

SheffCare Limited

Grange Crescent

Inspection report

47 Grange Crescent
Sharrow
Sheffield
South Yorkshire
S11 8AY

Tel: 01142555539
Website: www.sheffcare.co.uk

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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

Grange Crescent is purpose built and registered to provide accommodation and personal care for up to 54 older people. Accommodation is provided over two floors. All of the bedrooms are single and have full en-suite bathrooms. Each floor provides communal lounges and dining rooms. A passenger lift is available and all areas of the home are accessible. The home has an enclosed garden and a car park. Grange Crescent is in a residential area close to local amenities and bus routes. At the time of this inspection 53 people were living at Grange Crescent.

At the last inspection the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

People living at Grange Crescent told us they felt safe and they liked the staff.

We found systems were in place to make sure people received their medicines safely so their health was maintained.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

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

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

A range of activities were available to provide people with leisure opportunities.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Grange Crescent

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 checked 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 was a comprehensive inspection which took place on 17 January 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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. The expert by experience had experience in caring for older people.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We asked the provider to complete 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. The PIR was returned as requested.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During our inspection we spoke with ten people living at the home and five of their relatives to obtain their views of the support provided. We spoke with 14 members of staff, which included the registered manager, the quality manager, team leaders, care staff, the cook, a kitchen assistant, domestic staff, the administrator and an activities worker. We also spoke with a health professional who was visiting the home on the day of our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them.

We spent time looking at records, which included four people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Without exception people who used the service and their relatives told us they or their family member felt safe living at Grange Crescent. Their comments included, "They [staff] look after me so well. I feel safe all of the time," "I have been struggling at home for months now. At last I am in a safe place," "I certainly am safe here. The staff make sure of that. They are great," "I always call for help if I need it. The staff come straight way, including the night staff," "This place is so safe. I would not hesitate in reporting any concerns to the manager," "We are so relieved that [family member] is here. They are so much more settled than they were at home" and "Knowing [name of spouse] is here now makes life easier to bear. It gives us all such security."

People's safety was promoted because systems were in place reducing the risk of harm and potential abuse. All staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they had any concerns. Care plans and risk assessments were in place which gave important information to staff so that care and support was provided to people in a consistent way and any risks had been identified and mitigated.

A robust recruitment and selection process was in place that ensured staff employed had the right skills to support people in the way they needed and preferred. Staff rotas checked showed that sufficient numbers of staff were provided to meet people's needs. Staff were visible throughout the home and we saw them responding to call alarms and people's requests quickly.

We found there were safe arrangements in place for managing people's medicines. We saw staff supported people to take their medicines appropriately and explained to them what medicine they were taking and why. Medicines audits were completed by senior staff so that any errors or omissions could be dealt with immediately. Medicines administration records (MAR) checked were fully completed to show that people had received their medicines as prescribed. We found that medicines were stored securely to keep people safe. There were appropriate arrangements in place for the management of controlled drugs (CD's), which are medicines that require extra checks and special storage arrangements because of their potential for misuse. The number of CD's held tallied with the record. Three CD's had been refused and these were held in separate packets as the seal on the original packaging had been broken. The registered manager confirmed that these CD's had been destroyed on the day of our inspection in line with safe procedures.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken to keep people safe.

The home was clean and we found four domestic staff were cleaning throughout the day of the inspection. Staff told us they had been provided with training in infection control procedures so that people's health and safety was promoted.

Is the service effective?

Our findings

People who used the service and their relatives told us they received effective care from skilled and knowledgeable staff. They told us they had contact with healthcare professionals as needed to maintain their health. Their comments included, "The staff give me good attention. I don't have to wait long for anything," "We have our own optician. The staff make me an appointment when the time comes around," "When I told the staff I felt unwell they called the GP in later that morning," "We were asked if we wanted to come to the GP visit when [family member] first came here," "They call the opticians and chiropodist for [family member]. They always let me know when they do it," "The laundry system is amazing, everything comes back looking beautiful," "My [parent] sees the district nursing service everyday if needed," "The staff go around at night to make sure we are alright" and "They [staff] know what they are doing, they know me well."

We found people were supported to maintain a balanced diet and enjoy their food to support their health. We saw people were offered hot and cold drinks throughout the day and several choices at meal times. We spoke with the cook who was aware of people's dietary needs and preferences so that these could be respected. We observed part of the mid-day meal and saw people were enjoying their meal and receiving appropriate support where needed. This meant that people had a positive experience at mealtimes.

People who used the service and their relatives told us they were happy with the food provided. Comments included, "The food is smashing. They [staff] come and ask you what you would like. There is a good choice," "The food is plentiful and it tastes good too," "Nothing is too much trouble for the cooks, if you don't like something they offer you something else straight away," "The food is fabulous," "They put on such a lovely tea-party for us" and "All the food is to a very high standard and there is plenty of it."

People's care plans showed their health needs had been identified and were being met. People had access to a range of healthcare professionals who visited the home. One visiting healthcare professional told us, "I have no concerns about this home. People are really well cared for and we have good communication with staff. It is a really good home."

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS so that people were supported with decision making where appropriate. The four care plans seen contained records signed by the person receiving support to show that they had been consulted and had consented to the support provided.

The provider had a comprehensive training programme in place. Staff told us they had been provided with induction and refresher training which had included mandatory subjects, for example moving and handling and food hygiene. In addition staff had been provided with training in specialised topics, for example end of life care and diabetes care, so that they had the appropriate skills and knowledge to support people.

