J Fisher

Grangewood Lodge Residential Care Home

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

Grangewood Lodge 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. Grangewood Lodge is registered to provide a care home service without nursing for up to 30 older people. Care is provided to people who may have a physical disability, sensory impairment or dementia. There were 21 people living in the home at the time of our inspection.

At our last inspection on 3 March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

People's safety was protected by staff who understood how to recognise poor care and abuse. Peoples risks were identified and managed to maintain their wellbeing. Medicines management arrangements ensured that people received their prescribed medicines as required and at the correct time. There were a sufficient number of suitably recruited staff to care for people and spend time with them.

Staff had access to training and support to improve their knowledge of care and enhance their skills. People were provided with a choice of nutritious food and plentiful drinks. Staff recognised when additional health support input was required and followed the advice they received to maintain people's health.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received kind and caring support and staff encouraged people to maintain their independence. Staff recognised the importance of supporting people to maintain relationships with their families. People were offered opportunities to pass their time as they wished and were provided with information to prompt reminiscence. People were involved in planning their care and maintaining their life choices.

The registered manager listened to people's opinions and took action to implement any improvements they highlighted. There was a complaints policy in place and people were encouraged to share their concerns. Audits and checks were in place to monitor the quality of the service and make improvements where needed. The registered manager was fulfilling the requirements of their registration with us.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 comprehensive inspection took place on 24 April 2018 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Whilst planning the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We reviewed this information when we planned the inspection.

We spoke with six people who used the service. Some people were unable to converse with us so we observed care in the communal areas of the home to see how staff interacted and supported people. We also spoke with the registered manager, the head of care and four members of the care staff. We looked at three care plans to see if they reflected the care people received. We also looked at records related to the management of the service including their audit process, minutes from meetings and complaints. In addition we looked at two recruitment files to check that a suitable employment process was in place.

Good

Is the service safe?

Our findings

The service was safe. People told us they felt secure living in the home. One person said, "Yes, the whole building is safe. Everything's safe here". Another person told us, "I felt safe immediately I moved here". Risks associated with people's care and support had been considered. There were risk assessments in place for all aspects of care and staff were provided with management plans to ensure people were protected. Risk assessments were reviewed regularly to ensure they reflected people's current needs. We saw that people were supported in a positive way to ensure they could live as they wished. For example when people wanted to continue smoking tobacco the safest way to support them had been reviewed and agreed with them. This meant staff had weighed up the potential for harm and implemented a risk management plan which supported the person safely. Incidents and accidents were recorded. There was a managerial review of the circumstances of accidents and checks were made to ensure that any additional support required was put in place. For example we saw that following falls people were provided with additional support whenever necessary. Staff were able to learn from incidents and errors as information was shared with them. One member of staff said, "We have feedback on accidents and complaints, otherwise how would you learn?"

Staff understood what constituted abuse and poor care and their role in protecting people. One person told us they would not put up with poor care and said, "I wouldn't be the sort of person to have that. I wouldn't be rude to them but I would tell them plainly, honestly and politely that they had overstepped the mark". Staff told us how they would react to their concerns. One member of staff said, "If I was worried about anything I'd seen or been told I'd record it and report it straightaway". The head of care told us, "We always do our own investigation if we have concerns as well as working with others". We saw that staff received training in safeguarding and information was provided for them on how to contact the local authority directly if necessary.

People's medicines were managed safely to ensure they received their prescribed treatments. We saw staff supporting people to take their medicines and remained with them until they were certain they had taken them. One person told us, "There's [member of staff], she is very on the ball. She deals the medicines out and she makes sure you take the doses, morning, lunch and teatime" .We saw that staff were provided with guidance on the use of occasional medicines which people had been prescribed for example for pain relief. The guidance ensured that staff were aware of when these medicines should be given and the maximum dose people could have in one day. We saw there was regular management overview of the medicine management to ensure the administration and recording remained safe and accurate.

There were a sufficient number of staff available to care for people. We saw staff responded promptly to people's requests. One person said, "It's not long before someone comes when I need them". Staff told us they had adequate cover and one member of staff said, "We don't use any agency. If someone is off sick they ring around to get cover. That's better for people". The registered manager told us, "If I want to put an extra member of staff on I don't have to ask, I just do it". A person we spoke with said, "The manager comes round and works if they are one short. She will roll her shirtsleeves up and works". We saw there were recruitment processes in
place. One member of staff told us, "Before I was able to start here I had an interview and had to provide

names of previous employers for references. I had to have a police check as well and waited for everything to come back before I started work". This demonstrated that the provider
checked that staff were suitable to work within a caring environment before confirming their employment.

