

Crowstone Care Home Limited

The Grange

Inspection report

122 Crowstone Road
Westcliff On Sea
Essex
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Tel: 01702432064

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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 is a residential care home providing personal care without nursing for up to 18 people some of whom maybe living with dementia. At the time of inspection 17 people were using the service.

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

One person said, "It feels like home, I do not feel restricted in any way."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicine was managed safely.

People were cared for and supported by staff who had received the appropriate training.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. People had access to other health care professionals such as GPs and mental health nurses.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff worked to promote people's independence through encouraging and supporting people to make informed choices.

People were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported at the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection

The last rating for this service was Requires Improvement. (last report published 18 July 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspection manager and an inspector.

Service and service type

The Grange 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all this information to plan our inspection.

During the inspection

We spoke with nine people and observed interactions with staff. We spoke with the provider, registered manager, and three care workers. We reviewed a range of records. This included six care files, two staff files, audits and medicine records and information held in relation to the running of the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- At the last inspection we found risk management plans were not individual or contain all the information needed for staff to support people safely. At this inspection we found the registered manager had implemented new systems, including more robust risk assessments and positive behaviour management plans for staff to follow.
- Staff had received further training in how to support people and manage risk behaviours. Staff we spoke with knew people well and felt confident to support people when they needed additional support.
- Management plans were regularly reviewed and kept up to date with the most relevant information for staff to follow.
- Staff were trained in first aid and knew what action to take in an emergency or if somebody became unwell.
- People had fire risk assessments and personal evacuation plans for staff to follow. There were regular fire drills which people and staff took part in and checking of fire prevention equipment was completed. Staff had also been given the opportunity to gain experience operating firefighting equipment.
- People were cared for in a safe environment. The provider completed regular checks of the environment and safety certificates were held to demonstrate equipment was safe to use.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe, there are plenty of staff they make me feel safe." Another person said, "I get on with everyone."
- Staff knew how to keep people safe and protect them from safeguarding concerns. The registered manager had policies in place for staff to follow on 'whistle blowing' and staff updated their training on how to safeguard people. One member of staff told us, "I feel confident to report anything I was concerned about to the manager or outside to the CQC."
- Where any concerns had been raised the registered manager worked with the local authority to investigate these to ensure people were protected from harm.

Staffing and recruitment

- People told us there were enough staff to support their needs. Staff told us they worked well together as a team.
- The registered manager told us they were now fully recruited for staff and felt they had achieved a good staff skill mix with staff performing well in their roles.
- There was an effective recruitment process in place. Files we reviewed contained all the appropriate checks to ensure staff were suitable for the role they were employed for.

Using medicines safely

- People were supported to take their medicine by trained and competent staff. Medicine records we reviewed were in good order.
- There were systems in place to support people to take their medicines independently. One person said, "I self-medicate, I have a safe in my room to keep my medication and the staff give me a week supply at a time."
- The registered manager had processes in place to check the ordering, storing and management of people's medicines. Regular audits were completed to check medicines were being managed safely.

Preventing and controlling infection

- People were protected from the spread of infections. Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- The registered manager had processes in place to follow should there be an outbreak of an infectious disease. We saw clear guidance displayed from Public Health England on how to manage and deal with infectious outbreaks for staff to follow.

Learning lessons when things go wrong

- The provider had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers. The registered manager also issued memos of learning for staff to sign to evidence they had read these and were aware of any changes.
- We saw the registered manager had implemented new processes and paperwork to monitor people if they have a fall and suffered a head injury as part of a lesson learned from a previous incident.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection we found staff had not received appropriate training to support people with complex mental health needs. At this inspection we saw the registered manager had reviewed staff training and sourced training for staff to give them a wide range of skills to help them to support people's needs.
- Staff have received additional training on supporting people with mental health issues and complex behaviour. They had also received training on sepsis awareness and blood glucose monitoring for people with diabetes. Staff had also been enrolled into completing nationally recognised care awards.
- One member of staff told us, "The training has been very good, I have an instructor who gives me support. I have completed modules on-line and I am doing a level 2 care certificate. My most recent training was blood glucose monitoring which I am just waiting for the practical assessment for."
- Staff told us they had regular staff meetings and supervision sessions and the registered manager completed a yearly appraisal of staff performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices, needs and achieved effective outcomes. Care was managed and delivered within lawful guidance and standards.
- The registered manager responded to NICE guidelines to support people with oral health care. People had detailed care plans and were supported with their mouth hygiene needs. We saw one person attending the dentist during our visit, they told us, "I need to go back again in a week for more treatment."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had all the information they needed to support people to have a healthy diet. People's preferences for food was recorded and there was a varied menu choice for people.
- Where special diets were required such as soft, fortified or diabetic, staff were aware how to support people with these. Assessments were completed of people's nutritional needs and weight each month. We saw where indicated specialist advice was sought from a speech and language therapist or referrals made to the GP.
- Everyone we spoke with told us they enjoyed the food with such comments as, "The food is very good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager was very good at ensuring people received effective and timely care. They kept

detailed records of contact with other healthcare professionals and kept an up to date weekly schedule of people's health appointments.

- We saw from health records people were supported to have health screening regularly such as smear tests and bowel cancer monitoring. People told us they had regular appointments with the GP and their psychiatrists. One person said, "I have my blood pressure checked regularly by the nurse." Another person told us, "I see my psychiatrist twice a year. I am able to attend the appointments on my own."

