting and call bell checks took place regularly to ensure people's safety.

Personal protective equipment (PPE) such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing your hands), at the entrance of the building, people's rooms and in the communal areas, to help protect people from risks relating to cross infection. The service was clean and tidy.

There were sufficient staff to meet people's needs and keep them safe. The registered manager used a dependency tool to determine levels of support for each person. The registered manager did not use agency staff to cover staff shortages, promoting continuity of care for people. Feedback from professionals said, "The home continued without the use of agency staff with the assistance of bank staff. It is understood that no agency staff have been used since 2009."

New staff were recruited safely and records confirmed this. Two references were obtained, identity checks

carried out and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

People's medicines were managed and administered safely. Staff followed policies and procedures for safe storage, administration and disposal of medicines. Staff received regular training and annual competency assessments, to ensure their practice remained safe. We spoke to and observed, staff administering medication and they confirmed they received regular training. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

Is the service effective?

Our findings

At the previous inspection on 18 and 23 February 2016 we found best practice was not always followed in line with the Mental Capacity Act 2005 (MCA) and we rated this key question Requires Improvement. We found limited staff understanding around MCA and the Deprivation of Liberty Safeguards (DoLS) procedure. Staff showed a lack of understanding around the types of restrictions on people's liberty that required specific legal authorisation such as locked doors, where people are not free to leave. At this inspection we found that improvements had been made, though further embedding was required.

MCA provides a legal framework for making 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 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 line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider ensured that where people were considered for DoLS authorisation, appropriate assessments were made and records were kept. The registered manager had recognised that some people were potentially being deprived of their liberty and had made appropriate and timely DoLS applications, to the local authority and these were found in people's care plans.

The registered manager had not always ensured that information relating to DoLS for some people was effectively communicated and understood by staff. Staff could explain the implications of DoLS for people living at the service and understood that the front door being locked was a deprivation of liberty. However, staff were not always aware of other potential restrictions for people living at the home. We did not find people were being deprived of their liberty without appropriate legal authority, but this is an area of practice that needed to improve.

Staff recognised that when people lacked the capacity to make some decisions, staff must act in their best interests and the person should be supported to make decisions where they can. One member of staff told us, "I encourage people to do as much as possible and never assume they can't." Where people had capacity to make decisions about their care or to exercise choices in everyday matters they were free to do so. We heard staff ask people for their consent to care.

People's care, treatment and support was delivered in line with current legislation. People's care plans and assessments were comprehensive, and representative of their needs to deliver effective care. People's needs were assessed, before people moved into the home and regularly thereafter. Care plans showed people had initial assessments, to ensure their support needs could be met at the home. Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of this

process, if people wished to discuss these.

New staff completed a comprehensive induction programme which included essential training and shadowing experienced care staff. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care, expected from care workers. Records showed that staff received ongoing training to ensure that staff had the skills and competencies to meet people's needs. Staff received a mix of e-learning and practical training essential to their job role. Relatives told us that they felt staff were well trained.

Staff received regular supervision and appraisals. The care team met through team meetings and handovers during the day. The registered manager told us, "handovers are used to cascade information to staff." Staff told us they didn't have to wait for supervision to raise issues with senior members of staff or the registered manager as everyone was very approachable.

We found that the decoration and physical environment of the service had been adapted to meet the needs of people living with dementia to promote their independence. For example, there was signage at key decision points such as doorways or junctions in corridors both inside and outside the premises. The service had started making memory boxes with people to go outside their bedroom doors and sensory materials on corridor walls. People had access to equipment to support their independence including; hoists, individualised slings and wheelchairs when needed.

People were supported to maintain a balanced diet and people had access to food and drink throughout the day. The chef was given details of those on special diets. Menus were set and changed every six weeks and the chef told us, "I sit down with people and families to find out what people like. I make a cake for everyone's birthday."

We observed lunchtime and found that people were asked where they wanted to have lunch. Some chose to sit in their rooms, in the lounge or the dining room. The atmosphere was calm and not rushed and staff worked well together. Staff showed people two plates of food so people could choose on the day. Plate guards were used to support people if required and we observed staff supporting people to eat their meal. Staff engaged with people and did not hurry them. One relative told us, "My mother loves her food and gets very good portions." We observed staff encouraging people to make decisions about food and drink choices. One member of staff told us, "I always assume the person has capacity and let people choose what they want to wear and eat and drink."

