

The Grange (Chertsey) 2002 Ltd.

# The Grange Retirement Home

## Inspection report

Ruxbury Road  
St Ann's Hill  
Chertsey  
Surrey  
KT16 9EP

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Tel: 01932562361

Website: [www.thegranchertsey.co.uk](http://www.thegranchertsey.co.uk)

## 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

This inspection was unannounced and took place on 30 November 2016. The Grange Retirement Home provides accommodation, nursing and personal care for up to 62 people. There were 54 people living at the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service on 16 December 2013. The service met all the regulations we checked at that time.

Staff knew how to keep people safe from abuse. Staff identified and managed risks to people's health and safety. Incidents and accidents were monitored and staff took appropriate action to minimise recurrence.

There were robust recruitment practices in place and staff were suitable to work with people. There were sufficient numbers of staff to meet people's needs. People received their medicines in line with the provider's medicine management procedures. Medicines were managed and stored safely.

Staff had appropriate skills and knowledge to meet people's needs. Staff were supported in their role and had received supervisions and an annual appraisal to monitor their work.

People received support in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People gave consent to care and support.

People were supported to eat and drink. People had a choice of food and drink and could choose where they had their meals. Staff sought and followed health care professional's advice to support people with their dietary needs. People were supported to maintain their health and had access to healthcare professionals when needed.

People were happy with the care they received at the service. People were treated with kindness and compassion. Staff knew people well and respected their preferences on how they wanted to be supported. Staff respected people's dignity and privacy. Staff promoted people to be as independent as possible. People received specialist care when nearing the end of their lives.

People's needs were assessed and reviewed regularly. People and their relatives were involved in planning people's care. Staff received guidance about how to support people. People were involved in planning their day to day care.

People received support to pursue their hobbies and interests. There were activities organised in which

people could participate. The registered manager had put plans in place to ensure there were always sufficient or specific activities to meet people's differing needs or preferences.

People and their relatives were asked their views of the service. The registered manager used their feedback to improve the quality of care. People knew how to raise a complaint. The registered manager investigated and resolved complaints in line with the provider's procedure.

People, their relatives and staff described the registered manager as approachable. They were happy with how the service was run.

There were regular audits to review the quality of care and safety of the premises. The service worked in partnership with other healthcare professionals to ensure people received the support they required.

## 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 knew how to protect people from abuse. The provider used safe recruitment procedures. There were enough staff to meet people's needs.

Staff identified and managed risks to people's health.

People received the support they required with medicines. Staff managed and administered people's medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were supported and received relevant training to undertake their role. Staff had received regular supervision and an annual appraisal to monitor their performance.

People consented to care and support. People were supported in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People accessed healthcare services to maintain their health and wellbeing.

People enjoyed healthy meals and had a choice of food and drink suitable for their dietary requirements.

### Is the service caring?

Good ●

The service was caring. Staff were kind and caring. Staff understood people's individual needs, likes and dislikes.

Staff involved people in planning their support and care.

Staff upheld people's dignity and human rights and respected their privacy and confidentiality. Staff promoted people's independence.

People received support to maintain relationships with their

friends and family.

People received specialist care when they were nearing the end of their lives.

### **Is the service responsive?**

**Good** ●

The service was responsive. People had their needs assessed and reviewed regularly. People received support that met their needs. People had choices in their day to day living.

People followed their interests and took part in activities of their choice. The registered manager had put a plan in place to ensure there were sufficient and appropriate activities for people.

People understood how to make a complaint. People's concerns and complaints were investigated and resolved.

### **Is the service well-led?**

**Good** ●

The service was well-led. Staff felt well supported. People and staff described the registered manager as approachable and friendly.

The registered manager carried out regular audits to review the quality of care and safety of the premises. Improvements were made when necessary.

People, their relatives, members of staff and professionals were asked for their views about how the service was run and their feedback was used to drive improvements.

# The Grange Retirement 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 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 unannounced inspection took place on 30 November 2016. The inspection was carried out by two inspectors, a specialist nurse advisor 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with 16 people using the service, six relatives and two healthcare professionals visiting the service. We also spoke with the registered manager, assistant to the manager, deputy manager, business manager, three nurses, nine members of care staff, activities co-ordinator, chef, kitchen and domestic staff and head of housekeeping.

We reviewed 20 people's care records and their medicines administration records. We looked at staff records including recruitment, training, supervision and duty rotas. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor the quality of the service. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations using the short observation framework for inspections (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from six healthcare professionals.

