

Worcestershire County Council

The Grange

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 

Overall summary

The inspection was unannounced and took place on 3 August 2015.

The provider registered with us to provide personal care and support for people in a rehabilitation setting. At the time of our inspection there were 33 people using the service.

There was 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 who used this service were safe as the provider, registered manager and care staff had a clear understanding of the risks associated with supporting and caring for people's needs.

Checks had been performed to make sure staff were suitable to work at the service and training provided for staff to meet the needs of people they cared for. Staff had undergone an induction training programme to prepare them before supporting people. Staff confirmed they had received support to discuss their performance, training and development needs.

We found that people were complimentary about the care they received. People's support was carefully

Summary of findings

assessed and planned involving a number of different health and social care professionals. People told us they were consulted and involved with their care plans. Consent was sought by staff to ensure people's choices and preferences were taken into account. Where people did not have capacity to consent the provider followed the principles of the Mental Capacity Act 2005.

Staff and management were responsive to people's changing needs and requirements, acting promptly to assist in their rehabilitation.

People told us they knew how to make a complaint and any concerns were taken seriously and dealt with

promptly according to the provider's complaints procedures and policy. Systems were in place to monitor the quality of the service, any shortfalls identified were dealt with efficiently and quickly.

The management team encouraged staff to feel supported in their role and be open to suggestions for the development of the service or raise concerns.

There were quality audit systems in place that recorded incidents and actions taken so future learning could take place. Leadership of the service was transparent at all levels and there was a commitment from management and staff to get the best outcomes for people who used the service.

Summary of findings

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.

People received support from staff to help keep them stay safe because staff recognised risks and how to raise concerns.

The provider had safe recruitment procedures in place to ensure suitable staff were employed and so protect people from harm.

Good



Is the service effective?

This service was effective.

People were supported by staff who were well trained and supported by their manager.

People's rights were protected because staff understood their responsibilities for obtaining people's consent.

People were supported by staff for them to access different Health and Social care professionals as required to enable their rehabilitation.

Good



Is the service caring?

This service was caring.

People told us they were treated with kindness and respect and were involved in planning their rehabilitation.

People told us that the staff were caring and felt they knew their needs.

Good



Is the service responsive?

This service was responsive.

People felt the staff took into account their preferences and choices.

People were involved in their care planning decisions and processes.

People knew how to raise a concern or complaint and felt assured that they would be dealt with quickly.

Good



Is the service well-led?

This service was well-led.

People benefited from a leadership team who were approachable, checked the quality of the care people received and were continually looking at how they could provide better care for people.

Good



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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 3 August 2015 and was unannounced. It comprised of two inspectors and one 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 services. Their area of knowledge and experience was of older people.

We looked at information that we held about the provider and statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted Healthwatch to see if they had any concerns about the service reported to them. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care.

We met with nineteen people who used the service and saw the care and support offered to them at different times of the day.

We looked at care records for three people, the medicines management arrangements, training records and quality assurance records. We spoke with two care staff, a team leader, the registered manager and three associated health professionals who worked in the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe and well treated by staff. Staff had training and information on how to protect people from abuse. They described what action they would take if they suspected someone had been abused. One staff member told us that they would report anything unusual straight away to either the team leader or manager. They were confident appropriate action would be taken.

People we spoke with told us that they felt safe when supported by staff. We saw people being supported during the day with specialist equipment to prevent risks to people. This included specialist lifting equipment and walking aids. In people's care files we saw detailed risk assessments compiled by the team, which included physiotherapists, occupational therapists and support staff. We saw from care records and staff practices on the day the benefit of the different professionals working together to get the best outcomes for people and aid their recovery.

Staff were able to describe people's support needs and manage potential risks, enabling them to keep people safe and unnecessary harm

We saw staff records that staff had only been employed after essential checks were carried out. We found that staff had Disclosure and Barring Services (DBS) checks, references and records of employment history before being employed. This process helped the provider to make sure that only suitable people were employed so that people using the service were not put at unnecessary risk, through their recruitment process. The manager was recruiting two new members of staff. There was enough staff on duty to ensure they were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us they felt there were enough staff on duty and their requirements

were responded to promptly. Staffing levels were kept under constant review by the management team because of the changing needs of the people who used the service. Staff told us that they thought there were enough staff available to keep people safe.

The team leader recently recruited, described how they were interviewed and followed the provider's induction process. Before starting their role they had been given a five day training course, followed by an opportunity to work alongside other senior staff, to gain experience of the service and how it operates. They described this as being very helpful and felt it prepared them and they felt supported by management for their new role.