People had access to healthcare and each person was registered with a local GP. Care plans contained details of people's health needs and appointments such as chiropody and optician. On the day of inspection, we observed community nurses and a GP visiting people. The home had a separate room on the ground floor for meetings with health professionals, to give people privacy.

Is the service caring?

Our findings

People were treated with dignity, kindness and respect and they were supported to maintain and develop their independence, as far as possible. People were encouraged to make decisions on a day to day basis, such as choosing what they wanted to wear. Most staff had a good understanding of people's needs, preferences, likes and dislikes.

Staff communicated with people according to their understanding and ability. We observed staff spending time talking and listening to people, offering reassurance when needed by holding the persons hand and showing sensitivity. Staff adapted their communication and body language to support people, using appropriate gestures such as pointing and nodding.

Before a person moved to the home a pre-admission assessment is carried out and family members are asked to complete an 'all about me' form, detailing the persons preferences and wishes. This meant that the home could develop a person-centred care plan to give staff guidance on how to support the individual.

People were supported to be involved in decisions about their care and were supported to express their views. People's views were sought through annual reviews and daily interactions, involving family members where appropriate. On relative told us, "The care my brother has received while on respite has been very good. They have managed to calm him and he is happy. I have not seen a care plan, but I have told them his likes and dislikes and about his professional life as a teacher, he is a historian. They are very vigilant about his general wellbeing and they make sure he is well hydrated."

Staff supported people with privacy and dignity and we observed staff knocking on people's bedroom doors. One member of staff told us, "The home is family orientated and people are comfortable and looked after."

Information was only shared with others, if required and any issues or concerns were discussed in private. Information was shared at staff handovers and recorded in people's care notes. Information about people was kept securely in the office.

Staff understood equality, diversity and human rights. Staff treated people equally and recognised people's differences. The registered manager gave an example at Christmas, where they did not decorate one of the lounges to support people with different religious beliefs who did not celebrate Christmas.

People's bedrooms were personalised with photographs of themselves and the people important to them. We observed outside one person's bedroom, photos of the person when they were younger and a story of their life. The registered manager told us, that they plan to do the same for everyone living at the home.

Relatives and friends were made to feel welcome and were offered the opportunity to join their loved one for a meal. People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Our findings

Staff did not always know people well to deliver responsive care and support to people with behaviours that could challenge. We observed some people on the day of inspection who were agitated and aggressive towards staff and other people for example, trying to throw drinks, tip tables that had been put in front of them and being verbally abusive. Staff tried to offer reassurance by asking the person what the matter was, offering them a cup of tea and moving items out of people's reach such as cups. People's agitation would reduce for a short period, but then build a few minutes later. When we looked at people's care plans whilst there were behaviour plans in place, guidance to staff was limited and did not give clear guidelines to help prevent or lessen the person's behaviour or identify triggers for staff to be aware of. We recommend that the registered manager review people's behaviour plans and seek guidance to ensure people are better supported. This is an area that requires improvement.

People had their needs assessed before they moved to the home and information was sought from relatives and professionals to develop the person's care and support plans. People's needs, choices and preferences were captured and care plans were personalised.

People's care and support plans were reviewed regularly with people and updated as people's needs changed, involving relatives and professionals (where appropriate). One relative told us, "The staff know what my mother likes and dislikes, she fell over so they took her across the road for an X-Ray and let me know that she hadn't broken anything. She is always knocking herself, but she does not come to any harm." Staff updated a daily record for each person and held handover meetings at the beginning of each shift to ensure key information was passed on between staff changes.

The home had an activities coordinator and we observed them playing the guitar in the large lounge where they encouraged people to sing songs. People could choose the songs they wanted to sing. People appeared happy and engaged. A visitor had brought in some wartime songs on a disc for the residents. They told us, "They love to sing the old war songs, I suppose it takes them back to those days." We observed staff painting people's nails and the activities displayed were meaningful for people with dementia.

People were encouraged to develop and maintain relationships with friends and family that mattered to them and the home had some connections with the local community to avoid social isolation. The registered manager gave examples where the nursery next door had invited people from the home to visit when they had a mobile farm in. Children from a local school had also visited the home to sing at Christmas. The home shares a minibus with the other four homes in the group and had organised day trips to Arundel, Brighton and visits to the local park and town. This year some of the team did a memory walk and organised a cupcake sale for the Alzheimer's society where friends and family were invited to join people for tea and cake.

