

Heera Care Ltd

# The Grange

## Inspection report

Everest Road  
Scunthorpe  
DN16 3EF

Tel: 017247847956

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Grange is a residential care home providing personal care to up to 14 people in a single storey building. The service provides support to people with dementia, mental health, older people, younger adults and also people with a physical disability and sensory impairment. At the time of our inspection there were nine people using the service.

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

Safeguarding policies and procedures were not fully embedded, and staff did not always respond quickly enough to safeguarding concerns. We have made a recommendation about safeguarding.

Staff were trained in prevention and control of infection and they maintained high standards of cleanliness in the service. However, some cleaning schedules were not up to date and we have signposted the provider to the relevant national guidance.

Risk assessments were person centred and reviewed regularly. Staff were aware of risks to people's wellbeing and how to manage them.

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.

There were enough competent staff on duty to care for people. Recruitment systems were robust and ensured the right staff were recruited to support people safely.

People received their medicines as prescribed and staff managed medicines consistently and safely.

The provider had effective governance systems in place that identified and managed risks through audits and action plans. This information was used to drive improvements in the service.

The service had a positive culture that was person centred. People told us the staff were very good and approachable.

People were involved in a meaningful way and their feedback was used to drive improvements in the service. One person told us, "They always ask me if I have any concerns and I would tell them if something needed to improve."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 5 May 2022).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and a medicines inspector. An Expert by Experience also spoke to relatives by telephone. 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

The Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used 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 used all this information to plan our inspection.

### During the inspection

We spoke with seven people who use the service and five relatives to ask about their experience of the care provided. We also spoke with the registered manager, the service manager, the deputy manager, four care workers, the cook, the housekeeper and two professionals. We looked at three care files along with a range of medication administration (MARs). We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had not always been reported appropriately.
- Although the registered manager had a system in place to report safeguarding concerns, further work was needed to ensure this was effective.

We recommend the provider reviews their systems for reporting safeguarding concerns and updates their practices accordingly.

- People told us they felt safe. Comments included "I feel safe, staff are very good to me" and "It's amazing here, they [staff] are so good to me."
- The provider had a whistleblowing policy in place and staff were aware they could follow this to raise concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people safety and welfare were assessed appropriately.
- Risks associated with people's care had been identified and plans were in place to minimise risks occurring. Staff told us they had access to risk assessments, and they provided the right information to support people safely.
- Staff knew how to report incidents and complete the appropriate records.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There was enough staff to ensure people received safe care. We observed staff providing support and engaging with people in a meaningful way.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary preemployment checks which showed only fit and proper applicants were offered employment.

#### Using medicines safely

- People's medicines were managed safely. The provider had a system in place to ensure people received their medicines as prescribed.
- Instructions for medicines to be given at specific times were available for staff. This reduced the risk of people experiencing adverse side effects from the medicine not working as intended.
- Peoples care plans and medicines risk assessments were update regularly to ensure they met the changing needs of people at the service.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Staff did not always wear masks correctly. This was corrected immediately by the registered manager. Some cleaning schedules had not been completed, however the provider had now employed a housekeeper to ensure all hygiene practices were correctly recorded.

We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

The provider had a system in place to support people to receive regular visits from family and friends, this included providing PPE if necessary.



# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff team understood their roles and responsibilities. There were effective quality assurance systems in place to monitor quality performance and ensure good governance.
- Managers carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had an open, honest culture. Staff told us they felt part of a team that was committed to providing good quality care. Comments included, "I love working here. The managers and staff all support you" and "It's a good place to work, everyone gets on."
- The culture of the staff team was positive, staff felt supported by their managers and were able to raise concerns.
- The service worked in partnership with other healthcare agencies such as GP's, mental health team, physiotherapy and occupational therapy. One professional told us they have always found the managers to be very responsive to any requests.

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; Continuous learning and improving care

- The provider and registered manager understood their responsibilities to be open and transparent with people and their families when something went wrong.
- The registered manager attended regular meetings with the provider. This was to ensure learning and good practice was shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to complete questionnaires about their stay and their views were acted on to shape the service and culture.
- Staff attended regular team meetings and were able to raise concerns and felt they would