Staff followed infection control procedures to protect people. We saw that staff wore gloves and aprons whilst providing personal care. Staff received training in food hygiene and we saw there were regular checks on the health and safety aspects of the home to ensure it remained a safe environment for people.

Good

Is the service effective?

Our findings

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw the provider was working within the principles of the MCA. People were asked for their consent before care was provided. One person told us, "Oh yes, they always ask me. They never push anything on me". Staff understood the need to support people with decision making when they were unable to do so themselves. People's ability to choose and consent had been assessed. Staff understood when people's decision making ability fluctuated and the best time to speak with them about their decisions. When people were unable to make important decisions staff had demonstrated why they were made in the person's best interest. For example when people's movements were restricted to maintain their safety we saw the required applications had been made.

People were supported by staff with the skills and knowledge they required to provide effective care. Staff told us they received regular training updates. One member of staff said, "We do a lot of training, online and face to face, full training and updates. Sometimes the manager will arrange for us to freshen up on something additional too". New staff were supported when they started working. Another member of staff told us, "It was my first time in care. As well as training they showed me what to do too. I shadowed other staff for two months. They kept a check on me and if I wanted to ask anything they'd answer me straightaway".

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation to ensure best practice care was embedded across the home. One person had a chronic illness which required a special diet. They told us, "I've got an illness and they know what I can eat and what I can't eat, more than I do". People's health was supported because staff recognised when further professional advice was required. We saw people received visits from health care professionals to maintain their general health and promote their wellbeing. Whenever staff had concerns about a person's declining health, action was taken to ensure the person received the additional support they required. One person told us, "I was sitting doing a jigsaw puzzle, the next thing you know I was in hospital within half an hour".

People were supported to eat food that met their individual preferences. People were informed of the mealtime options by a member of staff explaining what each dish contained. Everyone living in the home was able to understand the explanation however at lunchtime staff checked they were still happy with their choice before serving their meal. We saw that vegetables and potatoes were served in a dish and place on the table for people to help themselves to their preference and portion size. For those people who were unable to serve themselves staff offered assistance and were guided by people to ensure they served them

what they wanted. People we spoke with told us they enjoyed the meals they were provided with. One person said, "Really rather good. Nice fresh fish and veg and so on". People's weight was monitored regularly and action taken when required. People were offered drinks frequently throughout the day to maintain their wellbeing. We saw staff doing regular drinks rounds and offering individual people additional drinks at every opportunity to ensure they maintained a sufficient fluid intake.

Some of the people in the home were living with dementia. We saw the interior of the building had been adapted to make navigation easier for them. We saw that pictorial information had been used to demonstrate the purpose of rooms. For example the bathrooms were clearly marked with bath and shower photographs and outside the dining room images of cutlery had been painted on the wall. This meant people who found it difficult to read written signage were supported.

Good

Is the service caring?

Our findings

People were provided with kind and compassionate care. One person told us, "Just everybody is kind", and another person said, "Yes, I liked it here the first day I came in. They make me feel I'm in the right place." We saw staff listened to people and spent time with them. Staff showed an interest in what people were saying to them. We heard people discussing their family relationships with staff and vice versa. One member of staff was telling people about the baby they were expecting and asking people for name suggestions. Staff showed respect for people. One person said, "The staff are kind and polite to me". Staff were observant and reacted immediately when they noticed a person needed some support to maintain their dignity. For example, one person needed some help to wipe their nose and staff stepped in straightaway to help them.

People were encouraged to maintain their independence. We saw when people were moving from or into their chairs staff encouraged them to do so safely and stayed close by in case they were required to step in. We heard one person saying they were 'a bit lost' and staff said, "Don't worry; you just need a bit of a reminder. There's a chair there, will that do you"? The person sat and said to staff, "I don't know what I'd do without you".

People's dignity and privacy were recognised and promoted by staff. One person told us, "They definitely, definitely treat me, us with dignity". Some people chose to spend time alone and staff acknowledged that. One member of staff told us, "[Name of person] is very private and will only come out of their room on their own terms. That's fine, it's their choice". We saw another person was waiting for a telephone call from a relative and was provided with a private space to take the call.

