

Methodist Homes Hall Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hall Grange provides accommodation and personal care for up to 86 people across two wings. Each has separate adapted facilities including a lounge, dining area and fully accessible showers and assisted bathrooms available for people. All bedrooms have ensuite bathroom facilities and there is lift access to all floors. One of the wings specialises in providing care to people living with dementia. There is a central hub area, coffee shop and seating. There is also an activities room, hairdressing salon and spacious level garden to the rear of the home. 82 people were using the service at the time of our inspection.

People's experience of using this service and what we found

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Where risks were identified, there was guidance on the best ways to keep people safe.

People told us staff were available when they needed them and they felt safe in their care. The provider undertook the correct recruitment checks to ensure staff were suitable for their role. Staff continued to receive ongoing training and support to keep their knowledge, skills and practice up to date.

The environment was clean and well maintained. People had the equipment they needed to meet their assessed needs. Health and safety checks were carried out to make sure the premises and equipment were safe.

People's needs were assessed, and care and support was planned in partnership with them, their families and the staff who knew them well. Staff had the information they required to meet people's needs. Care records were individual and kept updated with any changes in people's health and wellbeing. People's end of life preferences and wishes had been considered.

People received the care and treatment they needed to keep healthy. They had access to appropriate health, social and medical support when it was needed. Medicines were managed safely and people received their medicines as prescribed.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required, staff knew their preferred ways of communicating.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff were kind, caring, attentive and treated them with respect. They said staff respected their privacy and dignity and supported them to be as independent as possible.

There were varied social and leisure activities and people had opportunities to try new ones. Activities were

meaningful and planned to meet people's needs and preferences. Staff understood the importance of social interaction and ensured they offered people support and companionship when needed.

People and their relatives had opportunities to share their views and the provider listened to their feedback. Relatives knew how to raise concerns and told us they were confident to do so. Arrangements were in place to monitor, investigate and respond to complaints.

The registered manager had good oversight of the service and used effective systems to monitor quality and safety, keep checks on standards and develop the service. Where improvements were needed or lessons learnt, action was taken.

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

Rating at last inspection

The last rating for this service was good (published 24 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hall Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Experts 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was carried out over two days and the first day was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with 21 people who used the service and four visiting relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, area manager, senior care workers, care workers, activities coordinators and the chef. 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 reviewed care records for eight people using the service. We checked recruitment records for three staff members and training and supervision arrangements for the staff team. We looked around the premises to ensure it was clean, hygienic and a safe place for people to live. We looked at records and processes relating to the management of the service. This included records of complaints, accidents, incidents and systems used by the provider for monitoring the quality and safety of the service. We also reviewed how medicines were managed and the records relating to this.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and improvement plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and well treated. Relatives also had confidence their family members were safe. One person told us, "I feel safe in here for the last ten years."
- Staff understood their responsibilities to protect people from abuse or poor care and knew what action to take. They undertook training every year to keep up to date with best practice in safeguarding.
- Information for people, visitors and staff to report concerns was clearly displayed. The provider responded appropriately to any allegations of abuse and worked in partnership with the local authority and other agencies to keep people safe.

Assessing risk, safety monitoring and management

- People had detailed risk assessments linked to their support needs. They included risks associated with skin care, falls, nutrition and moving and transferring. These were reviewed and updated every month and as soon as people's needs changed.
- People had equipment to promote their safety and independence. People said staff responded promptly when they needed to use their call bells or pendant alarms. Where people were at risk of falling or needed additional staff support when walking around, door sensors and alarm mats were used. These activated the call system and alerted staff when a person had started to move about and needed assistance.
- Staff received ongoing training and guidance on how to support people safely. We saw staff follow safe practice when assisting people to move and transfer. They frequently visited people who preferred to stay in their rooms or who were cared for in bed.
- The provider undertook regular safety checks to help ensure the premises and equipment remained safe. These included testing, maintenance and servicing on water hygiene, fire, gas and electrical safety. Wheelchairs, hoists, adapted baths and mobility equipment were checked. Windows had appropriate restrictors and radiators were covered to reduce the risk of people coming to harm.
- People had individual plans to guide staff and emergency services on the support people required in the event of a fire or emergency.

Staffing and recruitment

- Staff told us they had enough time to support people and the registered manager reviewed people's dependency needs monthly to ensure there was sufficient staff. For example, if people were experiencing poor health, or needed support to do things they enjoyed, additional staffing was arranged.
- Allocation records confirmed staffing was organised effectively and there were enough staff with the right skills to support people. For example, people living with dementia were supported by a regular team of staff who knew them well and had completed specific training.

