The Grange Nursing Home Limited

The Grange Nursing Home

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

Summary of findings

Overall summary

The inspection took place on 2 October and was unannounced. The inspection continued on 3 October 2018 and was announced.
The service is registered to provide accommodation and residential and nursing care for up to 63 older people. At the time of our inspection the service was providing residential care to 60 older people.
The Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. 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 and their families described the staff as caring, kind and friendly and the atmosphere of the home as warm and inviting. People could express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes. Activities took place in the home and were enjoyed by people seven days a week.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Grange Nursing Home

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 site visit took place on 2 October 2018 and was unannounced. The inspection continued on the 3 October 2018 and was announced. The inspection was carried out by an inspector, specialist nurse advisor and expert by experience on day one and one inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service, four relatives and three friends of people who lived at the home. We met with one training professional and 12 staff which consisted of care staff, maintenance, domestic, kitchen and nursing staff.

We spoke with the registered manager and deputy manager and also the nominated individual. A nominated individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided. We reviewed six people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2018 relative's survey results. We looked at five staff files, the recruitment process,

complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the deputy manager to send us information after the visit. This included policies and the staff training record. They agreed to submit this by 5 October 2018 and did so via email.

Good

Is the service safe?

Our findings

People, relatives and staff told us that The Grange Nursing Home was a safe place to live. A person told us, "I feel the home is very safe". Another person said, "Risk assessments are carried out by management". A relative told us, "I feel my family member is safe in this home due to the dedicated care and support of all the staff". Another relative said, "The staff are so good at what they do I am happy that my loved one is quite safe here". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

We found that the home had implemented safe systems and processes which meant people received their medicines on time and in line with the provider's medicine policy. We completed a medicine administration round with a nurse. They were very knowledgeable about the systems in place at The Grange Nursing Home, the medicines they were administering, the electronic medication system and the people whom they administered medications to. The nurse knocked on people's doors before entering, asked if it was ok to come in and gained consent to administer medicines.

The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately.

There were enough staff on duty to meet people's needs. We found that the registered manager had reviewed staffing levels based on areas such as; roles, staff workload, dependency levels of people and staff competencies and the layout of the home. The registered manager said that they were confident that staffing levels met people's needs and that additional staff were put on rotas as and when people's needs changed. A relative said, "I feel there are enough staff. There are no agency staff they are all employed by the home. Staff are always helpful and available". A health professional told us, "There are enough staff for people. A nurse is always assigned to us when we visit too". Staff comments included; "There are enough staff here. We can get the job done and deliver good care to people". "We are lucky with staff. We have enough to meet needs and spend time with people. We all support each other". The service also employed maintenance, cleaning and kitchen staff to help ensure the service ran effectively. The chef explained that staff who worked in the kitchen had appropriate food hygiene training.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas

of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these, for example, at meal times and during personal care. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices.

There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A social care professional told us, "The service is very prompt with sharing any safeguarding alerts with us and investigating these". A health professional said, "I have never had any safeguarding concerns and neither have any of my colleagues here. I think the management would be open and honest".

Staff understood their responsibilities to raise concerns, record safety incidents, and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all logged, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team, and measures put in place to reduce the likelihood of reoccurrence. A staff member told us, "If an incident occurred I must report it, record it and inform the management. Incidents are managed well here. We are always encouraged to log everything. Lessons are learnt and shared".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to discreetly monitor the person. A professional told us, "I think risks are managed well here, moving and assisting is done safely and assessments are in place. I have never had any safety concerns".

Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested, hoists were serviced in July 2018, and the most recent gas safety test took place in November 2017. A maintenance person said, "I coordinate all servicing of equipment via our computer system". People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire.

Good

Is the service effective?

Our findings

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.

Consent to care was sought by staff from those people that had mental capacity. This included consent for photos. A person said, "They (staff) always ask for my consent to do anything". A relative told us, "I'm involved in all best interest decisions which involve [name]. The service works within the principles of the act". We found that MCA and best interest paperwork was in place, complete and up to date. Mental capacity had been assessed and best interest meetings involved relatives and other relevant parties. However, there were some people living in shared bedrooms and the service had not evidenced best interest decisions in relation to these. We were told that families had requested these and agreed but it was not clear how people had been matched to share rooms with each other. The management team told us that they would look into this and review how decisions were made and if people wished to remain in shared rooms. A staff member told us, "Where people lack capacity or can't talk we involve families, advocates, professionals etc." Best interest decisions included; the delivery of personal care, medicines, bed rails and the use of equipment, for example; hoists stand aids and sensor mats.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. People are always assumed to have capacity unless assessed otherwise".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. Applications had been made for people who required Deprivation of Liberty Safeguards (DoLS). Six people had authorised DoLS in place with no conditions attached to them. The other applications were pending assessment by the local authority.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I receive enough training here. For example, I recently did epilepsy and diabetes. I also have my level two diploma in health and social care and am about to do my level three". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; death, dying and bereavement, nutrition and dementia. A staff member said, "I receive supervisions three monthly which is enough for me. These are useful. It is good to review how we are getting on and discuss development needs". A training professional told us, "I find staff professional and person centred. I did some observations of staff completing moving and assisting tasks, supporting people to eat and personal care. Staff followed policies like infection control, privacy and dignity. Staff know people well".

