New Care West Bridgford (OPCO) Limited

The Grand

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Grand is a care home with nursing. It is registered to support up to 82 people over four floors. The second floor is a short stay reablement service commissioned by the NHS. The other floors supported a mixture of people with nursing or residential care needs. At the time of the inspection, 65 people were living at The Grand.

People's experience of using this service and what we found
People told us they felt safe at the service. Systems were in place to assess risk and guide staff on how to care for people. There were clear processes in place to protect people from the risk of abuse

We observed there were enough staff at the service. Staff told us that last minute staff absence could impact on staffing, however the service worked to use external agency staff wherever possible to ensure the service remained safe. Staff were recruited safely.

People's medicines were managed safely and given as prescribed. The service was clean, which meant people were kept safe from the spread of infection.

People's mental, physical and social needs were holistically assessed. Care was delivered in line with expected standards. People were protected from pressure related skin damage, by using specialist equipment and following medical advice. The service used pressure mattresses which were selected in consultation with people for comfort.

The service supported people with a diagnosis of dementia. These people were supported to live fulfilled and safe lives. The service used specialised low beds to lower the risk from falls from bed.

Staff received training relevant to their role. While mandatory training had been completed, the provider did not have records of which specialist training staff had received. For example, there were no records on catheter care training. However, we were not concerned about staff knowledge. We have made a recommendation about this.

People spoke positively about the food. The meal time experience was positive, with people choosing what they wanted to eat and drink. Support was provided to eat and drink if required and specialist equipment used.

The service was purpose built and met people's needs. Where additional communication needs were identified (like larger font), this was provided to people.

The service worked with other health and social care professionals, to ensure that people's needs were met. Where professional guidance was given, this was clearly recorded and acted upon

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

People told us that staff were caring. We observed that staff were compassionate to those they supported. People were encouraged to make decisions about their care. Staff acted in a respectful and dignified way when supporting people.

People could make choices about their routines. A variety of good quality and individual activities were set up at a time that suit people. Records showed us that relatives fed-back positively about the impact these activities had on people.

People were given the pro-active opportunity to discuss their end of life wishes in advance. An end of life record showed us that when people's health deteriorated, effective care plans were in place to guide staff to holistically meet their needs.

There was a positive culture within the home of providing good quality care. The registered manager had a clear oversight of the home, and people and staff fed-back positively about them. Where complaints had been made, the registered manager had investigated and responded in line with their policy.

The service has a legal duty to notify the CQC about events that happen at a service. We found we had not been notified of two events that had occurred, the registered manager has notified us since the inspection occurred.

Rating at last inspection
The last rating for this service was good (published 11 July 2017)

Why we inspected
We had received some concerns from members of the public before our inspection. These included: staff moving patients unsafely, incidents not being responded to safely, poor record keeping and low staffing levels. This inspection was required to ensure the service was still 'good'. Therefore, we considered these on inspection. We found no concerns in these areas, and if formal complaints had been made the provider had already responded to these in line with their complaint's procedure.

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

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

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 was safe Details are in our safe findings below.	**Good**
Is the service effective? The service was effective Details are in our effective findings below.	**Good**
Is the service caring? The service was caring Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well led Details are in our well led findings below.	**Good**

The Grand

Detailed findings

Background to this inspection

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

Inspection team
The inspection team included one inspector, one assistant inspector, one nurse 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.

Service and service type
The Grand 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.

Notice of inspection
This inspection was unannounced.

What we did before the 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.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also considered any information received from the public and professionals.

During the inspection
The inspection team spoke to 12 people who used the service and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the relevant parts of the care records of 14 people who used the service. We also looked at three staff recruitment files and other records relating to the management of the service. This included audits, policies and incident records.

We spoke to the registered manager, five care staff, one nurse and two members of the housekeeping/ maintenance team. Following the inspection, the provider sent us further information that we required to make our judgements.

After the inspection
We continued to seek clarification from the provider to validate evidence found and took into account additional information sent to us following the inspection.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I have never heard a raised voice or seen anyone being badly treated in the whole time I have lived here."
- Systems were in place to safeguard people from the risk of abuse. If concerns were raised, they were thoroughly investigated.
- Staff knew who to contact within and outside of the organisation if they were concerned. Staff were confident that concerns would be acted upon by management appropriately.
- We saw that if concerns were raised, referrals were made to the Local Authority and investigations occurred. Prior to the inspection we were made aware of concerns at the service, the complaints records showed these had already been dealt with appropriately.