- All required checks were made before new staff began working in the service. These included a criminal records check and references to confirm staff were of good character and had the right skills and experience to support people.

Using medicines safely

- People were supported safely with the medicines they needed. People told us they received their medicines on time. Where people wished to manage their own medicines, they were supported to do so.
- Staff had up to date information about people's medicines, including those they only needed at certain times, such as those used for pain relief or to help alleviate symptoms of a health condition. We noted Medicine administration records (MARs) confirmed people received their medicines as prescribed.
- Medicines were received, stored, administered and disposed of safely and in line with national guidance. The provider had recently introduced new ways to manage medicines and put systems in place as recommended by the pharmacist.
- The provider had increased the frequency of medicines' audits and checks to reduce the risk of error. Staff completed appropriate training and had their competencies assessed every year to make sure their practice was safe.
- We observed staff administer people's medicines safely and according to their needs. The staff member wore a tabard asking for people not to interrupt them during this time. This meant staff had dedicated time to support people with their medicines.

Preventing and controlling infection

- One person told us, "Everything is very nice, clean & tidy, and what you want." Another person described cleanliness in the service as "immaculate." Our observations supported what people told us. The home was clean, tidy and domestic staff were working throughout.
- Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. Staff received training and guidance about infection control to support their knowledge and practice.
- The provider checked standards of cleanliness in the service and responded promptly to hygiene concerns. For example, plans were underway to replace a carpet with more suitable flooring to meet a person's needs.

Learning lessons when things go wrong

- The provider had effective systems to identify and respond to incidents and accidents. Staff completed reports when necessary and these were reviewed by the registered manager to check appropriate action had been taken. People's care plans and risk assessments were reviewed and updated following an incident or accident.
- The registered manager monitored incidents for patterns or trends so any learning could be taken, and measures put in place to avoid similar things happening again. Information was shared to make sure all staff knew about any resulting changes to practice.
- The registered manager shared examples of improvements made as a result of lessons learnt. This included staff making additional checks on people's property when they moved to the home following an incident of missing jewellery.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider's assessment process was planned and thorough. People, their families and other representatives, including professionals and staff were fully involved so appropriate decisions could be made about the suitability of the service.
- People had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan. People and relatives said they were given information about the home and what to expect.
- The provider referred to current legislation, standards and evidence based guidance to achieve effective outcomes for people. This included support with medicines, moving and repositioning, oral health and nutritional needs. Staff used nationally recognised assessment tools to assess and review people's needs.

Staff support: induction, training, skills and experience

- People and their relatives expressed confidence that staff had the knowledge and skills to meet people's needs.
- Staff feedback and our observations showed people experienced effective support. For example, staff helped people to move and transfer safely and assisted individuals with the support they needed to eat and drink. Staff could explain how dementia impacted on people's everyday life and the best approaches to use when providing care and support. For example, by showing patience and holding a person's hand to offer reassurance if they became upset.
- New staff worked alongside more experienced staff to get to know people and learn about their job roles. Staff spoke positively about the induction process and ongoing training they received. Where staff felt they lacked skills or experience in areas of care, the provider responded. For example, additional training had been planned on how to support people with behaviour that may challenge themselves or others, diabetes and wound care.
- Staff said they met with the registered manager or deputy for supervision and felt well supported. This provided them with an opportunity to discuss concerns, reflect on practice and learning needs. Records confirmed what staff told us and they were up to date with all training required by the provider.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the variety and choice of meals provided. One person said, "The food is good, what more would you want, they know my particular taste in food."
- Staff and the chef knew people's dietary needs and preferences well. Where people required their food to be prepared differently because of medical needs or problems with swallowing, this was catered for. The menu reflected a balanced nutritional diet and was regularly reviewed with people's input and feedback.

