The Grange (Chertsey) 2002 Ltd

The Grange Retirement 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

About the service
The Grange Retirement Home is a residential care home that provides accommodation and nursing or personal care for up to 62 people, many of whom receive end of life care, have physical disabilities and are living with dementia. At the time of this inspection, 55 people were receiving support from this service.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We made a recommendation about this.

Although staff had skills required for their role, they were not always trained in mental health awareness which the service made mandatory to ensure staff received the training as necessary. The premises were not always appropriately adapted to meet people's living with dementia care needs. We found that people would benefit to be shown meal options to help them to choose just before they had their meals. The management team told us that these areas of concern would be addressed immediately. We will check their progress at our next comprehensive inspection.

Staff reported their concerns as necessary if they noticed people being at risk of abuse or when incidents and accidents took place. Risk management plans were in place to mitigate the potential risks to people. The service was in the process of recruiting permanent staff and used agency staff to provide cover as necessary. People had support to manage their medicines where they required support to do so.

People told us that call bell alarms were answered by staff quickly when they needed assistance with personal care tasks. Staff supported people to meet their health needs which ensured their well-being.

People told us that staff were kind and caring. Staff encouraged people to make everyday choices about the care they wanted to receive. People's ability to engage in activities was assessed and supported which encouraged their participation. People had their cultural and religious needs identified where they required assistance to meet them. Confidentiality principles were followed to keep private information about people safe.

People's care records were personalised and person-centred. People addressed their concerns with the staff team if they wanted to make changes to the services they received. Staff received training in how to provide good care for a person who has died and their family.

There was a supportive leadership at the service with robust monitoring systems in place to ensure quality care delivery for people. Staff were encouraged to develop in their role which motivated their involvement in providing good support for people. The service used external resources to keep them up-to-date with the

changes taking place in legal requirements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection- The last rating for this service was good (published 11 January 2017).

Why we inspected- This was a planned inspection based on the previous rating.

Follow up- 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?

Good

The service was well-led

Details are in our Well-Led findings below.

The Grange Retirement Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
This inspection was unannounced and carried out by two inspectors, a specialist nurse and 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
This service 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before the inspection
Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). 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.

During the inspection

We visited the care home on 27 August 2019 and we spoke with seven people using the service and six visiting relatives about their experience of the care provided at this care home. We also talked with various managers and staff who worked there, including, the area operations manager, registered manager, deputy manager, three nurses, six care workers, an activities co-ordinator and kitchen assistance.

We also looked at a range of records that included 10 people's care plans and five staff files in relation to their recruitment, training and supervision.

People using the service had complex communication disabilities and were not able to communicate their views to us, so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at data relating to Mental Capacity Act (2005).

We contacted three healthcare professionals asking for their feedback about the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• When we asked people if they felt safe living at The Grange Retirement Home, their responses were, "Oh god, yes" and "Of course I feel safe!"
• Staff knew the abuse types they should look out for and told us the actions they would take should they notice a person to be at risk of abuse. One staff member told us, "I would report abuse to a nurse on duty or the [registered] manager, so they can raise it with the safeguarding."

Assessing risk, safety monitoring and management
• Staff were aware of the risk related to the hot weather and were asking people if they wanted to move away from the windows. People were regularly offered drinks and ice-cream to keep them cool.
• Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans included risk assessments associated with people's mobility, their environment, use of bed rails, eating and drinking, skin integrity and medicines management.
• Staff demonstrated a good understanding of the identified risks to people and told us how they supported people to manage them. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or positively manage people's behaviours that challenged the service. One member of staff said, "We have now learnt the best way to prevent [name of the person using the service] from becoming agitated, it is to reassure and encourage them to do an activity they like doing. We're also getting some positive support training next week to help us manage these incidents better."
• Staff were provided with guidance on how to deal with emergencies. For example, people had personal emergency evacuation plans in place which set out clearly the support they would need to safely evacuate the building in the event of fire. Staff demonstrated a good understanding of their fire safety responsibilities and confirmed they routinely participated in fire evacuation drills of the premises.