Assessing risk, safety monitoring and management

- People had full care plans and risk assessments in place to guide staff on how to support them safely. When people's needs changed, these records were updated, and staff were aware of their current needs.
- Where people required support to consume food/fluids, or support to reposition. This support was regularly documented by staff to ensure the person's needs were met each day.

Staffing and recruitment

- There were enough staff to support people during the inspection. People did not have to wait for support.
- Staff told us that last minute staff absence could impact on the staffing levels. The service worked with an agency to ensure that cover was arranged to keep people safe.
- People had access to emergency buzzers to call for support. People told us that when they had used these, they were very effective and multiple staff arrived to support them quickly.
- Full recruitment checks occurred, to ensure staff of suitable character and skills were employed. For example, references were sourced from previous employers.

Using medicines safely

- Medicines were stored at a suitable temperature and records were kept of when medicines were opened to ensure they remained in date.
- People received medicines at the recommended time and as prescribed.
- If people required medicines to be administered covertly (hidden medicine without the person's knowledge, to improve the likelihood of them taking it), there were robust procedures in place to ensure this was safe and effective.

Preventing and controlling infection

●The environment was clean and there was a structured cleaning schedule to ensure that all areas of the home were clean.

● When people left the care home, a full deep clean of the room occurred to ensure it was clean for the next person using it and prevent any cross infection.

●Staff wore gloves and aprons to prevent the spread of infection. People told us that this was usual practice.

Learning lessons when things go wrong

● When incidents had occurred, prompt action had been taken by staff to ensure the person was safe. Following this, senior staff reviews had occurred to ensure the situation was not repeated.

● Where people were at risk of things going wrong, clear care plans were in place to ensure people were kept safe. For example, people at risk of falling due to reduced mobility had access to motion sensors to alert staff that support may be needed. People had access to low beds, to reduce the chance of injury if they fell from bed.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's mental, physical and social needs were holistically assessed. For example, the service used a "This is me" document created by the Alzheimer's society. This provided concise and clear insight into the person's individuality. This allowed staff to support their diverse needs.
- The service had developed oral health care plans, to guide staff on how to support people. This was created with a staff member with experience working at a dentist surgery.
- Care was delivered in line with expected standards. For example, people at risk of skin breakdown were assessed using nationally recognised tools and effective support was put in place to prevent skin damage.
- The service had developed its systems according to research evidence. For example, research has shown electronic systems are more effective so these have replaced their paper records to allow a better governance oversight.

Staff support: induction, training, skills and experience
- Staff had good knowledge on how to support people. We saw staff interactions were effective.
- Staff had received the provider's mandatory training.
- Some people at the service required staff to have specialist knowledge to meet their care needs (for example catheter care). While staff were aware of how to support these specialist needs, the provider did not keep full records on what training staff had received.

We recommended that improved record keeping was needed to oversee staff skills.

Supporting people to eat and drink enough to maintain a balanced diet
- We observed the meal time experience. It was seen to be positive, with staff providing prompt and effective support to people if needed
- People were provided with individually adapted cutlery. This equipment was regularly reviewed to ensure it was still effective. For example, one person used anti-shaking cutlery which used artificial intelligence to adapt to the individual's shaking and ensure they could eat without support.
- People spoke positively about the food provided.
- Where people required support to eat and drink, records were kept of what was consumed. This enabled staff to oversee the person's intake and take action if needed.

Staff working with other agencies to provide consistent, effective, timely care
- The second floor of the service worked effectively with the NHS to provide short term reablement support.

●There was clear documentation to show how the NHS staff worked with the care staff to improve people's mobility. A person said, "If the physio tells me to do something, the staff know what has been said. They obviously work together."
● There was also clear multi-agency working across the rest of the service. For example, if people were at risk of choking then specialist advise was sought and followed to ensure they ate the correct texture diet.