- Care plans included details about people's nutritional needs as well as their favourite foods and specific diets. Information about any risks associated with eating and drinking were clearly recorded. Where there were changes in people's weight, appetite or intake, staff involved the GP and other professionals such as the dietician or speech and language therapist (SALT).
- People who required staff support to eat were helped in a way that maintained their dignity and ensured their meal times were enjoyable. Support was at the person's pace. Staff showed people plated meal options so they could see and smell the food before choosing. People were shown juice cartons to select their preferred drink and a choice of desserts which were presented on a trolley.
- In the dining areas, there were facilities for people to help themselves to hot and cold drinks or for staff to serve these. Fresh fruit and snacks were available and staff monitored people were eating and drinking sufficiently.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare services they required. People and their relatives told us staff acted quickly if a person needed additional support and contacted other relevant professionals. People were supported with visits to or from district nurses, GPs, chiropodists, dentists and opticians.
- The provider had begun to trial a remote healthcare service which meant staff could contact nurses for advice, using a camera system for direct face to face communication. The aim of this service was to reduce the need for admission to hospital when people became unwell or if staff needed further medical guidance. Staff told us the system was working well and shared examples where people had been treated for illness or injury and avoided having to go to hospital.
- Records of all health care appointments were maintained in people's files. These included the reason for the visit or contact and details of any treatment required or advice provided by other professionals.

Adapting service, design, decoration to meet people's needs

- People lived in an environment that had been adapted to meet their needs. This included mobility aids and other specialist equipment to promote their independence. Signage helped people understand what each room around the home was used for.
- Since our last inspection, the provider had extended the building to provide further accommodation and a specialist service for people living with dementia. The design and layout showed the provider considered the needs of people living with the condition. Pictures, objects or accessories provided people with stimulation or links to past memories and activities.
- People had individual door signs and memory boxes outside their rooms. These contained items and photos that celebrated their interests and achievements. They helped people find their rooms and encouraged staff and visitors to recognise people as individuals. One person had a picture of a key on their door to remind them to lock it.
- People had a choice of areas to meet with visitors, join in with activities or spend time in private. They had access to outdoor space with seating areas and well-maintained gardens where people could plant flowers and grow vegetables.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff always consulted with them before care and support was provided and our observations supported this. Relatives said they felt involved in important discussions about people's care.
- People were supported by staff that had received training and understood their responsibilities around consent and mental capacity. There was information and guidance available to staff about the MCA and staff understood how this impacted on people's care.
- There were mental capacity assessments for each significant decision affecting people's day to day lives and these were reviewed monthly. Assessments included questions to determine the person's capacity to understand, retain, weigh up and communicate the decision. Where outcomes found the person did not have capacity, staff arranged best interests' meetings with family and other relevant professionals.
- The registered manager had identified and assessed where people were being deprived of their liberty. For example, where people could not leave the service unaccompanied as it was not safe for them to do so. Staff were aware of people who were subject to DoLS and the reasons for any restrictions in place.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were complimentary about the staff's kindness and caring approach. Comments included, "The carers here are amazing and do everything and more" and "They [staff] are very approachable and they are always asking [my relative] if she is OK."
- We observed positive interactions between people and staff. People smiled and chatted with staff, sharing humour and conversation about their day. Staff checked with people how they were feeling, asked whether they needed any help and consistently showed respect and courtesy.
- Staff were attentive to people's needs. People were provided with emotional support when they felt anxious or needed reassurance. For example, staff sat with people and held their hand or gave them a hug to provide comfort. Staff showed patience and kindness when assisting people to the dining tables and gave people the time they needed.
- People's rights were upheld and they were protected from discrimination. The service considered people's diversity, values and human rights and worked closely with people and their families to understand and meet their preferences. Any needs in relation to people's disability, sexuality, spirituality or culture were identified during the initial needs assessment.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in everyday decisions about their care and support. Care records gave good detail about personal preferences, likes and dislikes, what helped them relax, kept them happy and things that were important to them. Background information about people's early life, education, career and important occasions in their life was included.
- People told us they felt listened to and could spend their time how they wanted. One person said, "There isn't rules and regs (regulations), I have the freedom to choose what to do."
- People and relatives told us they were invited to meetings and encouraged to share their views. We noted people were asked about the catering, housekeeping, care service and activity plans. Meetings were held every month and also included a welcome to new residents and staff, as well as remembering people who had passed.
- People and relatives were also kept informed about future plans and activities in a newsletter.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to maintain their independence as far as possible. The care plans showed what aspects of personal care people could manage independently and what they needed staff support with.

