

Derbyshire County Council

# The Grange Care Home

## Inspection report

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Date of inspection visit:  
25 September 2019

Date of publication:  
11 November 2019

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Grange Care Home is a residential care home providing personal and nursing care for 25 people. On the day of our inspection there were 23 people living at the home. The home is a one storey building divided into three wings. One of the wings has 5 rooms used to provide intermediate care services. This part of service is used to reduce the admissions to hospital and support discharge from hospital by providing rehabilitation support to enable people to return home.

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

There was good governance in the home and people were kept safe by the review of accidents and incidents including falls. However, the provider review and oversight of these measures required improvement to ensure that all risk factors were recognised and early intervention and support was provided to the home.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were skilled in understanding the needs of people and engaged them in meaningful activities. Staff knew them well and understood how to care for them in a personalised way. Care plans were informative and regularly reviewed to support them.

People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The registered manager was approachable and there were meetings in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint.

The environment was adapted to meet people's needs. There was a refurbishment programme in place to continue to improve it.

More information is in the full report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 22 November 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# The Grange Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 was completed by one inspector, an assistant inspector 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.

#### Service and service type

The Grange Care Home 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

We used information we held about the home which included notifications that they sent us to plan this inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and gave them the opportunity to do so during the visit.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, carers, catering and domestic staff and the service manager. We reviewed a range of records. These included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, were reviewed.

After the inspection

The registered manager sent us records after the inspection in the timeframe requested, about staff training and service development plans. We continued to seek further clarification from the provider to validate evidence found, particularly around governance systems.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People they felt safe and trusted staff who supported them. One person said, "Oh yes I feel safe, I really do!" Another person told us, "I do feel safe. There are always staff on duty, and they are all very good people."
- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. They told us about training they had received and how this made them feel confident to report.
- When safeguarding concerns were raised and investigated action was taken to protect people from further harm. The registered manager was also aware of their responsibility to raise concerns if harm had occurred to people at other locations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- One relative told us how relieved they were to know their family member was safe. They said, "We were very worried about them but there is always a staff member here to keep an eye on them."
- We saw people being supported in line with their risk assessments; for example, using cushions to protect their skin. People told us about specialist beds they had also had in place for this purpose.
- We observed people being supported to move safely. One person was not feeling too well and after some gentle encouragement to stand, the staff supporting them made the assessment that they were not safe to stand up independently. They were patient and spent time explaining to the person why and how they were going to use equipment to move them instead.
- Staff knew about people's individual risks in detail. For example, they told us about specialist diets for people who were at risk of choking.
- Some people behaved in ways which could cause them or others harm when they were distressed or anxious. There were clear plans in place for staff to follow to avoid particular situations which could antagonise people; for example, letting one person know when the fire alarm would be practised.
- When accidents did happen, these were carefully analysed to reduce the risk of recurrence and to learn lessons. For example, when someone had a fall a full analysis was completed to consider an individualised response. One person had their medicines changed from night time as it was noted that they were particularly disorientated at night. Another person had equipment put in place to change their position during the night to prevent them falling. For a fourth person, their deteriorating health was managed with other professionals and they were given additional staff support to them to stay safe.
- The environment was checked regularly to ensure that it was safe and well maintained. For example, we saw that equipment in the home had been serviced recently.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. One person said, "I pressed my buzzer the other night, and before you could say anything a member of staff appeared and helped."
- Staff had plenty of time to spend with people throughout the day and to respond promptly when assistance was requested. One member of staff sat with people who were watching a film and was able to answer questions and offer support throughout. One person told us, "Sometimes the staff are very busy but they are never too busy to talk to you."
- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

#### Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
- Some people were prescribed medicines to take 'as required'. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

#### Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection.
- Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs.

Staff support: induction, training, skills and experience

- People felt the staff had the skills and training to support them well. One person said, "The staff are really on top of things. They know what they are doing." Another person told us, "The staff know exactly what they are doing, and they do it well."
- Staff had regular opportunities for training and they felt it was good. One member of staff said, "I have recently completed training in positive behaviour support which I liked; it makes us think what people are trying to communicate to us and what's important to them."
- A newer member of staff described the support they had received from their colleagues. They told us through a mixture of one day at college, observing other staff on shadow shifts and being paired with experienced staff they had achieved a qualification. They said, "I wouldn't be where I am now without the staff team here."
- There were regular opportunities for support through supervision sessions.
- In addition, the registered manager used team meetings to mentor staff by focussing on a topic. Recent discussions had been around governance and skin integrity.

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

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- Everybody we spoke with were enthusiastic about the meals they were provided with. One person told us, "It is good old-fashioned cooking and I have eaten very well since I have been here."
- People were offered a choice of meals. One person said, "The food is good. You make a choice before you go to the dining room. We have a cooked meal at lunch time and sometimes sandwiches, or even cooked again, at tea time."
- Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement. They also sat with people and ate their meals, so they could make it a sociable occasion and persuade people to eat rather than doing it for them.
- When people were at risk of losing weight their intake was carefully monitored. One relative told us, "[Name] was not eating well at all before they came here, but now they really are putting on a bit of weight."
- Special diets were catered for and this included softened or puree food for people who were at risk of choking. Catering staff had detailed information about each person.

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

- There were good relationships in place to ensure that people saw healthcare professionals when required.
- Some professionals were based at the home to support the reablement of people staying for a short, defined period of time. They told us they had close working relationships with the staff which supported people to achieve their goals. One professional said, "I write any advice down and know it will be followed. If there are any issues I can have a frank conversation with the registered manager; communication is very good." Another professional told us, "The staff team here are brilliant and there is really good communication with managers who are always available."
- People told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. We saw evidence of this in their care records.