People were able to maintain the relationships which were important to them. Visitors were welcomed into the home. One person told us, "When my family come they always offer them a cup of tea". Another person said, "My family visit and sometimes they take me out too". We heard staff speaking with people about their family relationships which demonstrated their knowledge and interest in people's families.

Good

Is the service responsive?

Our findings

People were supported by the care staff to follow interests which were familiar to them and enjoy new experiences. We saw that staff were proactive at engaging with people to stimulate their minds and understood the importance of reminiscence for people living with dementia. There was a reminisce corridor where posters were displayed from previous eras. There were pictures of entertainers, the royal family, politian's and life events that people might remember from earlier in their lives. A communal room also had a reminisce theme with items from the past displayed. During the morning staff sat with people and used items to promote conversation about life as it was for people. For example a member of staff explained to people that they had not been alive in the war and asked people to tell them about it. We heard staff discussing rationing and the items they used to save their coupons for. Staff spent time sitting with people individually and encouraging them to sing-along with them. We heard a CD by Elvis Presley being played. One person said, "We used to call him Elvis the pelvis", which created a lot of laughter. The registered manager told us, "We're beginning to lose the 'Vera Lynn' generation and the music we play reflects that". People told us they could spend time alone doing what interested them if they did not want to engage in a group activity. One person told us, "I do a little bit of knitting, a little bit of reading and a lot of jigsaw puzzles".

People were supported to maintain their diverse cultural, gender and spiritual choices. We saw there were regular services for people to take part in if they wished. One person said, "We have services here and I join in". Another person told us, "I prefer to go out to Church and I am able to". We saw that people were asked about their life preferences when they first moved into the home. Staff recorded what was important to people and were knowledgeable about the support they wanted, to achieve the lifestyle they had chosen. No one was receiving end of life care at the time of our inspection but there was also information in care plans about people's preferences for when that time came. People's care was reviewed regularly. We heard one member of staff asking a person to 'help them with their paperwork' and saw them discussing their care plan to ensure the information remained relevant for them.

The service had looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. There was information on display in an easy to read format such as large font and pictorial.

There was a complaints procedure in place. We saw this was displayed for people to refer to if necessary. One person told us, "Yes, if I've got a complaint I only have to press the buzzer and they come. They will put it right". We saw that when a concern or complaint was received the immediate action taken was recorded in addition to further action and the conclusion. The registered manager reviewed the complaints received on an annual basis to ensure all appropriate action had been taken.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was meeting the requirements of their registration with us. Prior to our inspection they had completed a Provider Information Return detailing what the home did well and improvements they planned to make. We saw that, as required a copy of the home's CQC rating was displayed prominently for visitors to see and was also on the provider's internet website.

People and staff told us the home was well-led. People recognised the registered manager as they walked around the home and we heard them speak with familiarity to them. One person said, "Yes, I know the manager and I would recommend this home if asked". Staff told us they felt supported and one told us, "The manager is approachable and fair. She has a calm approach, can be stern when necessary and is respected by staff because she's not afraid of getting her hands dirty. A very good manager". Staff also respected the provider. One member of staff said, "The owner is a true gentleman. He never says no when we need something. He's always been the same". Staff also told us that the provider was a regular visitor to the home and stayed regularly overnight or longer. One member of staff explained, "The owner stays here and checks the call bell responses, eats meals with people and chats with them to make sure they are happy". We saw that the provider recorded his unannounced visits to the home and the comments people made to him. The registered manager told us, "Our aim is to achieve well. To maintain a good home with a good team who work hard".

People were given the opportunity to share their views of the care and support they received. We saw that there were regular meetings where people could discuss their support and interactions with staff. For example we saw that people were asked at each meeting if staff maintained their dignity and respect and if they spoke with them and not each other. There were satisfaction surveys for people and their relatives to complete. We saw there was positive feedback and when a negative comment had been made an explanation had been provided. For example we saw some relatives said they would like to be involved in care reviews. However we saw that the people involved had specifically requested that their reviews were private and the relatives were informed and accepting of this.

The quality of care was monitored regularly to ensure any gaps or shortfalls in the service were highlighted. We saw that the audits were undertaken regularly and included the health and safety aspects of the home and the care provided. When areas for improvement were identified an action plan was in place. We saw that completion of actions was achieved within the timescales set. Accidents and incidents were monitored and investigated to identify when trends or patterns meant that action was required. This meant that the registered manager oversaw the circumstances leading, for example to falls and if a cause was identified processes were implemented to reduce re-occurrence.