- Staff consistently encouraged people to do things for themselves. People were provided with equipment to help maintain their independence. This included mobility aids and adapted cups and plates designed to reduce spillage.
- Staff respected people's right to privacy and dignity. A relative told us, "They wait outside the bathroom when she has a shower... [My relative] has said "I don't need help with this."
- We observed staff knocking on people's doors before entering their rooms. Staff respected confidentiality when discussing people's care needs and care records were kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us people experienced a personalised service. People said staff understood how to meet their needs and knew what was important to them. Our discussions with staff confirmed they knew people well.
- People had individual care plans that provided staff with up to date information about their needs and abilities, associated risks, preferences for support and background history.
- People's care and support needs were reviewed every month or sooner if necessary. Care plans were updated when their needs changed, for example, after a return from hospital, a deterioration in their health or short-term illness.
- Care review meetings were held every six months. They included the person using the service, family members, staff who knew them well and professionals involved in their care.
- People's current and emerging care needs were discussed in daily handovers to ensure staff were aware of any changes concerning people's care and support. Staff completed daily records which reflected how people had spent their day, what they had enjoyed doing and any changes in their health and wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly recorded. This provided information for staff on how to understand the person's wishes and how to communicate effectively in their preferred way.
- Where people had a disability or sensory loss, plans explained how staff should support the person when communicating. For example, "Staff to face [person] and speak clearly" and "[Person] speaks slowly, staff to allow time for [person] to express [their] needs."
- Pictures and photographs of meals and activities were displayed. The registered manager told us documents such as care plans would be formatted in large print or other language if required.

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

- People maintained and developed relationships with those close to them. One person said, "My family come to see me and phone, they're quite happy about [the service] and involved in how my care is going." Relatives told us they could visit any time and were always made to feel welcome. Staff supported people to keep in contact with family who lived far away, through telephone and email. During our visit, a relative

supported a person to speak with another relative who was on holiday abroad. The person was happy and engaged as they could also see their relative via computer technology.

- A varied range of social activities were organised to keep people entertained and stimulated. Activities were available every day and planned by the staff and people using the service. People and relatives told us there was lots to do. All were complimentary about the activities coordinators and their enthusiasm and commitment.
- People could also choose to do their own thing if they wished. One person told us, "I don't come down for activities. I knit in my room. I like it because it feels productive & useful." Relatives told us staff encouraged people to join in but always respected their choice not to take part.
- Staff arranged activities that were meaningful to people and considered their individual needs and interests. On the dementia wing, memorabilia was available for people to engage with and remember past times. For example, there was a military uniform, old style radio and typewriter. One person was enjoying listening to records on a record player. Another person used to play darts and had a board to play as well as trophies of competition achievements in their room. We saw people smiling and enjoying an activity which involved untying knots. In the afternoon, people were alert and engaged in listening to a story.
- Staff supported people to take part in daily activities that promoted their independence and self esteem. These included baking, helping with folding/sorting laundry and hanging clothes to dry, also polishing silver, setting and cleaning tables. On Bluebell floor, there were plans to use an area for people to do washing up. Staff said joining in with these everyday tasks had a positive impact for people and our observations supported this.
- People told us they enjoyed music and singing sessions with visits from outside entertainers, choirs and local schools. There were interactive group games including quizzes, bingo, scrabble, quoits, mobility exercises and indoor bowls.
- People were supported with individual one to one activities based on their interests. One person liked aeroplanes and went with a staff member to an air show and further visit to a local airport. Another person attended regular football matches to support their favourite team.
- Staff were motivated and always looking for new activities for people to do. There had been weekly visits where mums and babies/toddlers from a local church group sang nursery rhymes with people. The registered manager spoke about the positive impact this had as people were able to hold and interact with the babies.
- Staff had taken part in a research project to investigate the impact of music interventions for people living and working in care home settings. As a result of this, weekly music therapy sessions were put in place and a choir was formed. Staff told us how these activities had improved people's wellbeing. One person, who used to be a pianist did not want to join in when they first moved in and following on from the music project, they were now playing piano and singing for the home's choir.
- People were supported to practice their faith and services were held regularly. Two chaplains were employed and supported people and staff in meeting their spiritual needs.
- The home had its own hairdressing salon with hairdresser visits twice weekly. Some people had their own hair stylists who could also use the facilities. There was a separate activities room for people to use.
- Volunteers helped with activities in the home and local community, such as trips to the coast and other places of interest. They also organised a weekly shop for people to buy items such as toiletries and snacks.
- Future plans included completion of the Wilderness project where four acres of land behind the property were being transformed with accessible paths, flowers and nature area. The project was supported by the Lottery heritage fund and started in March 2019. People using the service took part in outdoor activities including, bird feeding, potting flowers, planting and growing vegetables, then cooking them. People, relatives and staff spoke about the positive impact on people's mental and physical wellbeing. One person commented, "It's about making people feel good and gardening makes us talk and share, and I enjoy being with others."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a complaint if they were unhappy with the care. Information to support them to do this was clearly displayed and people were encouraged to raise any issues through meetings and questionnaires.
- People expressed confidence that management would address any complaints. One relative told us they had raised a concern in the past which was "sorted out straight away."
- Records showed how the service had responded to any complaints along with a full report of the outcome and any action taken in response. This included an apology if people had experienced poor care. The provider monitored complaint information to see whether improvements could be made to their services.