Nursing staff were aware of their responsibilities to re-validate with their professional body, the nursing and midwifery council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The registered and deputy manager was supporting clinical staff to achieve this through reflective learning and development sessions arranged at the home and external training and events.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "I had a good induction. It was informative. I shadowed senior staff and was shown what to do".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to.

The Grange Nursing Home employed a family liaison lead. The lead told us, "I am involved from day one. For example, this morning I have just shown a potential new family around the home. If they like it they choose a room and I arrange an assessment with a nurse. We arrange arrival date and personalise their bedroom. Once the person is here we have an advanced care plan meeting and go through the care plan, support, end of life wishes, policies and document the pathway. Consent to care is also part of this process".

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "I enjoy the food that is cooked fresh on site and I love the puddings". Another person said, "The staff know what I like to eat and don't like, they will always get me something else if I don't feel like eating what is put in front of me". A relative told us, "The food always looks good. They accommodate to [name's] requirements. People can always request alternatives".

We observed people eating and found that there was a relaxed atmosphere. Tables were nicely laid and drinks were available to people. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People requiring assistance were helped in a manner which respected their dignity and demonstrated knowledge of individual dietary and food consistency needs. People chose whether to have their meals in their own rooms, the conservatory or the communal dining room.

The kitchen had been awarded a five-star food standards rating and all staff had received food hygiene training. We met with the chef who told us that there was a four weekly menu which was currently under review. The chef used a 'Smooth Food' system which enhanced the aesthetic and taste experience for residents requiring puree diets. The chef was able to tell us people's dietary requirements including their likes and dislikes. They told us that care staff went around each day informing people what the meal choices there were and offering alternative options if people did not like those available to them. We observed this happening on day two of the inspection. We were told that visual menus were taken around to people so that it could support them associate meals to choices.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "If I am unwell the nurses will call the Doctor out for me". A health professional said, "We do monthly home visits which are well organised by the service". Recent health visits included; a District Nurse, a GP, an out of hours GP, and a

Chiropodist.

People told us they liked the physical environment. The home was split across three levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There were two working lifts and stairs in place providing access to each floor. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. A person said, "I can go outside if I want to". We observed people walking freely around the home during the inspection.

Good

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "The staff here are marvellous and very caring towards my needs". Another person said, "Staff are polite, kind, caring and always cheerful". A health professional told us, "Staff are caring. There is a big effort on getting people into communal areas should they wish to which is good so that people aren't isolated". Relative comments included; "I have only seen staff being kind and caring when visiting and have no other reason to doubt this when I am not in the home", "Staff do an excellent job of introducing themselves to both residents and relatives", "Staff are caring. There is a positive atmosphere at The Grange. Always banter and conversations with people".

People were treated with respect. For example, we observed one person's skirt had rose up their leg. A staff member quickly pulled it down, helping to preserve the person's dignity. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. One person told us, "Staff respect me and treat me with dignity and support when they are with me". A relative said, "Staff are very good at treating people with dignity and respect - both people and relatives". A staff member said, "We respect people's dignity and privacy by making sure we know their preferences, closing doors and covering private areas". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People who could talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included. "We are absolutely happy with the care [name] is receiving". "I am happy here; the care is very good". "We are happy with our loved one's care".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A relative told us, "The service promotes equality and diversity". We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. A person told us, "Staff always check on my needs and will even sit and read the bible which is important to me".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There were a number of lounges and other areas around the home so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "We are able to visit any time that we like really". A family friend told us, "[Name] is supported to keep in contact with their friends who are always made to feel welcome when they visit as am I". Staff were aware of who was important to the people living there including family, friends and other people at the service.

On both days of the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient

and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and their individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient and did not rush the person. A person said, "I like my own independence and freedom all staff support me with this". A staff member said, "I promote independence. For example, I encourage people to walk, stand, wash themselves and dress as much as they can. Independence is important, it's important not to make people dependent on us".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I make my own decisions on what I want to do and staff respect this". People appeared well cared for and staff supported them with their personal appearance.