We looked at the systems in place for supporting people with their medication. Where people wanted to administer their own medicines there were risk assessments in place. People told us how they were assisted in managing their own medicines. We heard one person query with the staff why they were counting their medicines (in preparation for their discharge) when the person had been administering their own medication. The staff member took her time to explain the reasons why to ensure that the person understood the action they had taken. Staff were trained to support people take their medicines correctly. To ensure that there were no mistakes the team leaders and manager checked the medicines daily, if the person was taking the medicines themselves. We spoke with the manager about how they managed PRN medication. This is medication that is prescribed but is only needed as required. We saw that instructions were available to staff to say how and when the medicines should be given. Staff were required to sign and give a reason why they had administered it. The manager audited the medication sheets, and medicines were counted, to monitor how many times and if it was appropriately given. This ensured people's medicines were safely stored and managed.

Is the service effective?

Our findings

People were able to consent to their care and support. We spoke to staff as to what actions they would take if someone was not able to give consent. They were aware of the procedures they needed to take under the provider's mental capacity policy. One staff member explained how the training had helped them to understand the importance of obtaining consent. They continued by telling us how they would escalate any changes which may indicate that the person could not give their consent to a specific decision. The provider told us that staff had received training under the Mental Capacity Act 2005 (MCA) and would follow the process of gaining a mental capacity assessment, so decisions could be made in their best interest. We saw staff asked people's permission before supporting them in their personal care routines.

People were able to leave the home when they wished. We saw one person decided they wanted to leave before their discharge date; the staff responded to their request and facilitated their wishes. The manager had a good knowledge of Deprivation of Liberty (DoL) legislation, although no one living at the home was currently subject to a DoL. Deprivation of Liberty (DoLS) safeguards aims to ensure that people living in care homes are looked after in a way that does not inappropriately restrict their freedom.

People told us that the food served at the home was good. One person said, "We had lamb yesterday. It was absolutely wonderful, we all sent thanks to the cook". The cook showed how they took into account people's individual dietary needs and personal choices. They took time to introduce themselves to each new person who was

admitted to the home and discuss their individual requirements, whether it be on nutritional, religious or dietary needs. If someone didn't like the meal choices on offer, the cook explained how they offered alternatives and tried to accommodate the person's preferences. We saw that people had availability to drinks of their choice. Staff told us they encouraged people to drink plenty especially in the hot weather to avoid dehydration. People's weight was monitored by staff where risks were identified to ensure that people were eating enough to maintain good health.

People were given access to health professionals as required in order to maintain good health such as dieticians, district nurses and GP's. People told us that they felt well supported by the staff and that they would respond quickly if they felt unwell. Staff told us that if they had concerns about a person's appetite or weight loss, they would contact the person's doctor.

We spoke to staff about their induction process and on-going training for working at the home. This included a week's training before they were able to carry out any support. The induction covered areas such as safe moving and lifting, promoting dignity and respect and mental capacity training. Staff told us they felt the induction had prepared them for their new role. In addition to the induction staff told us that they were required to undertake regular update training which helped to keep their knowledge and skills up to date.

Staff they felt supported through received regular supervision, appraisals and staff meetings. They thought that their contribution was listened to. One member of staff said "the management are good ...they are approachable".

Is the service caring?

Our findings

People told us they thought the staff were very caring. One person described the staff as, “Wonderfully caring they cannot do enough for you”. Another person told us, “I would not have believed that we are being as well looked after as we are.” One person told us they were so well looked after by the staff they didn’t want to go home.

Staff communicated with the people they cared for in a kind and compassionate way. When asked a question, we saw them stop what they were doing. They gave people their individual attention, giving people time to talk. Staff answered questions and ensured that people were happy with the response.

Throughout people’s stay they were allocated a named worker whom they could discuss their care needs and requirements with. This gave staff the opportunity to get to know the person and their personal preferences and choices.

At the time of admission the staff sat with people and set their goals for rehabilitation. A number of professionals were involved in reviewing these goals and these meetings happened every week. People told us they were consulted about their plans for rehabilitation. People said they were involved prior to and after the meetings. This ensured that the people and all the professionals knew their preferences of what the person wanted and how best to achieve it.

Staff were respectful in how they communicated with each other and we saw examples of staff respecting people’s privacy and dignity throughout the day. We saw a member of staff demonstrate how they treated people with dignity and respect, when one person was distressed the member of staff knelt down beside their chair and spoke calmly, and quietly to maintain their dignity and respect. After a few minutes the person was feeling happier and smiling which suggested that staff had a positive impact on this person’s well-being.

Is the service responsive?

Our findings

People we spoke with told us how staff responded to their needs. One person told us, “They will do anything for you anything at all that you ask” another person said, “I wish I could stay longer.”

Support staff we spoke to showed that they understood the support people needed and tried to ensure that everyone was given enough time and attention. People told us the provider was “very good” to “I thought that I ought to go to hospital but this place has been the best thing that ever happened to me.

