The New Grange Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 18 and 23 February 2016 and was unannounced.

The New Grange Care Home is registered to accommodate up to 58 older people living with dementia. The home does not provide nursing care. The New Grange Care Home is situated in Worthing, West Sussex. At the time of our visit there were 40 people living at the home.

The service had a registered manager in place. 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.

People were protected from risks to their health and wellbeing. Plans were in place with safety measures to control potential risks. Risk assessments were reviewed regularly so information was updated for staff to follow.

People and their relatives said they felt safe at the service and knew who they would speak to if they had concerns. A safeguarding procedure was in place and staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them.

People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and administered safely. People were supported to eat and drink enough to maintain their health.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well. Staff showed a lack of understanding of current good practice around Deprivation of Liberty Safeguards although we observed staff following the underlying principles of the Mental Capacity Act. There were enough staff on duty to support people with their assessed needs. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People spoke positively of the quality of the food and had sufficient food and fluids to meet their needs and preferences. Some observations of the lunch time experience demonstrated positive interactions between staff and people, but we found this was not consistent and some people ate in silence with little interactions. This could impact upon people's dining experience as well as their mood.

People benefited from receiving a service from staff who worked well together as a team. Staff were

confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and told us they would speak to the registered manager and were confident appropriate action would be taken.

The premises and gardens were well maintained. However there were issues with malodours in parts of the home which were attributed to the carpets. All maintenance and servicing checks were carried out, keeping people safe.

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

Individual risks to people were identified and measures were in place to manage the risk.

There were enough staff to meet people's individual needs in a timely way.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

Medicines were managed safely.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Although staff acted in accordance with the principles of the Mental Capacity Act, there was variation in staff understanding of Deprivation of Liberty Safeguards and how this should be applied.

People told us that food at the home was good. We observed the lunchtime experience and this was relaxed and friendly. People enjoyed their meals and each other's company. However we observed variation in the quality of interaction with people during lunch which impacted upon their overall dining experience and mood.

All staff received the training they needed to be able to provide safe and effective care. All staff received appropriate supervision and support.

People were supported to access services to help ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and their dignity and privacy were upheld.

People were treated with care and staff were quick to help and support them.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good

The service was responsive to people's needs.

People's individual needs were assessed, planned and responded to by staff who understood them.

People were occupied which gave their life meaning and purpose.

People were encouraged to raise any concerns. Complaints were investigated and action taken to make improvements.

Is the service well-led?

Good

The service was well-led.

There were quality assurance systems in place to effectively monitor and improve the quality and safety of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Staff were aware of their roles and responsibilities.

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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 inspection took place on 18 and 23 February 2016 and was unannounced.

One inspector and a specialist advisor, specialising in dementia care, undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We observed care and used dementia care mapping to help us understand the experience of people who could not talk with us. Dementia care mapping is an observational tool to understand the quality of life and quality of care from the perspective of the person with dementia.

We looked at care records for five people, medication administration records (MAR), a selection of policies and procedures, four staff files, staff training and supervision records, staff rotas, complaints records, audits and minutes of meetings.

During our inspection, we spoke with 10 people using the service, four relatives, a visiting district nurse, the

registered manager and all the staff on duty. Following the inspection we contacted professionals who had involvement with the service to ask for their views and experiences.

The service was last inspected in November 2013 where there were no concerns identified.

Good

Is the service safe?

Our findings

People looked at ease with the staff who were caring for them. A relative told us that the home was, "Excellent," and that the staff were, "Marvellous".

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to clearly describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would raise any concerns with a senior member of staff or speak to the local authority. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. The service had a safeguarding policy in place as guidance for dealing with these concerns.

The registered manager completed an assessment before a person moved to the service. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, fall savers were fitted in the rooms of people assessed as a risk of falls. This alerted staff that a person was up and about in their rooms, enabling staff to offer assistance.

Staff provided support in a way which minimised risk for people. We saw that people were able to move around the home freely and safely. The premises and gardens were well maintained and well presented. All maintenance and servicing checks were carried out, keeping people safe.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. We saw that call bells were answered promptly. Staff and relatives told us they were happy with the staffing levels.

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past three weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. There were seven care staff during the day and four at night. In addition to this, there was a dedicated team of kitchen and housekeeping staff. The registered manager was available most week days and could be contacted out of hours for advice and telephone support.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new

members of staff started work at the service, checks were made with the Disclosure and Barring Service.

Peoples' medicines were managed and administered safely. We observed the lunchtime medicines being given. Staff carried out appropriate checks to make sure the right person received the right medicines and dosage at the right time. People were asked if they needed assistance to take their medicines and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. Medicines were recorded on receipt and administration and we saw the records of disposal. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

People's medicines were stored safely. We observed that all medicines were kept secure. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. We saw that the fridge temperature was monitored to ensure that medicines were stored at the correct temperature. We saw that unused and not required medicines were returned to the dispensing pharmacy at the end of each month.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent and our observations confirmed this. One person had commented in the annual feedback survey that they were, 'Always consulted about medication.'