# Is the service safe?

## Our findings

People were safe at the service. One person told us, "Staff take good care of me." Another person said, "I have nothing to worry about at all here." One relative told us, "Staff look after [relative] well. I am happy about their care" Another said, "[Relative] is quite happy here and I know they are safe and secure." A third relative said, "There's no question that [a couple] are safe here. They are loved and well cared for by wonderful staff."

People received safe care and support. The service followed safe recruitment procedures to ensure they employed staff suitable to care for people. Staff provided proof of identity and their employment history. The provider carried out references and checks using the disclosure and barring service (DBS) before staff started work at the service. The DBS check identified if applicants were safe to work with children or vulnerable people. Recruitment records showed new staff started work at the service when relevant checks had been completed.

People were supported by a sufficient number of staff. One person said; "There's always staff here." One relative said, "There are enough staff to help." The registered manager regularly reviewed people's needs and support and increased staffing levels as appropriate. Staff told us there were no difficulties in terms of the provider arranging for cover. Rotas showed there was a regular and consistent staff team and absences were adequately covered. The registered manager told us they were recruiting to increase the staff compliment and to guarantee availability of bank staff.

People received the support they required to take their medicines safely. One person told us, "I am always very impressed with how helpful they [staff] are with my medicines every day. Timing is important and they understand that." Another person said, "[Staff] help me with my medication." The registered manager carried out risk assessments on the support people required in relation to managing their medicines. Staff supported those people that were unable to safely manage their medicines. People's medicines were reviewed by healthcare professionals and changes were recorded appropriately. Staff followed guidance to ensure people with specific health conditions received their medicines safely. For example, staff checked and monitored regularly the bloods of people living with diabetes. People received their 'as required' medicines as recorded in their care plans and in line with the provider's protocol.

Staff managed people's medicines safely. Staff followed the service's procedure for ordering, storage, administering and recording of medicines. Nurses carried out checks on MAR charts and medicines stocks daily to rectify any errors and address any concerns. MAR records were completed accurately which showed people had received their medicines. Medicines stocks we checked tallied with balances on MAR records. People received their medicines from staff who had received training and assessed as competent to do so.

People were protected against the risk of abuse. Staff knew the types of abuse and neglect and how to report any concerns about people's safety. Staff were trained in how to safeguard people and described how they would recognise signs of abuse. There were systems in place to make sure safeguarding concerns were referred to the appropriate agencies such as the local safeguarding authority and the police. Staff knew



they could 'whistle blow' to an external organisation about poor practice and abuse if the provider did not take effective action. There were information leaflets available for staff guidance about what to do if they suspected abuse, how to protect people and how to report this. The registered manager worked with local authority staff on safeguarding and put plans in place where necessary to protect people from harm.

People were safe because staff managed risks to their health. People were assessed to identify risks to their safety and staff had sufficient plans to manage the known risks. These included falls, reduced mobility, malnutrition, skin integrity and behaviour that challenged the service. This information was available in people's records and included guidance on managing the risks. For example, staff understood situations that could trigger people's behaviour changes and how to manage such as by moving them away from a noisy area. The registered manager regularly reviewed risk assessments to ensure they were still effective.

People were protected from the risk of avoidable injury. Staff understood their responsibility to report and record incidents to the registered manager. The registered manager monitored and analysed the records to check for triggers or hazards and ensured staff took appropriate action to reduce further risks to people.

People were protected from the risk of infection because they lived in a clean environment. Staff protected people from unhygienic practices and took measures to ensure the service was free from risk of infection. Staff had access to stocks of protective clothing, continence supplies, bed linen and towels and followed the service's procedures to reduce the risk and spread of infection. Domestic staff followed procedures for washing soiled laundry to reduce the risk of cross contamination. Staff knew how to use and store chemicals hazardous to health such as cleaning and laundry detergents.

Staff knew how to keep people safe. The service had procedures in place to deal with foreseeable emergencies to protect people from harm. Each person had a Personal Emergency Evacuation Plan (PEEP) for the risk level associated with evacuating them safely. The PEEPs records contained up to date information relevant to safe evacuation such as those living with dementia and those needing nursing care.

People lived in a safe environment because the service undertook health and safety checks. Staff took part in regular fire drills. There were regular checks of emergency exits, emergency lighting, fire doors, the fire alarm and fire-fighting equipment to ensure everything was in working order. Regular checks on equipment ensured it was safe and appropriate for people's needs for example there was an up to date maintenance schedule which confirmed regular checks and servicing of beds, call bells, lifts, hoists and mobility aids. One relative told us, "It's safer with the new locks and the new furniture makes it safer." Repairs were logged in and appropriate action was taken in a timely manner. The premises were well decorated and maintained.