Staffing and recruitment
• People were kept safe by receiving care and support from adequate numbers of staff whose suitability and fitness to work with older people with nursing and personal care needs had been properly assessed.
• Staff were visibly present throughout the care home during our inspection. One person told us, "It's mainly the same staff all the time. There's not a lot of changes. I know most [staff] by name." Staff also confirmed the service was usually adequately staffed. One member of staff said, "Sometimes we can be short staffed if people ring in sick at the last minute, but normally there's enough staff about as you can see."
• The home used regular agency staff to provide cover when necessary which meant that people knew the staff that supported them.
• Staff underwent robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of people's identity, and where appropriate checks of nurse registration, the right to work in the UK for

foreign nationals, full employment history and health check, satisfactory character and/or references from previous employers, a current Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

Using medicines safely
• People received their medicines as prescribed. Medicines administration record sheets were completed as necessary to ensure people's safety.
• We looked at storage of medicines and saw that they were kept securely.
• People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included clear protocols for the use of 'as required' medicines which meant that staff knew when and how to use this type of medicines. For example, staff knew that as required medicines to help them manage an individual's behaviour that could challenge the service was only used as a last resort after all other de-escalation techniques had failed.

Preventing and controlling infection
• People told us, and we observed the home being clean to a good standard. One person said, "[Staff] clean my room every day. The hoovers are always out."
• Staff understood infection control procedures and told us they used protective clothing such as gloves and aprons to protect people from risk of infection.

Learning lessons when things go wrong
• Records showed that any incidents and accidents taking place were appropriately recorded and shared with the staff team to prevent these events reoccurring.
• There was a robust monitoring system in place to review the repeated incidents and accidents taking place. Processes were used to group type specific incidents occurring so that additional measures could be put in place to protect people as necessary. Records showed that falls had significantly reduced after the staff team was provided with additional training for falls prevention.

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.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• We found that that the mental capacity assessments were not always completed appropriately. The service used the mental capacity assessment to determine people's overall capacity to make decisions over their safety which was contradicting the main principal of the MCA to assess people's capacity only in relation to a specific decision. In contrary, there were processes in place where, if people lacked capacity to make a specific decision such as management of their medicines, the service would assess their ability to make these decisions. However, some of the assessments viewed lacked information on how the decisions were reached in relation to a person being able to understand, retain and communicate their decision back.
• After discussing this with the management team they informed us that the generic mental capacity assessments would no longer be carried out. The registered manager also explained to us they used observations to assess people's capacity in relation to the specific decisions but that this information was not recorded but would be from now on.

We recommend that the provider seeks guidance on best practice in relation to the processes used to support people in making important decisions to them as required by the MCA.

• Staff were aware of their duties and responsibilities in relation to the MCA and DoLS. For example, several staff confirmed they always asked for people's consent before beginning any personal care tasks. One member of staff said, "I think we are particularly good at working with families and always involving them in planning their relatives care here."
• We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the

local authority) in people's best interests in order to keep them safe.

Adapting service, design, decoration to meet people's needs
• People lived in a suitably adapted and reasonably well decorated care home that met their needs.
• We saw the premises being kept free of obstacles and hazards which enabled people to move freely around the care home and garden. Several people told us the care home was a "comfortable" place to live. One person said, "I've got everything I need in my room. This is a very nice home to live in."
• However, the premises were not consistently decorated or adapted to meet the needs of people using the service who were living with dementia. For example, there was a lack of easy to understand pictorial or large print signage and colour contrast in the home to help people orientate themselves and identify the function of rooms that would be important to them, such as their bedroom, bathrooms, communal lounges and dining areas. Similarly, we found there were no memory boxes located near the bedroom doors of people living with dementia. A memory box is a container that holds special objects that are important to a person, such as photographs or ornaments, which can help remind the person of their past.
• We discussed these concerns with the provider who agreed to address it. Progress made by the service to achieve this stated aim will be assessed at their next comprehensive inspection.

