

Grangefield Care Limited

Grangefield Residential Care Home

Inspection report

60 Northampton Road
Earls Barton
Northampton
Northamptonshire
NN6 0HE

Tel: 01604812580

Website: www.grangefieldcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Grangefield Residential Care Home is a residential care home for up to 23 older people. At the time of inspection there were 18 people living at the home.

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

Improvements were required in the assessment and monitoring of the environment. The provider responded to feedback and made immediate changes to improve the safety of the home.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care. There was an open culture which promoted clear communication between staff and management which had enabled the provider to make improvements to all areas of the service.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

There were enough staff deployed to meet people's needs. People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care which mitigated these known risks.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 21 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

What happens next?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Grangefield Residential Care Home

Detailed findings

Background to this inspection

Inspection team

The inspection was carried out by one inspector.

Service and service type

Grangefield Residential 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We made observations of how people were supported, and how staff interacted with them. We spoke with seven members of staff including the provider, registered manager, deputy manager, four care staff and the chef.

We reviewed a range of records. This included nine people's care records and people's medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider about environmental checks and updates to policies. We used this information to make judgements in this report.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing and managing risks; Ensuring equipment and premises are safe

- The provider had been prompted by our inspection to update the scope of their environmental risk assessments to include health and safety guidelines. The effectiveness of these risk assessments had not been tested.
- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care which mitigated these known risks. For example, how to keep people safe when mobilising. One person told us, "I've learnt how to walk safely, staff are always behind me looking out for me."
- Staff were kept up to date with changes in people's care through electronic care plans, which were updated as people received their care, during handovers and team meetings.
- People who used call bells told us they were answered quickly. One person told us, "If you call them [staff] they come as soon as they can." Staff carried out regular checks on people who could not summon assistance.

Preventing and controlling infection including the cleanliness of premises

- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. One member of staff told us, "We are all aware of the procedures to keep people safe from infections. We also have the new information and guidance about the coronavirus which we have all read and are following."

Safeguarding people from the risk from abuse

- People told us staff helped them to feel safe.
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Staffing and recruitment

- There were enough staff deployed to provide people with their care. Staff were allocated to ensure people received their care.
- People received care from a regular group of staff who knew them well.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service were checked. The registered manager told us they

employed staff for their caring attributes, they said, "The most important thing for staff is that they are compassionate and caring."

Using medicines safely

- People received their medicines as prescribed.
- The provider had implemented an electronic medicine management and administration system which staff told us had improved the safety of the medicines. Each person had their own medicines cabinet in their rooms, where staff administered their medicines from.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines' audits informed the registered manager of any issues which were rectified in a timely manner.

Learning lessons when things go wrong

- The provider and registered manager were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service.
- The registered manager worked with staff to understand how things went wrong and involved them in finding solutions.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support, training, skills and experience

- New staff received an induction, including time with the registered manager, which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- Staff received on-going training to update their knowledge and skills. One person told us, "In my opinion, staff are very nice. They know what they are doing."
- Staff received regular supervision and guidance to support them in their roles. Staff told us the registered manager was very supportive.

Meeting people's needs and preferences in relation to eating and drinking

- Staff monitored people's weight regularly and referred people to health professionals if they were not eating and drinking well. Staff followed health professional's advice to fortify foods where necessary. The chef had introduced homemade soups which were fortified, these had proved to be very popular.
- Staff ensured people could choose what they ate at mealtimes. One person told us, "The chef comes around every day and tells us what he is cooking. I am very picky, but there is lots of choice. The chef makes homemade soups."
- The Chef and registered manager had worked together to manage meals to encourage people to eat well. They had found that by giving people a large breakfast, this set them up for the day and people had maintained or gained weight. One person said, "This must be one of the best places in Northampton to get a cooked breakfast."

Working together and with other organisations to provide effective and coordinated care; Supporting people to live healthier lives and access healthcare services and support

- Staff supported people to attend health appointments and referred people to their GP or other medical services promptly when they showed signs of illness.
- Staff monitored people closely for changes to their health and involved health professionals in creating plans to improve people's health and well-being. One person told us, "I came from hospital in a bad state,

now I am well. The staff are excellent."

Adapting the design and decoration of the premises to meet people's needs

- The building and facilities were suitable and accessible to the people living at the service. There were various areas for people to use for different activities. One person told us, "In the summer I go out into the garden with my walker."
- People's rooms were decorated to their choice and needs. The provider continually looked to refurbish and update the home to suit people's needs.
- There were several communal areas which could be accessed by people and their family members who were visiting.