## Is the service effective?

### Our findings

People and their relatives told us staff were competent in their role. One person said, "The quality of care is good. Staff look after us properly." One relative told us, "This place is warm and comfortable. [Relative] is well looked after." Another relative said, "We're pleased with the care provided and happy with the calibre of staff."

People and their relatives told us staff provided good care because they were well trained. Staff attended the training they needed to ensure they were competent to meet people's needs which included moving and handling, nutrition, infection control, safeguarding, first aid, dementia awareness and fire safety. Staff received specialist training in how to care for people living with dementia, diabetes and epilepsy. The registered manager monitored and ensured staff completed all the training they needed. Staff told us the training equipped them with the appropriate knowledge and skills to support people effectively. Records showed staff had received the training they required to undertake their role.

Staff had appropriate training and experience to support people with their individual needs. Staff were provided with an induction and completed the provider's mandatory training, practical training, shadowing experienced colleagues and had their practice observed. One relative told us, "There are some new staff and they learn from the ones that have been here for ages." One member of staff told us, "My induction was intense. It included the use of equipment such as hoists. I wasn't allowed to move [people] before I had completed the moving and handling course." Staff were given time to get to know people and understand their role and responsibilities before working independently. The registered manager monitored and evaluated staff's performance during their probation. Staff were employed permanently when they were assessed as competent to support people.

Staff were supported to carry out their responsibilities. One member of staff said, "I can talk to the managers or senior staff if anything is bothering me." Staff had supervision which enabled them to establish if they had any further training needs to improve their practice. Another member of staff said, "We have one-to-one meetings and group sessions which is useful." Records confirmed supervision and appraisal were carried out as scheduled. Staff were able to discuss any concerns they had and receive feedback about their work and performance. Staff had appraisal to discuss their development needs and to make sure they continued to work to expected standards. The registered manager had put learning plans in place and supported staff to develop and progress in their careers.

People gave their consent to care and treatment. Staff asked people for their consent before they carried out any tasks. One member of staff told us, "I always check out with people to find out what they really want. I give them time to reflect and tell me what they want." Staff understood the importance of obtaining consent from people before care or treatment was provided. Staff were aware that a person's ability to consent could change and they understood people living with dementia needed encouragement and prompting to give consent.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported in line with the requirements of MCA and DoLS because staff were trained in the legislation. The registered manager and staff were aware of the process to follow when people did not have the mental capacity to make certain decisions. Staff recorded mental capacity assessments in people's care plans to ensure they knew how to support them to make decisions about their care. Care records showed where people lacked the mental capacity to make decisions the service had involved the person's relative, healthcare professionals to ensure any decisions were made in the person's best interests. The registered manager and staff showed an understanding of DoLS procedures. For example, in relation to the use of keypad to protect people and the use of bedrails to prevent people from falling from bed. The registered manager had submitted DoLS applications and received authorisations. Records showed staff supported in line with the authorisations.

People were happy with the meals provided by the service. One person told us, "The food is very good. There is plenty of juice, tea and snacks." Another person said, "The chef comes around and asks what I want. We can ask for anything outside the menu. The food is always tasty." People could choose to eat in the dining areas, lounges or in their bedrooms and their friends and relatives were welcome to join them for meals.

People received sufficient food to meet their dietary needs and ensure their well-being. Staff knew people's food preferences and knew any health needs which might have implications for their diet. Staff monitored people's nutrition and hydration. Staff kept records of the food and fluid people received and monitored their weight when necessary. Staff reported to the registered manager any significant weight gain or loss to ensure people received appropriate support. Staff had sought and followed guidance from health professionals in relation to a person's diet. The chef told us they prepared food in line with people's nutritional needs such as for diabetes, people on gluten or dairy free diet. Records showed staff had made a referral to a dietician for support to reduce the risk to people from poor nutrition and dehydration and to eat and drink safely.

People received the care they required to keep healthy. One person told us, "Yes I have needed to see the GP twice and they have called the GP for me." Staff monitored and supported people to manage their health care needs. Another person said, "Staff have called the ambulance for me before. I am having a procedure next week and they have organised an ambulance to take me." Records showed people saw health professionals such as GP's, chiropodists, dentists, opticians and specialists, such as dieticians and end of life care nurses when needed. People received the support they required to manage and treat specific health conditions such as pressure ulcers. The registered manager ensured people were provided with specialist equipment, such as beds, mattresses and cushions as appropriate. People were supported to attend hospital appointments when needed.