Staff support: induction, training, skills and experience
• Staff were required to attend all the mandatory courses to ensure they had the right level of skills for their role. However, records showed that not all staff had attended additionally provided training in mental health awareness hence they supported two people with mental health needs. The management team took immediate action and introduced this training as mandatory to ensure this was completed by staff on the regular basis.
• Staff, including temporary agency staff, demonstrated good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant. One agency member of staff told us, "I've worked here a lot lately and was impressed with the very thorough induction the senior staff gave me on my first day."
• Staff had opportunities to reflect on their working practices and professional development through regular individual and group supervision meetings and yearly work performance appraisals with their line managers. One member of staff told us, "I have a one-to-one supervision meeting with my manager every few months as well as group meetings with my colleagues. We get good support from all the managers", while a second member of staff remarked, "I'm only agency staff, but as I'm a regular here I get invited to the big group supervisions with the other permanent carers, which makes me feel like part of the team."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have food and drink that met their dietary needs and requirements.
• People told us they were happy with the quality and choice of the meals they were offered, with one person telling us, "The foods very good. They've changed chef recently so now it's really good food and much better than before." During lunch we observed people being offered an alternative dessert of ice cream instead of the option displayed on the menu. A relative told us, "I found the food here to be very tasty every time I've accepted the staffs offer to join my [family member] for a meal."
• The catering staff also demonstrated a good understanding of people's dietary needs and preferences. For example, we saw at lunchtime the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs.
• Although people confirmed that staff always asked them after they had eaten their breakfast what they would like to eat for their lunch and evening meal that day, staff told us that most people had forgotten what they had ordered by the time it was served. One person said, "I'm sure the staff asked me what I wanted for my lunch this morning, but I can't remember what I chose or what the menu choices were." We discussed this issue with the provider who agreed to introduce show plates which involved staff showing

people just before they ate what the mealtime options would look like presented on a plate to enable people to make an informed and current meal choice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
• Staff were aware of people's individual support needs and preferences. Staff told us people's care and risk management plans were easy to follow and included sufficiently detailed guidance on how to meet people's individual needs and wishes.
Staff working with other agencies to provide consistent, effective, timely care
• People had access to call bell alarms for emergencies. We observed several instances of staff responding promptly to people's requests for assistance who had activated their call bell alarm in their bedrooms. A relative told us, "Staff always come very quickly and as soon as I press the bell for help."

Supporting people to live healthier lives, access healthcare services and support
• People told us they had regular health check-ups to ensure their wellbeing. One person said they saw the GP when they needed to and that when they had trouble with the ears, the management team put in a referral to have them syringed. A relative told us, "The doctor, chiropodist, all of them, come in regularly."
• Records showed that the service worked in partnership with the healthcare professionals to ensure effective care delivery for people. They requested a dietician and/or GP to assess a person if they saw them losing weight.

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 has 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; equality and diversity
• People and their relatives typically described staff as "caring" and "kind". One person told us, "The girls are really lovely. Really nice. I have no complaints." Relatives comments included, "Staff are lovely…All very caring" and "The staff are so caring and kind…They're so much nicer here than the ones at the last place where my [family member] stayed at." A healthcare professional described staff as "engaged and caring."
• People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth throughout our inspection. On one occasion we observed staff take their time to calmly reassure and then redirect a person who had become anxious because they had lost their way whilst walking to the dining room.
• Staff demonstrated good awareness of people's diverse cultural heritage and spiritual needs and knew how to protect them from discriminatory behaviours and practices. A relative told us their family member was regularly visited by the followers of the same religion as them.
• People's care plans contained detailed information about people's spiritual and cultural needs and wishes where people had expressed these needs.

Supporting people to express their views and be involved in making decisions about their care
• People were empowered to make choices about the care and support they received and had their decisions respected. Their comments included, "I get up myself when I want to. I don't need any help. I take myself off to bed when I'm ready" and "I am told that I can ask for whatever I want. If they can, they'll do it for me." A relative told us, "I feel very involved in helping the staff to plan the care my [family member] receives. Staff always ask me how I think my [family member] who has dementia would like things to be done and are very good at letting me help her eat her meals."
• People were encouraged to take part in the activities of their choice. People had their level of ability to engage assessed to ensure they had the right support to take part in the activities offered at the home. For people who were bed-bound, the activity co-ordinators provided activities in their rooms to reduce the risk of social isolation. One person told us, "I get room visits. [Staff] come in and we play card games. I like them. They chat a lot."
• External facilitators for music therapy and exercising were invited regularly to provide a variety of activities for people to encourage their participation. Outside of planned activities, there was an interactive tea-trolley. This meant that staff would dress up and sing whilst giving residents their afternoon or late morning hot drinks. They recently had an Indian week where staff dressed in Saris, played Indian music and offered chi tea.