Consent to care and treatment

- The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.
- The service was providing care that could deprive people of their liberty. They had followed the correct processes to ensure people were only deprived of their liberty when this was in their best interests and authorised under the Deprivation of Liberty Safeguards (DoLS. DoLS provides legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support and who need to be deprived of their liberty in their best interests.
- The registered manager confirmed no one living at the service had their liberty deprived under DoLS.
- People were asked for their consent before they received care.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, respect and compassion

- People received care from staff who knew them well. Everyone we spoke with told us staff had a caring attitude. One person said, "All the staff are so nice, so friendly." Another person said, "Staff are wonderful here, they'll do anything for you. They are very kind."
- People told us staff were considerate and responsive to their feelings. One person told us, "I had some bad news recently, I was upset, staff really cared for me, like friends, they know me well."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care. Where people could not express their wishes, their representatives had been involved in their care planning.
- People told us they felt their views were listened to and acted on, for example, the chef actively sought people's food and drink preferences and ensured they received these regularly.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's personal spaces. One person told us, "I like to stay in my room, I am happy here the chair is comfy."
- Staff ensured people's dignity was maintained when receiving personal care. One person said, "Staff always ensure they keep my privacy, they keep door shut when I am in the bathroom."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person travelled to the village centre independently for their volunteer job and the post office, they told us, "It's ideal the bus stop is right outside [the home]."
- People's information was stored securely, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People's assessments and care plans included how they preferred to receive their care and included any cultural or religious requirements.
- People's care plans were regularly reviewed to ensure staff were aware of people's current needs. People were allocated staff to be their key worker who got to know them well.
- Care plans were personalised and contained information about people's likes and dislikes. For example, hobbies and interest and people who were important to them.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives.

Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
- Staff were vigilant in ensuring people wore their prescribed glasses and hearing aids to enable them to continue to be able to communicate their needs and understand their care.
- People's key workers offered them assistance at meetings and helped people to understand their care or key policies such as the complaints policy.

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

- People's visitors were made to feel welcome. Restrictions to visiting had been recently introduced to protect people from the coronavirus. Staff assisted people to communicate via social media and video calls.
- People enjoyed their pastimes. The service had a large film collection. One person told us, "We watch our favourite films, we sit together to watch some oldies." Another person told us, "I enjoy the films we are getting through the collections."
- People told us about their favourite hobbies they did regularly. For example, knitting, reading, quizzes, art classes, scrabble and board games. One person said, "I like doing the jigsaw puzzles, others like them too."
- Children from the village came to the home regularly, which people told us they enjoyed immensely. People told us they kept abreast of the local and national news. One person commented, "I get my newspapers delivered."

Improving the quality of care in response to complaints or concerns

- People and their relatives told us they were confident they could complain to the registered manager and have their concerns addressed.
- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy.
- There had not been any written complaints since the appointment of the registered manager.

End of life care and support

- People were given the opportunity to record what was important to them at end of life. For example, their wish to stay at the home and not go into hospital. Staff followed people's wishes.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.
- The provider and registered manager believed that no-one should be alone at the end of their lives. They arranged for staff to stay with people if they did not have visitors.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities

- The provider's system to assess, monitor and ensure the health and safety of the home did not always identify issues. For example, the fire safety procedures could not be complied with as people's bedroom doors were propped open. We brought this to the attention of the provider who immediately arranged for safety equipment such as window restrictors, door-guards (mechanism to close doors in the event of a fire) to be installed where required.
- The provider did not have a system to regularly check areas such as the kitchen, laundry and areas where cleaning products were stored were secured so people could not access these areas. The provider immediately arranged for door locks to be installed.
- The provider implemented new systems to check the environmental safety of the home, however, these would take time to be embedded into practice.
- The provider and registered manager carried out regular audits and checks to ensure people continued to receive high quality care.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were being updated to reflect best practice.

Leadership vision, values and culture

- The provider and registered manager promoted person centred care in all aspects of the service. One member of staff told us, "The registered manager is the kind of person that, when they find something good, they want to share it with everybody."
- The registered manager continually looked for ways to improve the safety of the service. For example, by implementing the new electronic care planning and medicines management systems, staff and management could see in real time the care that had been provided. These systems also improved the quality of the information in staff handover and safety of medicines.
- Staff told us they were happy working at the service and felt supported. One member of staff said, "There have been massive changes, all positive. The registered manager and staff have a fantastic attitude, it's all about the residents. It is such a pleasant place to work."

Acting with honesty and transparency if something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

- The provider and registered manager worked closely together to find solutions to issues as soon as they were identified. One member of staff said, "The registered manager jumps on things straight away, so things don't escalate."

Engaging and involving people using the service, the public and staff

- People were asked to complete a quality monitoring survey in December 2019. Their feedback was mostly positive; where they had raised an issue, the registered manager had taken immediate action. For example, the registered manager changed the time of the medicines round so more staff were available at lunchtime.
- The service had set up a relative's forum where relatives had an opportunity to discuss the quality of care at the home. There had not been any concerns raised; the registered manager had updated relatives with news of improvements within the home and future trips.
- Staff told us they were involved in the improvements in the home and felt listened to. One member of staff told us, "The registered manager is very honest and to the point, we know what is expected of us."

Continuous learning, innovation and improving the quality of care

- The registered manager had introduced a computerised risk assessment and care planning systems. The management team and staff worked closely together to implement the system which provided them with instant access to all the information they needed and record care as it was given.
- The registered manager was currently studying a leadership qualification and worked with another registered manager to help improve their skills and learn from others. They were also registered with skills for care registered managers programme to ensure they remained up to date with best practice.
- The registered manager was pro-active in developing the training and supervision of staff. They invested time with each new member of staff, assisting them with their studies towards the care certificate.

Working in partnership with others

- The registered manager had developed good relationships with people's GP, district nurses and health teams.
- People enjoyed the regular visits from the local nursery and continued their contacts with the church groups from the local village.