People told us they liked their bedrooms and the environment in which they lived. Staff encouraged people and their relatives to bring belongings they liked such as ornaments, pictures, other personal items and photographs. People told us staff supported them to decorate and furnish their rooms and made it homely.

People's bedrooms reflected their personality, preference and taste.

## Is the service caring?

### Our findings

People and their relatives described staff as kind, caring and friendly. One person told us, "Staff are caring and very nice to me." Another person said, "Staff are caring in a respectful way, it couldn't be kinder. My clothes are beautifully cared for, folded and hung just so." One relative told us, "Staff will do anything for [relative] to keep them comfortable." Another relative told us, "Staff are polite, respectful and wonderful, just like family, amazing." We observed staff spoke to people in a respectful and friendly manner. Staff treated people with kindness and reassured them in a calm manner.

People and their relatives were involved in planning people's care. Staff supported people to make day to day decisions. One person told us, "I'm in bed by choice, I do not like to get up early and am perfectly happy as I am. They do their [staff] best for me." People's individual care was planned and regularly reviewed to ensure staff understood their needs and how to support them. Staff updated each person's care plan when their needs changed and supported them in line with their preferences. Staff asked relatives about people's likes and dislikes and preferences and their preferred daily routines. People made choices about when to get up and go to bed, what to wear and what and where to eat.

People were encouraged to do as much as possible for themselves and to maintain their independence. One person told us, "They [staff] make you do what you can do. They will offer to help if they see you cannot cope." Support plans clearly recorded people's individual strengths and independence levels. We observed staff hoist a person into a chair, but then let them move themselves into their preferred position. Staff encouraged people who could walk to do so independently and where people needed assistance they supported them to use their mobility aids.

Staff treated people with dignity. Staff spoke to people discreetly in their conversations with one another and with people who were in the lounges. People told us staff called them by their preferred names. Staff explained to people what they were doing, such as when assisting people to eat or using equipment to help them to move. Staff respected people's wishes on how they wanted to receive their support and care. We observed staff spent time with people in a relaxed and unrushed manner.

Staff respected people's privacy. Staff told us they made sure they shut doors and drew curtains when providing people with personal care. Staff carried out treatments people needed in private. We observed staff knock on people's rooms and announced themselves before entering. People were able to spend private time in their bedrooms and lounges when they chose to. People had a key to their bedroom which they could use to lock their doors for privacy when needed.

People nearing the end of their lives received specialist care they required. One relative told us, "It was wonderful that we could stay with [relative] at the end of [their] life. We never felt that we were in the way or not wanted. It was as if we were all family. Could not have wanted for more." Another relative said, "Staff have shown genuine compassion in the care of my [relative]." Care plans had information about the support they needed for example managing their pain and their preferred place of dying. Staff worked with and followed guidance from healthcare professionals as documented in people's care plans. Staff were

knowledgeable in how to support people nearing the end of their lives.

Staff shared people's information about their health on a need to know basis. Staff understood the importance of maintaining confidentiality and data protection in their role. People's records including care plans were labelled, dated and medicine administration records were stored securely to maintain confidentiality.

## Is the service responsive?

### Our findings

Staff responded to people's needs. People told us, "Staff do listen to me and I get the help I need." Another person said, "Staff come around to check and see if all is ok. Staff ask me what I want." One relative told us, "Staff are quite flexible." Another said, "Staff know my relative's care needs and how to look after them."

People and their relatives were involved in planning people's care to meet their individual needs. The registered manager carried out a pre-admission assessment of a person's needs to determine if the service was able to meet these. One person told us, "We talked to staff about my health and the help I require before I came to live here." The service involved healthcare professionals in identifying people's needs and the support they required. Care plans were developed after people started using the service about how to meet their needs. Care records had information about people's health, background and preferences and identified what support people required. This enabled staff to plan and deliver people's support appropriately.

People received the support they required in response to their changing needs. Staff reviewed people's needs and updated their care plans to reflect any changes to the support they required. This ensured staff had information required to meet people's needs. For example, staff had updated a person's care plan due to concerns on their mobility and detailed how they were to support the person to move around. Staff discussed each person's needs when they handed over to the next shift and highlighted any changes or concerns. Staff told us they received detailed information about each person before they started their shift. Handover records had information about changes in people's health, mobility needs, medicines and skin integrity. This ensured staff were aware of the changes in people's conditions and how to respond to meet their needs appropriately.