Respecting and promoting people's privacy, dignity and independence
• People consented to the care and support they received from staff at the service. Their comments included, "[Staff] do ask permission before they act" and "[Staff] always knock on my door. They never just come in. I do get my privacy."
• We observed staff talking to people with respect and dignity. They addressed people by their name and knew what was important to them, including how they wanted to be supported with personal care. A relative told us, "[Staff] are so respectful towards me and [my family member]."
• Confidentiality principles were followed to ensure that private information about people was kept securely and safe. This included the care notes being kept in locked cupboards on each floor.

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 meet people's needs, preferences, interests and give them choice and control
• Healthcare professionals told us that staff responded to people's care and support needs as necessary. Comments included, "I am glad to say that all staff that we deal with at The Grange are of a very high standard and like us, put the needs of the residents at the forefront of everything that they do" and "If patients of mine transfer from home into The Grange, I know they will have their needs identified and met."
• People using the service each had their own care plan. These plans were personalised and contained detailed information about people's unique strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs. This enabled staff to offer people choices in line with their preferences.
• People, and where appropriate, their relatives and/or professional health and social care representatives, were encouraged to help develop and review an individual's care plan. If people's needs and wishes changed their care plan was updated to reflect this.
• Staff demonstrated good awareness of people's individual needs and preferences, as recorded in their care plan. One member of staff said, "I think the best thing about this place compared to the last home I worked at is it is less task orientated and more focused on us spending as much quality time as we can talking to the people who live here."

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 provider was aware of their responsibility to meet the AIS.
• Staff understood the AIS and communicated well with people. For example, we observed staff on several occasions take their time to speak slowly and clearly, and where appropriate repeat themselves, to ensure people could make an informed choice about what they had to drink or eat at mealtimes.
• People's communication needs, including people's preferred methods of communication, were clearly identified in their care plan. A person had picture signs in their room to remind them to use glasses and a walking frame when moving around.

Improving care quality in response to complaints or concerns
• People told us they didn't have what to complain about but if needed they would address their concerns with the staff team. Comments included, "I haven't complained. No need to" and "I would speak to the staff or the Boss [registered manager]."

• Records showed that complaints received were appropriately logged and investigated to ensure that issues raised were addressed to the satisfaction of the complainant.

End of life care and support
• People had discussions with staff about their end of life wishes. People's end of life care plans were comprehensive and individualised. Information was included regarding people's funeral arrangements in some cases and who people wanted to be informed after they passed away.
• There were regular contacts with the palliative care team to ensure that both, people and staff were supported as necessary. They told us, "[Staff] have had to deal with some complex patients in the past year who were challenging for all of us. Their care was responsive and patient- focussed in these situations."
• Staff received training from the Funeral Director on how to provide the best care for a person who has died and their family.

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 has 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• People using the service, their relatives and staff all spoke positively about the way the service was managed and the registered manager's open and approachable leadership style. A relative said, "The managers here are great. You always see [the managers] walking around the place and they always take the time to come and chat however busy they are."
• Healthcare professionals told us, "The current manager of the home has made a hugely positive impact on the feel and energy around the home and the staff that I liaise with" and "Significant improvement since [name of the registered manager] became the manager in terms of clinical leadership, liaison and decision making."
• People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There were clear management and staffing structures in place. The registered manager was supported by various senior managers and staff, including an area operations manager, a deputy manager and a clinical lead nurse.
• We saw the service's previous CQC inspection report and ratings clearly displayed throughout the care home. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their relatives told us they were asked for feedback about the service delivery. They were provided with information on how to review the home using external resources and were asked to complete the feedback questionnaires provided by the service. A healthcare professional told us, "[The staff team] have always responded to and acted upon my feedback and certainly from our side, the quality of the service is excellent as a result."
• Staff felt appreciated and respected in their role. One staff member told us, "The manager and deputy are always about and know us all by name. They respect what I do as a nurse."
• Staff were empowered to take more responsibilities which promoted inclusive culture at the service. Nurses were encouraged to lead on management of people's medicines and maintaining good working

relationships with the healthcare professionals.
Continuous learning and improving care
• There were robust quality assurance processes in place to monitor the care provision at the service. Processes were in place for the registered manager to review staff's performance and people's well-being, including management of medicines, accuracy of care records and people's health needs. The deputy manager ensured safe use of manual handling procedures and equipment at the service.
Working in partnership with others
• The registered manager told us they received updates from the CQC and Skills for Care (strategic body for workforce in adult social care in England) website about the changes taking place in the health and social care sector. This information was used to amend the service's procedures aiming to meet the legal requirements as necessary.