Adapting service, design, decoration to meet people's needs
● The service was purpose built. There was adequate lighting, large corridors and a clear layout for people to follow.
● Some people at the service had sensory or cognitive needs, these had been accounted for throughout the service to allow people to live independent lives. For example, large fonts and picture formats were used.
● The service had carefully adapted the area for people living with dementia. For example, they had used 'circadian rhythm lighting' as research has shown this is beneficial to people with dementia. Staff also wore red, as this is the last colour for people with dementia to lose in their vision. So it was felt is may allow a better engagement with staff.

Supporting people to live healthier lives, access healthcare services and support
● People had access to health care services if required. We saw professional advice was clearly documented and acted upon.
● The service worked hard to prevent skin deterioration from pressure damage. Records showed us that people who arrived with skin damage had received support to improve this. Records showed us that no one had developed pressure related damage since the last inspection.
● People's oral health care needs were met with clear care planning.
● People had access to specialist pressure relief mattresses to prevent skin breakdown. These had been selected with a focus group, to choose comfortable mattresses to meet this need.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●People who required a DoLS, were promptly referred to the Local Authority for assessment. If this was approved, clear records were kept of this approval. Any related conditions were met by the provider.
● People who may require support to make decisions, were assessed under to MCA. Decisions were made in their best interests if needed.

Good

Is the service caring?

Our findings

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

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

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

- People were treated in a kind and compassionate way by staff.
- One person said, "I'm very pleased with their kindness. Popping their head in to check you are alright. Taking great care over what you want to eat and offering other options." Another person described the atmosphere as "content and happy."
- People's individual needs were recognised and supported. For example, multiple faith groups attended the service, and people were supported to attend religious services outside of the care home. People with language needs were recognised and appropriately supported.
- A staff member said, "We don't treat people the same, because they have their own way, this is why we have person centred care. No matter race or colour."
- Staff had good knowledge of people's preferences likes and dislikes. A staff member clearly described a person's favourite music and how they like to dance to it.
- Testimonials provided by the service, showed that the positive caring interactions had allowed relationships to be formed between people and staff. This had resulted in positive outcomes for people, for example people being more willing to come out of their rooms, engaging in activities and having improved mood.

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

- People made daily decisions about their chosen routine. We observed staff supporting them to make a decision about their day if needed.
- People told us that they were involved with planning their care. One person's care plan had been written in another language to allow better involvement. Those people that required larger written font, were supported with this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. We observed staff knocking on doors to people's bedrooms as needed. People were free to spend their day in communal areas or private rooms as they wished.
- Staff spoke to people in a dignified way. If people became confused, compassionate care was provided to ensure that their dignity was not affected.
- People's independence was encouraged wherever possible. A person said, "I can go out to the shops on the bus if I want to or just pop down to the local shops. It's up to me."

Good

Is the service responsive?

Our findings

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

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

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

- People received personalised care to meet their needs. Staff knew people's needs well and worked hard to meet their preferences.
- The service effectively used a "This is me" document created by the Alzheimer's society. This document was completed thoroughly to understand people's individuality. Staff used this to work effectively with people's dementia related needs.
- People received personalised activities of their choice. For example, people's life experiences and preferences were considered to give them 'jobs' of their choosing. One person was observed to enjoy a clerical role on reception. This was chosen by the person due to their experiences and preferences.
- The service used a 'resident of the day' method. Where each day they would approach a different resident. This residents care was reviewed with them to ensure their preferences were met. For example, their preferences for shower settings were discussed.

Meeting people's communication needs

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

- The service clearly met the AIS. People's needs were clearly documented, to ensure that information was provided in an accessible way.
- Photographs were taken of hearing aids and glasses to ensure staff knew to support people to use these aids.
- We observed staff using large font and pictures to communicate with people. We also observed a care plan written in a person's alternate language.