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received regular training in topics including fire safety, health and safety, and moving and handling. Staff also received training specific to the needs of the people living at the home. This included, improving outcomes for people with dementia. Further specialist dementia training was booked for April. The staff training records confirmed that the training was up to date.
New staff were supported to understand their role through a period of induction. They were required to complete training during this time. New staff undertook a period of shadowing when they worked alongside an experienced staff member. Their progress was reviewed informally on a frequent basis by the registered manager. Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training.

People were supported by staff who had supervisions (one to one meetings) with the registered manager. Supervision records showed that supervisions took place every month. The records demonstrated that both the staff member and supervisor had an opportunity to raise items for discussion. Staff told us supervisions were helpful and gave them an opportunity to discuss any concerns they had, their role, performance and development. Staff told us they felt supported by the registered manager, and the other staff.

Staff told us there was sufficient time within the working day to speak with the registered manager. They told us that they could discuss any issues or concerns during the shift handover. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

People and their relatives spoke positively about staff and told us they were skilled to meet people's needs. They had confidence in their skills and knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made and how to submit one. The registered manager told us that three people were subject to a deprivation of their liberty which had been authorised.

Staff had received appropriate training for MCA and DoLS. Mental capacity assessments were completed for people. Staff understood the theory around MCA and DoLS. However there appeared to be some confusion about current best practice in relation to DoLS. Staff were unclear whether the front door being locked was depriving people of their liberty. Some staff told us that all people did not have the capacity to make day to

day decisions and therefore the door was kept locked for their own safety. The MCA code of practice clearly states that capacity must be presumed unless proven otherwise and assessments are time and decision specific, a 'blanket' assessment of people's capacity is not appropriate. The poor knowledge amongst staff indicated a lack of knowledge of current good practice around MCA. However, during our visit we observed that staff involved people in decisions and respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff made sure that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied the person understood the choice available. Other comments from staff included; "People can choose what they eat." This confirmed staff understanding and practice of people's rights to make choices and give consent.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered drinks throughout the day. We observed the lunchtime meal experience. Tables were nicely set with condiments and tablecloths, glasses and serviettes. There were two sittings available to people, although some ate in the lounge. People were offered a choice of orange or blackcurrant to drink. Glasses were topped up frequently during the meal. This provided visual cues that is was a mealtime and encouraged people to eat well. Staff offered visual choices of two plates of food and explained the different foods on each plate. Where appropriate, this choice was made to people with patience and clarity. Those requiring support with eating were provided with well-paced support, constant explanations as to what was being offered. Staff explained what was on every spoonful. A number of people were provided with a soft diet, attempts had been made to ensure the food was presented well and staff explained each food on the plate. Some people had adapted crockery with plate guards and others were eating food from a coloured plate to enable them to recognise the food in front of them.

Many people were eating independently with gentle prompts and encouragement offered from staff. The people who required support with the meal were engaged in conversation, however those who ate independently sat in silence with little interaction. The mealtime would have be a more enjoyable experience for all people if they were involved in the conversation. We observed many positive interactions between people and staff; there were also missed opportunities for meaningful engagement. People appeared engaged when spoken to and enjoyed the conversation with staff, these moments could have had a more significant impact on mood. Members of staff were not present whilst people ate their lunch to chat or for long enough during the service to enhance the atmosphere, though short interactions were positive and warm. Staff appeared caring and took pleasure in spending a short time with people. There was a calm and relaxed atmosphere.

Care plans contained information about people's dietary needs and malnutrition risk assessments. They also included information regarding people's risk of choking and how to manage the risks. Appropriate referrals had been made to speech and language therapists (SALT). People with particular dietary requirements had access to and support from a dietician. People's weight was recorded to monitor whether people maintained a healthy weight. Staff we spoke with knew people's preferences and told us that all people were able to indicate their likes and dislikes. People told us that the food was, "Delicious", there was, "Plenty of it" and that it was, "Well cooked". A relative told us that, "[Name] loves the food".

People had access to health care relevant to their conditions, including GPs and chiropodist. A district nurse visited the home daily to carry out specific nursing tasks to ensure people's needs were met, for example, the administration of insulin to diabetics and assessing and dressing any wounds. Staff knew people well and referrals for regular health care were recorded in people's care records.

People had a health action plan which described the support they needed to stay healthy. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. The home had established links with the admission avoidance matron, which had resulted in a decrease in the number of people requiring hospital admission.

A refurbishment plan was in place and attempts to be 'dementia friendly' had clearly been adopted. We saw that the upstairs corridors had been recently redecorated. The hallways and lounges were homely, with appropriate reminiscence based pictures and there was access to outside space. People's bedroom doors were clearly identifiable and some bedrooms had memory boxes outside each door. Dementia friendly signage was evident in all parts of the home. There was plenty of natural sun light in all communal areas. The lay out of the building enabled people to walk and there was plenty to look at and interact with on the walls.

Good

Is the service caring?

Our findings

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Everyone we spoke with thought people were well cared for and treated with respect and dignity. People were full of praise for the staff. People described them as, "Nice" and "Good". A relative told us that the staff were, "Excellent".