Staff we spoke with told us about taking time to take into account people’s individual interests and activities, such as playing dominos and taking time to manicure a lady’s nails. People’s emotional needs were considered. We saw that a referral to the mental health team had been arranged by staff to support a person through bereavement. One person told us, “It doesn’t matter who you ask all members of staff know something about you and will help”. Staff were focused and responsive to the needs of the people who used the service. We saw facilities were available to make drinks and meals should people wish to and to help people keep their independence.

We saw that the provider followed thorough assessment processes that all the different professionals working in the service had contributed to. People who used the service had their opinions and considerations taken into account. One person told us that the support team met every Monday then they were up-dated on any actions that had been decided for their views.

The care plans were reviewed at least weekly, to maintain regular progress reports for each person’s rehabilitation for in the home and plan for their discharge home. The manager audited these files and the daily records to ensure any problems were identified and acted upon. Any changes were communicated to the staff team, so staff were fully informed. Key areas of care were included in people’s care plans such as mobility, personal care and nutritional needs. People were asked to sign they agreed to their support plan, demonstrating that their personal wishes had been taken into account. People confirmed they had been consulted about the contents and construction of their care plans.

When people’s needs changed, this was quickly rectified and care plans adapted to protect their physical and mental well-being. We saw staff stopped what they were doing and spend time chatting with the people. We saw one member of staff anticipated a person’s needs as they passed the telephone without waiting to be asked – anticipating their needs.

All the staff we spoke were motivated and committed to achieving the best outcomes for people who used the service. They appreciated the importance of team working with colleagues from the support staff to outside agencies such as district nurses, hospital and social work colleagues. We spoke to a visiting health professional and they described the service provided as having “a lovely environment ..., rarely do people not like coming here”. They were very complimentary about the way staff spoke to people “it’s very calm and serene”.

Care plans were reviewed weekly. All staff and people who used the service were fully up-to date on the progress they had made and prepared them for discharge back to their own homes if possible. We saw assessments had taken place both inside the home and people’s own property in order to make the necessary adaptations. One person described how, “A nurse went home with my daughter and measured everything that I need. It is all in place now.”

Staff supported people to keep their interests; one person described how the staff helped him access the garden (an activity they had enjoyed whilst at home). We saw from photographs around the home that a special VE day afternoon tea had been arranged by staff. From the photographs we could see people smiling and laughing enjoying the day. People were encouraged to join in activities such as gardening, playing dominos, puzzles and art work. However the manager and staff acknowledged that the focus was on rehabilitation and getting people to be as independent as possible.

People were encouraged to keep in contact with their relatives, who were free to visit at any time.

We saw a relative visited the home and we saw staff were friendly and welcoming towards them.

On admission to the service, people confirmed they were given a welcome pack, which included details of how to make a complaint. People we spoke with told us they knew who to speak with should they be unhappy about the service and said they felt the registered manager was

Is the service responsive?

approachable and would deal with their concern promptly. The registered manager showed us completed customer feedback forms which showed all positive comments about people's stay.

Is the service well-led?

Our findings

People who used the service and staff were aware of the roles and responsibilities of the different disciplines of staff working in the service. There was a clear management structure including a registered manager.

The registered manager was seen during the inspection speaking to people who used the service in a friendly approachable manner. We received feedback from staff that the registered manager had developed a positive culture with strong caring values. The staff told us that if they raised concerns that they would be dealt with, so felt supported and able to suggest improvements so felt part of the team. We noted that in the hallway there were an abundance of complimentary thank you cards from people who had used the service.

Staff told us they felt supported by the management team and felt the service was well –led. Through regular supervisions and staff meetings. The manager made a point of working alongside staff, so felt they understood the support needs of the staff team and the people they were supporting. They told us there was an expectation that staff would raise any concerns or potential risks to the manager. A visiting health professional told us that they thought the manager was very approachable and would be happy to share any concerns with them.

The quality of the service was continually monitored by the registered manager using quality audits. For example health and safety audits and, medicine audits were regularly performed. People's safety, welfare and quality of life was at centre of these checks, to see how the provider could offer the best support and rehabilitation. They used the evidence gathered to identify any problems or shortfalls, these were monitored and any actions recorded for future learning. An example of this was the health and safety audit identified the first aid boxes were short on some supplies. When this was remedied the action was signed off and dated.

The provider had a system in place to check the readmission rates to the home as a way of measuring their success and customer satisfaction. The comments we saw were all very complimentary. One person told us, "They didn't want to go home as they had enjoyed their stay."

The registered manager had notified us of reportable events as required. Where incidents had occurred. We found that learning had taken place and actions taken to reduce the risk of similar incidents. An example of this was the manager had found first aid boxes were low on supplies in her audit so immediately took action and replenished them