The provider had a policy on Accessible Information Standards to support people and staff who had communication needs relating to a disability, impairment or sensory loss. Care plans reflected people's communication needs. Information was available in easy read formats and people had some access to

technology such as a telephone and computer. One member of staff told us how they were supporting one person to communicate with family through Skype. A staff member spoke of how they adapted their communication techniques, by giving people more time and observing people's body language to ensure people understood the information being given them.

The provider had noticeboards giving people clear information about how to make a complaint and how to raise a safeguarding concern. They also displayed details of activities, menus and a staff photo board. People and relatives understood how to make a complaint. Information on how to complain was clearly displayed at key points within the home. The registered manager spoke confidently about the complaints process and how complaints were managed. One relative told us, "Whenever I have raised issues with the registered manager or deputy manager they take action straight away." We reviewed how complaints were recorded and actioned. The registered manager followed the provider's process and the information was reviewed to identify any learning for the service. All complaints and compliments were discussed at staff meetings.

At the time of the inspection no one was receiving end of life care. However, people's care plans recorded their wishes and preferences for end of life care and many people had advanced care plans in place. People had a red dot on their name plaque of their bedrooms to indicate 'do not resuscitate'. The registered manager told us how they work with health care professionals to provide a dignified and pain-free death that is as comfortable as possible.

Is the service well-led?

Our findings

The provider had quality assurance systems in place and introduced an audit schedule in 2017 based on the CQC's Key Lines of Enquiry (KLOE) prompts, to monitor how the home was meeting people's needs. This enabled the registered manager to carry out audits in key areas, identify issues and develop action plans to drive improvement across the home.

On the day of inspection, we raised with the registered manager that we had observed that some staff's approach was not kind and caring and how they didn't engage with people unless it involved providing practical task focused support. For example, we observed some staff providing practical support such as offering people drinks and asking if people needed to go to the toilet, but they did not engage with people in between these tasks. We saw staff standing over people when they were distressed, rather than sitting next to the person to offer reassurance. At lunchtime we saw one person being woken abruptly, because the person was not quick enough in their responses the member of staff moved onto support another person. The registered manager told us that they had identified this in an audit carried out in July 2018, and thought there had been an improvement in this area. We recommend that the registered manager observes staff practice and support staff to improve their practice in this area.

The registered manager had worked at The New Grange Care Home since November 2014 and was supported by a deputy manager and a team of care staff. The registered manager had created an open culture. However, governance and performance management were not always effective, systems were in place and regularly reviewed but risks were not always managed effectively to drive improvement. The provider had a 'statement of purpose' and the registered manager told us that they felt staff understood the vision.

The registered manager had a culturally diverse team of staff and promoted equality and diversity. Staff told us they felt supported, listened to and treated equitably. The staff team was stable and the registered manager had found creative and successful ways to recruit new staff through social media.

People and relatives knew who the registered manager was and one relative told us, "She is very approachable and ready to listen." The registered manager held regular relative's meetings and provided pizza to encourage attendance, they also sent out annual questionnaires. One relative told us, "I have never been to a residents meeting, but they always send me the minutes, I have however filled in a questionnaire."

Staff meetings were held regularly, giving staff the opportunity to receive updates and discuss any changes to the service. Staff said they felt listened to, valued and that the team worked well together. Staff told us there was an open-door policy, whereby staff could speak directly to the management team.

The provider had recently introduced 'Employee of the month' awards. The registered manager told us how they gave out two awards, one whereby staff nominated a member of staff who they felt deserved recognition and a second award which was given to staff by the senior management team. This meant staff were rewarded and recognised for their hard work.

The provider held regular management meetings, bringing registered managers together from all five services in the group, to discuss best practice, policies and procedures, incidents and accidents and learning. The registered manager attended local provider forums and had good local community connections.

The registered manager and care team had good working relationships with other agencies, such as the GP. They told us how they worked closely with other health professionals so that all care decisions and treatment were made as team, involving people and relatives where possible.

The service had a policy regarding their duty of candour and the registered manager was open and transparent, acting in accordance with CQC registration requirements. The registered manager sent notifications to the CQC about any important events that had taken place in the service.