The home had received a number of compliments and thank yous. One said, 'A big thank you to all, you served [relative] so well with much care, practical help and patience'. Another stated 'Just a note to say thank you for all the kindness shown towards [relative]. It was a great comfort to all the family to know they are so well cared for'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "I was heavily involved with my loved one's care when I moved them to this home and both the staff and management were very supportive of all our needs". Another relative told us, "We are involved in regular reviews of care plans. These are six monthly officially but we have lots of discussions in between". A social care professional told us, "I am involved in review meetings. Any changes are always in people's best interests". The family liaison lead told us that they arranged and lead reviews with people and relatives.

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The registered and deputy manager alerted staff to changes and promoted open communication. A health professional said, "Staff are good at responding to changing needs and highlighting this with us". We found that care plans contained photos of people and information about the person, their family and history. Another health professional told us, "Records are accurate, legible and easy to access".

People were supported with end of life care and preferences were recognised, recorded and respected. The home had been accredited the highest level in a scheme for their end of life work. The family liaison lead said, "We have a blue-ribbon system in place. We meet with people and families to discuss support required and people's end of life wishes. We also offer support and information to families. For example, a person lost their wife and had no other family in the country so we made meals for them and call them to make sure they got home safely. The persons funeral is later this week". The family liaison lead went on to say, "We can arrange to register people's death and or support relatives with this if they are away or find it hard. We also liaise with the undertakers in terms of how long to keep people who have died should their families be out of the country. We also discuss specifics with the undertakers like any individual wishes. For example, teddies or photos of family". We found that bereavement training was delivered to all staff which raised awareness of how to cope with situations and seek support".

The Grange employed an activities team which worked seven days a week. They arranged and provided people living at the service a variety of activities to participate in and enjoy. The activities team told us that they identified people's hobbies and interests during care planning meetings and through conversations with people and their families. We were told that recently people were supported to have a picnic which involved them making their own favourite sandwiches. An activities coordinator told us, "People loved it and they made fruit kebabs too. Soon we will be making a Christmas cake with people". Each morning people were invited to get together with an activities coordinator and review the newspaper headlines. We observed this happening on both days of the inspection. We were told that a BBQ was arranged for people and their families in the summer which was a success. The activities team also arranged for an ice cream van to come to the home. Other activities which took place included memory games, bingo, live singers and days out to local attractions.

The service used their own memory box which was filled with past time memories to engage people in conversation and allow them to reminisce. However, this was not regularly refreshed or added to which meant it was not used much. Activities staff said that they were not aware that they could get memory boxes delivered and would consider this.

The deputy manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. However, we found that the most recent complaint logged in January 2018 had not had a recorded outcome. The deputy manager told us that they were sure that it had been resolved but would discuss this with the registered manager. We found that there were no live complaints at the time of our inspection. A person said, "I know if I have a problem I just talk to the staff and everything gets sorted quite quickly". Other people we spoke to told us they felt able to raise concerns with staff or management. Relatives we spoke to said that they had no concerns or complaints. Health and social care professionals mentioned that the home was good and that they had never had any concerns.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, nutrition, medicines and equality and diversity. The registered and deputy manager told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary. The deputy manager told us that they completed spot checks on staff however, these were not officially recorded. We were told that the deputy manager would create a spot check sheet to record observations and checks made on staff so that they could be used as feedback in staff supervisions.

The management told us that they promoted an open-door policy. The manager's office was located on a main corridor on the ground floor. The registered manager told us they recognised good work which was positive and promoted an open culture. A staff member said, "I feel appreciated and management praise us. For example, with nutrition if people's levels are up we are thanked, this helps with moral. We [staff] are all happy here".

Staff, relatives' and people's feedback on the management at the home was positive. A person told us, "I do know the manager and can talk to her any time". Another person said, "This home is very well run and I have never had any problems here". Staff comments included; "The registered manager is good. I get on well with [name]. Very supportive, regularly here. Fair and understanding". "The deputy manager is really good. Really professional and always nice" and, "The registered manager is so supportive. [Registered manager's name] does so much and is a real believer of training. Such a great manager and so passionate". A relative said, "The management and staff do an excellent job of providing a high level of care and support to all residents from what I have seen". Another relative told us, "I always speak to the management team and they are always so helpful and polite". A professional said, "The management are very good at all levels and they know a lot about the people too which is so important".

The service worked in partnership with other agencies to provide good care and treatment to people. The home had in place two independent and supplementary nurse prescribers. This was implemented to support GP's to deliver effective outcomes for residents at end of life and to strengthen relationships with GP services. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "The service is quick to provide information we may require and work very well in partnership with us".

The registered and deputy manager understood the requirements of duty of candour that is, their duty to be

honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A social care professional said, "The home is always open and honest".

People, relatives, and staff told us that they felt engaged and involved in the service. A relative said, "The home is really supportive. I feel I can raise ideas and am involved in improvements. I can't think of any examples now though". A staff member told us, "I'm involved in decisions. Management listen to my views and opinions".

A relative said, "I would most definitely recommend The Grange Nursing Home to the point of putting myself there one day!".