Is the service caring?

Our findings

People who used the service and their relatives told us staff were very caring. People said that staff were good at listening to them and meeting their needs. Comments included, "The staff are smashing, I get on with all of them, although I spend a lot of time in my room I will spend more time in groups when I get used to things (the person had not lived at Grange Crescent long)," "There is such attention to detail, the staff think of everything," "The night staff are so kind to me," "The staff here are absolutely marvellous," "Every member of staff is so caring and kind," "[Parent] is so well cared for," "[Parent] is extremely happy. This place has a real sense of home," "We have a real confidence in the care offered," "There is love and genuine care shown" and "The staff are a credit to the care sector."

We found that people were involved in decision making about their care. We saw records of regular 'residents meetings' where people were asked their opinion about all aspects of the home so that these could be considered. The provider ran a 'residents forum' where representatives from each of the ten care homes in the provider group met with senior managers to discuss service provision and future plans. We heard staff asking people their choices and respecting people's decisions throughout our inspection. For example if people wanted to join an activity, visit the hairdresser, have a newspaper or where people wanted to spend time. This showed that people were consulted. Relatives told us they were involved in their family members care and were always consulted and updated by staff.

Staff spoken with knew the people they supported well. They were able to describe what was important to the person, their history, preferences and support needs. We observed staff had a good rapport with the people they were supporting and people appeared comfortable and happy to be with staff. We saw staff spent time chatting to people and we heard shared conversations and laughter throughout our visit.

We saw staff respected people's dignity and privacy. Staff acknowledged people by name and asked how they were when they passed them in a corridor, we saw staff knocking on doors and calling out before they entered people's bedroom or toilet areas. We saw relatives and visitors were also welcomed in a caring and friendly manner.

The registered manager and staff had a strong commitment to supporting people and their relatives before and after death. We saw people had preferred priorities for care (PPC) records so that they could share their wishes for future care if they were ever unable to voice their opinion. The four care plans seen showed that people had been asked their end of life preferences so these could be respected.

Is the service responsive?

Our findings

We found there was a full programme of activities available for people to participate in if they chose. Without exception, people said that they took part in, and enjoyed, a wide range of activities and outings. Activities included trips out of the home, for example, a visit to the shops in the city centre and a drive out into Derbyshire to enjoy the scenery. Some people receiving support were engaged in a project being undertaken by the Academy of Sport and Physical Activity within Sheffield University. The project was trying to measure the benefits physical activity had on 'quality of life, health and wellbeing, balance and mobility'. People involved had signed an agreement and some people told us they had benefited already. This enabled people to contribute to the community as a whole. Throughout the day care workers and domestic staff were seen sitting with people and chatting. People commented "I love gardening. I do some of the pots outside," "I take part in anything that's going, they help me keep busy," "The story telling game is hilarious," "I love the music with movements on Thursday's. It's great" and "I never used to join in activities. I had one to one time with the activity worker and a few weeks later I was joining in with everything."

The four care plans seen contained records showing the persons needs had been assessed by a representative from the home prior to them being offered a place to make sure the home could meet their identified needs. Following this initial assessment care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. The care plans seen detailed the persons individual health needs and the actions required of staff to support their needs. This meant that staff had been provided with relevant and up to date information to support people in the way they preferred.

We found a system was in place to respond to people's concerns and complaints so that people knew they would be listened to and taken seriously. 'Tell us how it really is' leaflets were available in the entrance so that people could leave feedback in this way, if they chose. Information on the complaints procedure had been provided to people in the service user guide so they had access to important information. People receiving support and their relatives told us they were able to discuss any worries or concerns they had with either the registered manager or any of the staff. Comments included, "The manager has made it clear to me that if I have any concerns I must tell someone," "I always speak my mind and would say if anything was wrong," "If ever I had a problem I would go straight to the manager. I am sure she would sort it out" and "[My parent] has no worries but I would be happy to talk to any of the team leaders or managers. They are so approachable."

Is the service well-led?

Our findings

The registered manager had been registered in February 2016 and had worked for the provider for a number of years. 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.

Without exception, people receiving support, their relatives and staff spoke positively of the registered manager. Everyone spoken with said she was approachable and supportive. We saw the registered manager promote a friendly, positive and open culture. The registered manager spent time talking to people living at the home and their relatives and had a good rapport with them.

People receiving support and their relatives told us, "The manager and staff are approachable. There is nothing that the manager will not do for you," "My family chose this home. They said the manager was really nice. They didn't do her justice," "I have not been here long but with the help of the manager and her staff I soon felt at home" and "They ensure I get to the (residents forum) meetings on time. They take place in different homes around the city. I feel I can bring up any subject, and I do. This is a great company to be cared for by. They put the residents at the heart of any changes they are planning. I cannot think of anything I would change about the service, perhaps build a pub next door!"

Staff said they worked well together as a team and they loved their jobs. They commented, "The manager listens, she is very good," "I have worked in a number of care homes. This is by far the best" and "This is the best environment I have ever worked in."

The registered manager continually sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service. Regular audits and quality assurance checks were completed covering all aspects of the service, for example, care plans, medicines, complaints and health and safety. Documentation showed the management team took steps to learn from events such as accidents and incidents and put measures in place so that they were less likely to happen again.