Throughout our visit staff interacted with people in a warm and friendly manner. The whole staff team focused their attention on providing support to people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew people's individual abilities and preferences, which assisted staff to give person centred care.

People's care was not rushed enabling staff to spend quality time with them. The home was spacious and allowed people to spend time on their own if they wished. People's privacy and dignity was maintained. We saw that staff knocked on people's doors and waited for a response before entering their rooms.

People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds and social history. The care plans included details regarding people's individual likes and dislikes. Staff we spoke with said that they found the care plans useful. They were aware of people's personal preferences. Staff knew what people could do for themselves and areas where support was needed. Staff chatted with people who appeared to enjoy their company. Staff said that they believed that all staff were caring and were able to meet the needs of people with dementia.

Comments from staff included, "All residents are different and unique, despite their dementia".
"We are one big team we just want what's best for our residents." "Dementia care is challenging, people can get upset, you have to work with the family, they know the person best, and they can help us to know them better".

A relative told us that the staff were, "Kind, approachable and caring. [Name] has only been at New Grange Care Home for eight weeks but was settling in well and they were happy so far".

The overall impression was of a warm, friendly, safe and relaxed environment where people were happy.

Good

Is the service responsive?

Our findings

People were supported to maintain their independence. People had their needs assessed before they moved to the home. Information had been sought from relatives and professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the home was able to meet people's needs. Care plans were personalised and each file contained information about the person's likes and dislikes.

People's care needs were kept under review and any changes was noted in the daily records and added to the care plans. Care plans were reviewed monthly by the registered manager. This meant people received consistent and co-ordinated care.
People were supported by staff who had received training in behaviour which may challenge. This meant that staff had the skills to diffuse any potentially difficult situations and had an understanding of people's triggers. Staff we spoke with told us how they would avoid escalation of behaviour which challenges, for example using distraction techniques.

Staff maintained a daily record for each person that recorded the support they had received. Staff did a verbal handover each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. In addition to this there was a white board in the staff room which contained important details regarding people's care. This included any specific health needs, allergies or appointments. This ensured that any changes were communicated so people received care to meet their needs.

People were engaged and occupied during our visit; there was a calm atmosphere within the home. We saw that some of the people were interacting with each other and chatting with staff. Staff and people told us that they liked each other's company.

People had a range of activities they could be involved in. People were able to choose what activities they took part in. During the morning group activities were observed in two of the three lounges. The activities observed were sensory activities, in one lounge a bubble machine was on. People appeared happy and engaged. A person commented, "Oh how beautiful they are". Staff passed balloons around for people to bat to each other and to touch. In the second lounge another balloon activity was taking place, but no bubble machine. Again residents appeared engaged in the activity, in both lounges residents appeared to enjoy the activity. After lunch a visiting art therapist facilitated an art activity with a group of people in the dining room. This appeared to a very positive experience for all involved. People joined in and produced art work, they appeared content and engaged. There was no dedicated activities staff. The registered manager told us that she was trying to recruit a dementia specific activity coordinator. This would provide appropriate, meaningful activities for people with dementia.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. All relatives we spoke with told us that they were involved in their relatives' care and happy with the level of social interaction and activities provided. A relative had commented on the annual satisfaction survey that, 'Staff are happy to make relatives a cup of tea.'

The service had a formal procedure for receiving and handling concerns. A pictorial copy of the complaints procedure was displayed in the home, which included a photograph of the registered manager. This meant people knew who to raise their concerns with. People told us they were happy at the home and had no cause to complain. No complaints had been received by the service. Relatives told us that were confident that any issues raised would be addressed by the registered manager.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering

The home had an open and friendly culture. People appeared at ease with staff and staff told us they enjoyed working at the service.

People knew who the registered manager was. A person living at the service told us that they liked the registered manager and they were, "Helpful". Records confirmed that the registered manager also discussed staff practices within supervision and at staff meetings. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the registered manager's company. We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

Staff and people using the service said the registered manager was open and approachable and they would go to her if they had any queries or concerns. Staff felt confident to raise any concerns. Staff felt supported by the registered manager and told us that the home was well led. Comments from staff included, "[Name] is a diamond, just brilliant", and "She always takes us seriously, she is so supportive".

People and their relatives were empowered to contribute to improve the service. People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Annual surveys were distributed and the results collated in March 2015. The surveys showed that 93% of people rated the home as good or excellent. Relatives we spoke to confirmed that the home was open to their views. Comments from the surveys included, 'I have peace of mind that [Name] is in good hands' and, 'We are kept informed as necessary'. Another relative had commented on the survey that staff are, 'Caring and friendly', and they 'Need to work on the smell at times'. This and the malodour present in the front hallway and lounge were discussed with the registered manager during our visit. We were told that, "Replacing some of the carpets is included in our redecoration schedule." However as a result of the conversation, replacement of the front hallway and lounge carpets would be prioritised.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. For example audits of, infection control, medicines, care records and the environment. Internal audits had identified some shortfalls and action had been planned to address those identified, for example, the redecoration of the home, including replacement of some carpets.