End of life care and support

- Staff had undertaken training which gave them the skills and knowledge to provide compassionate care for people nearing the end of their lives. The provider arranged this through the local hospice who supported staff to develop care plans with people.
- People and families were asked for their views and their wishes were recorded in advanced care plans. Staff told us how one person liked music and asked for certain songs by Frank Sinatra. Another person had wanted to go to Ireland and did this to spend time with their family.
- The home had received lots of compliments from relatives for the care and emotional support staff provided when people had passed away.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff expressed confidence in how the home was run. The registered manager had an open-door policy and welcomed people's feedback. One person said, "I've met the manager, she comes into the lounge and speaks to me for half an hour or you can go to her office."
- The provider had clear values that supported people to maximise their independence. Staff were aware of these values and management monitored they followed them in practice.
- Staff were committed to delivering good person-centred care with meaningful activities. A member of staff had been shortlisted in a national care awards event and nominated for best activities coordinator with NAPA (National Activity Providers Association)

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

- The provider acted with openness and transparency if something went wrong. The registered manager understood her responsibilities, for example, when an incident had occurred we saw letters to people and family advising them of the incident, the investigation and the outcome.

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

- Staff were supported to understand their roles and responsibilities through staff meetings, supervision and yearly reviews of their performance. Staff told us that they could share their ideas and felt listened to. One staff member said, "Management are good, communicate well, help us whenever we need help, talk to us and listen to us."
- We observed effective communication between members of staff during our visit. The staff team were caring and dedicated to meeting people's needs. Staff told us they enjoyed their jobs, understood their roles and what the provider expected of them.
- The registered manager and staff completed regular checks and audits which helped ensure that people were safe, and the service met their needs. The registered manager was supported by an area manager and the organisation's quality assurance team. Audits covered areas including health and safety, falls, hospital admissions, safeguarding and DoLS events, medicines and complaints. Action plans were created and tracked to resolve any issues identified.
- People could be confident that important events which affect their health, safety and welfare would be reported appropriately. The registered manager had ensured all required notifications had been sent to

external agencies such as the local authority safeguarding team and the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- People, their relatives and staff were encouraged to comment on their experiences of Hall Grange. The service sought their views through care plan reviews, surveys and meetings. People told us they felt consulted about the service they received and listened to.
- Records showed how the service responded to people's feedback. Examples included the appointment of a second activities coordinator and a request for the activities planner to be displayed. A new dishwasher was purchased following an issue raised by people about cutlery not cleaning properly.
- The staff organised social events for people and families to get together. Photos displayed around the home showed how people had celebrated birthdays and other events with their relatives.
- Monthly meetings gave staff opportunity to share information about people's care and support and matters that affected the service. Staff said they also discussed learning and development needs and reflected on their practice to check they were supporting people in the best ways.
- Staff took on the role of champions for areas of care such as moving and handling, dignity and dementia. This promoted awareness and understanding and ensured people were supported in line with latest best practice. Staff felt dementia training would be beneficial for families to give them a better understanding of their relative's condition. The registered manager agreed to organise this.
- The provider recognised the contribution staff made to the quality of care people received. They shared their thanks, people's compliments and gave recognition for long term service.
- The provider had arrangements for keeping up to date with best practice and looking at ways to improve their services. They had developed a dementia strategy plan to ensure the organisation was able to support people living with dementia and their families to live later life well.
- The registered manager reviewed incidents and near-misses, complaints, safeguarding and whistle-blowing to see where any trends or patterns may be emerging. The provider ensured that any learning from these was shared across the organisation.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current best practice. This included local authorities, GPs, community nursing teams and other health professionals.
- The service had effective links with the wider community and showed the provider worked with others to ensure people received good quality care and support. This included Dementia Alliance and NAPA so they could keep informed about new ideas and approaches.