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

- People were involved in decisions about the premises and environment, including personalising their bedrooms.
- There was signage throughout the home to assist people who were living with dementia to orientate.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.
- There were records to evidence capacity assessments and best interest's decision making. These records clearly demonstrated how the assessments were made and who was involved in the decisions.
- Any restrictions on people's liberty was reviewed to ensure it was the least possible. Conditions in DoLS were adhered to. People were not overly restricted despite having these safeguards in place and we heard about arrangements in place to go out independently.

# 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 remained the same add rating. 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 had caring, kind supportive relationships with the staff who supported them. One person told us, "They treat me as an equal which makes me very proud." Another person had returned to the home after previously having a short stay. They said, "I was always going to come back here; the staff are so wonderful, helpful, kind, you name it."
- We saw caring interaction between staff and people throughout the inspection. They had time to talk at length with people and offer reassurance when people needed. For example, one person was disorientated for a short period and asked a member of staff the same question repetitively over a period of time. The member of staff answered patiently and reassuringly throughout.
- Assessments highlighted equality and diversity support requirements; for example, they highlighted cultural and religious identities. For example, some church services were available for people to attend. One person told us, "Sometimes we sing hymns with the vicar."

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

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms.
- They were consulted about decisions in an accessible way. One professional advocate we spoke with explained how the person they supported choices were known and followed. An advocate is independent from the home and supports the person to make choices.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. One person told us about being helped when they were unwell. They said, "The staff came and they cleaned me up without any fuss and made me feel that I wasn't causing them any embarrassment or trouble." Another person told us, "The staff was very nice and preserved my dignity by saying 'I'll stay out of the way whilst you are in the bathroom but will check back very soon and help you back to bed.'"
- People were encouraged to be as independent as possible. They used adaptations at mealtime to support people to eat without support. One person's care plan noted their ability had changed from spreading jam and butter on toast to leaving it in the middle. Staff were instructed to let them do this and then support them with spreading it.
- Some people were staying for a short, focussed time working towards goals to improve their independence. Staff were aware of these and supported people to do more things for themselves. The registered manager told us they felt staff learning these skills had improved how other people were also

supported. They said, "Previously, the staff may have felt they weren't being caring but now they understand how important it is for people to be as independent as possible."

- People's families and friends could visit the home freely. They told us they were always welcomed and kept informed of their relative's wellbeing.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff who knew them well and understood their preferences. Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- People had care plans which were personalised and detailed. They were regularly reviewed and updated. They clearly demonstrated action taken to maintain people's health and wellbeing.
- Staff met regularly to discuss what support people required. We observed a handover meeting which was detailed for each individual and gave staff who hadn't worked for a few days the opportunity to ask questions about people's support needs.

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.

- People's communication needs were assessed, and it was clear how information should be shared with them. Some people had plans in place to help them to manage their behaviour and these described how certain behaviours could be some people's way of communicating.
- There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could understand it. This included photographs celebrating outings and

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

- Activities were planned with people to ensure they were engaged and interested. One relative told us of the positive impact this had had. They said, "Look at [Name], they are more animated and although it sounds strange they seem more alive."
- Staff spent time with people in communal areas playing games, dancing and singing and just chatting about families and hobbies.
- There were also group activities. One person told us, "We have recently been on a trip to Cleethorpes with two minibuses and we had fish and chips. We had a grand time and it didn't cost us a penny."
- Other people told us how they maintained their independence and went out regularly. One person said, "I go out to a social club about once a week and all the people there who have been here for respite always say they would come in here just like I did."

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to.
- One person told us, "There is nothing to complain about here but if there was I would speak to any of the staff." A relative said, "If anything is wrong I will tell the staff; they always do whatever they can to help you."
- There was a complaints procedure in place which was shared with people and any complaints received were managed in line with the providers procedure.

#### End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
- There wasn't anyone at this stage in their lives living at the home when we inspected but we found good health professional relationships in place to support people when it happened.
- The registered manager told us, "If people are in hospital and they are told they are ready for palliative care we work really hard to get them home if it safe to do so. Then we can look after them, we want them to be with people who love them." We talked about the arrangements which were being made to support one individual in this position at the time of inspection and the plans being put in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their responsibility to enter management information into the providers electronic system; for example, about falls and audits. However, they were unsure what oversight there was of this information and did not receive feedback on it. When we asked the provider to share their quality assurance processes with us we were informed this was being reviewed and developed and a defined procedure was not currently used. This meant there was not an agreed approach to reviewing and comparing management information across the provider's locations to identify risk and areas for development.
- The audits which were completed in the home measured the quality of care provided and set actions to improve it.
- All staff understood their roles and responsibilities and there were clear lines of delegation. Senior staff explained their role and the leadership they provided during a shift. This included monitoring and checking records completed for people.
- Staff received regular support sessions from the registered manager which they said were helpful.

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 knew the registered manager well and they were approachable and available. One person said, "They are a good manager and they have an open-door policy."
- We saw the registered manager knew people well and interacted with them throughout the day. All of the professionals we spoke with all praised the registered managers approachability. They said she knew each person really well and was always accessible. One professional told us they often saw her doing her paperwork in communal areas chatting to people who live at the home and observing what was happening rather than being in an office.
- Relatives confirmed this. One relative told us, "The manager always finds time to talk to you. They are lovely." Another said, "This home is well run. It's a joy to come in and see. They don't hide anything."
- Staff spoke with us about shared values which focussed on people's wellbeing. One member of staff said, "The manager is brilliant; she sorts things out properly. We are a strong, close team."
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

- The previous rating of the home was displayed in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were regular meetings with people who lived at the home and staff. Records showed they were an opportunity to discuss the running of the home and any future plans.
- There were strong relationships with local health and social care professionals including weekly meetings and reviews. The registered manager told us this was an easy way to share best practise and development ideas.