People were involved in planning of activities of their choice. Staff knew people's interests and how they preferred to spend their time. We observed there were less activities provided for people living with dementia and for some people who were unable to leave their room. We spoke with the registered manager and activities coordinator about our concerns on this. The registered manager told us and records confirmed they had assigned a member of care staff to provide one to one activities with people in their rooms. The activities coordinator was new in post and was in the process of designing an activity planner with people. The service had also recruited an additional activity coordinator who was due to commence work a week after our inspection visit. They explained that the additional coordinator had experience in providing activities for people living with dementia. We observed and looked at records of activities provided at the service. We were reassured that the service had taken sufficient action to ensure there were enough activities to meet people's differing needs.

People received the support they required to maintain contact with their relatives and friends. One person told us, "My relatives can come at any time and that reassures me." People told us staff made their relatives and friends to feel welcome at the service. People celebrated special occasions such as birthdays and significant events with their relatives and friends.

People and their relatives told us they knew how to make a complaint and would do so if needed. People were confident the registered manager would act on any concern they had. One person told us, "If there is an issue, it is addressed straight away." Another person said, "Yes I would speak up if I had to and say what was bothering me." One relative told us, "I speak to staff all the time and they have been able to resolve any concerns." The registered manager kept a log of complaints received. Records showed the service investigated and responded to complaints appropriately. The service had received compliments and comments such as, "Always happy with care [relative] is receiving", "Thank you. Very helpful, courteous, friendly professional staff and "Very clean environment. Keep it up."



## Is the service well-led?

### Our findings

People and their relatives told us they were happy with the service. One person told us, "The place is managed well." Another person said, "This place is good. Staff are lovely." One relative told us, "I know the managers and where to find them. The home is well managed."

Staff understood and shared the provider's vision and values. Staff told us they promoted the values by being supportive, inclusive and responsive to people's needs. Staff understood their roles and responsibilities in relation to the support they provided to people. The registered manager told us the provider was supportive and was available to discuss issues and provided resources as necessary.

A positive culture put people at the centre of the service. People and their relatives told us the registered manager was open and encouraged staff to acknowledge and learn from their mistakes. One relative told us, "They [staff] don't always get things right. But I would say they are quick to sort out any issues." Relatives were able to speak to the registered manager if they had any questions or concerns. They told us the service kept them informed about any changes in people's health.

People and their relatives were able to speak with the manager and were involved in developing the service. One relative told us, "We are constantly asked for feedback and there are monthly residents meetings." The registered manager held regular resident and relatives meetings to give them the opportunity to express their views about how the running of the service and the quality of care. The minutes of July 2016 meeting showed discussion about staff's response times to call bells, menu planning, activities and outings. People's feedback and suggestions were considered and action taken. People, their relatives, members of staff and healthcare professionals completed quality assurance surveys about the quality of the service. The July 2016 satisfaction survey results showed positive responses and areas to improve the service. For example relatives favoured the use of the service's newsletter to update relatives and friends about events at the service.

There was good communication between staff and the management team. Staff told us they could discuss any concerns at any time and there was always a senior member of staff for guidance. One member of staff said, "The manager is approachable and easily available". Staff said they shared information appropriately in team meetings about how to improve the quality of service people received. Staff had access to the service's policies and procedures, which gave them guidance about how to support people safely.

People's care was subject to regular checks to improve the quality of care. The registered manager used checks and audit processes to evaluate and monitor the quality of people received. For example, they checked care records were reviewed and updated regularly to ensure they were correct and reflected the support people needed. The registered manager reviewed staff had sufficient information and followed guidance from health care professionals about how to meet people's needs. The registered manager carried out spot checks during and out of hours to ensure staff supported people with their health whilst respecting their dignity and privacy and promoting their independence. The registered manager checked medicines administration record charts regularly to ensure people received their medicines and staff followed

procedures.

The service met the requirements of their registration with the Care Quality Commission (CQC). The registered manager submitted notifications to CQC as required by law in relation to significant events that affected people and deaths at the service.

There was joint working with the local authority and other health care professionals ensure staff developed their skills in meeting the needs of people. One healthcare professional told us, "The service is well managed. They make full use of the local support services for the benefit of people using the service."