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

- The service had received specialist training and guidance on providing activities for people. Together they had worked with people to create an activities programme that people would like. The provider of this training reviewed the quality of activities and rated The Grand highly.
- The provider informed us that the Local Authority had approached them to deliver activity training sessions to other homes in the area.
- The service used a 'Grand wish', where people were approached and asked what wish they would like to make. People then engaged with activities unique to them. For example, one person went on a walk to the

place where they got engaged.
●The variety of activities occurring at the home was a key strength of the service and improved people's well-being. A written record showed a relative fed-back, "If it was not for all the activities at the Grand, I can honestly say [person] would not be here today."
● People were regularly engaged with to choose activities that they were interested in and to attend at a time that suited them. This included residents on the short stay reablement unit.
● Activities included group activities within the home (Like play groups visiting multiple people in the home), and individual activities outside of the home (Like a tour of a football stadium.)
● People receiving dementia support, received activities based around their senses of sight, hearing and taste. This allowed their senses to be stimulated and them to engage in activities which they find stimulating.
● People were supported to maintain contact with families. The service had an electronic device, to allow people to contact distant family members by social media.

Improving care quality in response to complaints or concerns
● Records showed us that complaints made to the service had been investigated and responded to.
● People told us that they felt listened too if they had any concerns.

End of life care and support
● At the time of the inspection, no one was receiving end of life care. However, effort had been made to gather people's wishes if their health deteriorated. This pro-active approach would impact positively on people.
● We viewed a recent end of life care plan. This was comprehensive and provided clear guidance to staff on how to meet the person's needs holistically. Including clear guidance on what medical treatment may be needed and how this should be provided.

Good

Is the service well-led?

Our findings

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

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

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

- The service had a positive culture. Whereby people's wishes were the centre of the service.
- The provider had good values, which promoted that peoples experience was at the forefront of their care. The providers vision statement was to 'build and operate homes that celebrate the wonder of people and provide quality care that is delightful.'
- People experienced good outcomes at the service. Records showed us that activities improved people's wellbeing. People spoke positively about the variety of activities and positive stimulation this gave them.
- Testimonials from relatives showed people had become more engaged with staff and had improved wellbeing after completing activities at The Grand.
- Care records clearly guided staff, and staff had good knowledge of people's needs. This meant people's needs were met and people had good outcomes.

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

- The provider had a clear complaints policy. We observed that complaints that had been made, had been responded to in line with this policy
- If the investigation found something had gone wrong, the provider met the duty of candour by offering an apology to people.

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

- People and staff spoke highly of the registered manager. A staff member said, "[Registered Manager] treats me as an individual rather than a staff member and tries to do their best for everybody."
- There was a clear structure of roles within the organisation, staff were encouraged to approach the registered manager with suggestions for improvement.
- A clear auditing system meant that trends and concerns were recognised and resolved promptly.
- The provider has a legal duty to notify the CQC of events at a service, while the registered manager had reacted appropriately to events we identified two notifications that they had not sent. This was rectified after the inspection, and delayed notifications were sent.
- Other regulatory requirements and standards were clearly being met.

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

● People told us that they were engaged in regular meetings. One person described a recent meeting, "You could express any problems you've got. The manager goes around the circle and asks us if we have anything we would like to say." Records showed people's feedback was acted upon.

● Staff also had regular meetings. They told us that they feel listened to be senior management.

● We saw that the service had won an award for engaging with people with learning difficulties to get into a place of work. This showed that the service was keen to improve the lives of people outside the service too.

● The service had chosen pressure relieving mattresses according to a group of residents choosing the most comfortable. This showed people were engaged with to have care of their choice.

● People's equality characteristics were met at the service. People's religious, cultural and medical needs were recognised and treated individually.

Continuous learning and improving care

● There was a clear governance and auditing structure to review records and ensure concerns were highlighted.

● Where the registered manager had recognised concerns, appropriate actions had been taken to ensure that processes were changed, and improvements made.

● The service was driven to improve the quality of care, by using evidenced base practice. Electronic medicine systems were now used as these show that medicine errors are less likely. The service had installed an electronic table, which projected images onto it for people to interact with. This was installed because research evidence shows it can be beneficial to engage with people with a dementia diagnosis.

Working in partnership with others

● The service had arranged an external training on wellbeing activities. We observed that the activities provided improved people's wellbeing. Testimonials showed us that people were positively impacted by activities.

● The second floor reablement unit worked closely with therapy teams from the NHS to provide rehabilitation to people. People spoke positively about the support jointly provided by NHS and The Grand staff.

● People that did not use the reablement service, also received support from health and social care professionals. Records showed us that GP's, dieticians, therapists, social workers and nurses had all been involved with the service. This had resulted in a positive impact on people's health.