Adapting service, design, decoration to meet people's needs

- The provider kept the service well maintained and appeared fresh, clean and well decorated. The service was spacious with different seating areas and a quite lounge if people preferred to sit without a television. There was also a large conservatory which was used as a dining and activities area.
- People had access to outside space for those who smoked there was an outside smoking room.
- Rooms we saw were personalised with people's belongings and possessions and people told us they were happy with their rooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Mostly people at the service had capacity, appropriate applications had been made to the local authority for DoLS assessments. When DoLS had been applied we saw people had regular access to advocates to support them and ensure their needs were being met by the service. An advocate is an independent person who is appointed to act on the person's behalf when they have a restriction on their liberty.

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; respecting equality and diversity

- People told us they were well treated by the staff and management team. One person said, "The staff are lovely people." Another person said, "The staff look after me perfect, they are all kind."
- We saw there was a good sense of community at the service with people interacting and engaging with each other and staff.
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met. People told us they went to church regularly, one person said, "I go a couple of times a week and help making coffee." Another person said, "I go for three hours on a Sunday to church and come back for a nice roast dinner."

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

- Care plans were person centred and provided staff with all the information they needed to support people. We saw care plans were regularly reviewed and contained people's views and opinions on how they wished to be supported.
- We saw staff spending time with people answering questions they had about health screening and ensuring they had all the information they needed to make informed decisions.
- Where people lacked capacity, they had advocates in place to help support them make decisions about their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection people told us how they maintained their independence by frequently going out into the community independently. People told us they made their own choices how they spent their time and one person told us they were supported to self-medicate. Where people were a risk in the community we saw they had the 'Herbert Protocol' in place. This is a risk assessment which can be shared with the Police if a person is at risk of going missing in the community.
- People told us staff treated them with dignity and respect. One person told us they shared a room but there was a curtain in place for privacy.
- People were encouraged to maintain contact with friends and family. One person told us, "I go and see my dad every Friday on my own. I get a taxi there and back." Another person said, "[Provider name] is arranging for me to go and see my mum, she has not been well."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and aimed at supporting people to maintain their independence. Care plans were regularly reviewed with people to ensure staff had the most up to date and relevant information to support people. One person told us, "I go through my care plan with my key worker."

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.

- Care plans identified people's communication needs and staff knew how to support people.
- People were supported to have regular eye tests and wear their glasses. One person told us, "I have been under the hospital for my eye treatment."
- Information was shared with people in a format they could understand such as large print if needed.

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

- We saw people followed varied interests and hobbies at the service. One person told us, "We like playing bingo and I call the numbers." We saw other people enjoying a game of scrabble together.
- Some people went out and attended clubs in the community or church-based activities. One person told us, "I like going out for a walk or I get a bus into town every day."
- Everybody we spoke with felt they had plenty of activities to keep them occupied. One person said, "We like watching the television in the afternoon for the quiz shows."
- There was a quiet lounge where we saw on occasion some people chose to sit. The registered manager told us they had employed an activity person who would be able to support people with individual activities if they wished.

Improving care quality in response to complaints or concerns

- People we spoke with told us they generally did not have any complaints and enjoyed living at the service. There was a complaints system in place and information was available to people on how to raise a complaint.

End of life care and support

- People's preferences for the end of their life had been explored with them and was recorded in care plans. Where appropriate some people had taken decisions about if they wished to be resuscitated and this was recorded.
- Staff had received training in end of life care and the registered manager had contacts with the relevant health care professionals when needed.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they were happy living at the service and we saw there was a real sense of community. People spent time in each other's company chatting and doing activities together.
- There was a positive culture with people and staff getting on well together, we saw the registered manager spending time with people talking and reassuring them.
- Staff shared the registered manager's vision. One Member of staff said, "We want to support people to have a better life and be happy."
- The registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.

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

- Since the last inspection the registered manager has reviewed and changed training for staff. We saw training was now more robust to support staff with the skills they need to perform their role.
- As well as employing a number of new training strategies, the registered manager kept clear records of training and when these needed to be repeated. Training was now competency based and we saw competency workbooks in staff files.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to meet people's needs.
- The registered manager had a good oversight of the service through regular audits and policies and protocols had been reviewed since the last inspection. Where new policies had been implemented staff had workbooks to complete to show they had understood the new policies. Staff worked within regulatory requirements.

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

- People were actively involved in improving the service they received. The registered manager and provider spoke with people daily to get their feedback. They also held regular meetings with people, we saw from minutes of these meetings they were an open forum to discuss everything at the service including the last CQC report and the impact of this for people and staff.
- Care documentation and care plans were regularly reviewed with people and to get their feedback and to

keep care relevant to them.

- The provider sent out questionnaires to people, relatives, staff and other health professionals to gain their feedback. We saw these were analysed and a response made available of any actions undertaken. We saw the last staff survey response was overwhelmingly positive about the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurances processes in place. Regular audits were completed on all aspects of the service and action plans were in place to work towards continual improvements.
- The registered manager supported staff to continuously learn and develop their skills. They worked in partnership with other healthcare professions to provide training for staff on such things as blood glucose monitoring and sepsis awareness.