

# Care UK Community Partnerships Ltd

# Grangewood Care Centre

## Inspection report

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14 January 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 14 January 2019 and was unannounced. This meant the staff and provider did not know we would be visiting.

Grangewood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Grangewood Care Centre provides accommodation and personal care for up to 50 people across two floors in one purpose built building. Some of the people were living with dementia. On the day of our inspection there were 49 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. 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.

Accidents and incidents were appropriately recorded and risk assessments were in place. Staff understood their responsibilities with regard to safeguarding people and had been trained in protecting vulnerable adults.

The home was clean and regular health and safety audits were carried out. Appropriate arrangements were in place for the safe administration and storage of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

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 were protected from the risk of poor nutrition. Care records contained evidence of people being supported during visits to and from external health care specialists.

People and family members were complimentary about the standard of care at Grangewood Care Centre.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

Activities were arranged for people based on their likes and interests, and to help meet their social needs.

The provider had an effective complaints procedure in place, and people were aware of how to make a complaint.

The provider had a robust quality assurance process in place. Staff said they felt supported by the registered manager. People, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Grangewood Care Centre

## **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 14 January 2019 and was unannounced. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our inspection we spoke with seven people who used the service and two family members. We also spoke with the registered manager, quality and development manager, operations support manager, deputy manager, activities coordinator and five members of staff. We looked at the care records of four people who used the service and the personnel files for three members of staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including local authority commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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.

# Is the service safe?

## Our findings

People felt safe at Grangewood Care Centre. One person told us, "Oh yes, I feel safe. The Manager and staff make me feel safe. They are responsible for me and that makes me feel safe." Another person told us, "I feel safe and the care is good. I feel particularly safe at night here. I was very unsafe on my own at home before I came here. I used to fall a lot." A family member told us, "[Relative] is very safe here. Staff are always around and looking out for them."

There were sufficient numbers of staff on duty to meet the needs of the people who used the service. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service. Staff, people and family members did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to prevent unsuitable people from working with children and vulnerable adults.

Risks were well managed. Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. Analysis was carried out following any incident and lessons learned were shared via staff supervisions and team meetings.

The registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people.

The home was clean and well maintained. Checks were carried out to ensure people lived in a safe environment. These included health and safety, fire safety, and premises and equipment servicing and checks. Personal Emergency Evacuation Plans (PEEPs) were in place for people. These described the measures staff were to take to support people who needed assistance to evacuate the premises during a fire or other emergency. Records were up to date.

Appropriate arrangements continued to be in place for the safe administration and storage of medicines.

## Is the service effective?

### Our findings

People received effective care and support from well trained and well supported staff. One person told us, "Staff do know how to care for me and know what I need." Another person told us, "Staff are very good with me, they know what they are doing." A family member told us, "The staff are brilliant."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. It can include a review of performance and supervision in the workplace. New staff received an induction to the service and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people.

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

People were supported with their dietary needs. Support plans were in place and where necessary included guidance from relevant healthcare professionals, such as speech and language therapists (SALT). Records were regularly reviewed and up to date.

We observed lunch and saw the dining experience was pleasant, and people were clearly enjoying their meals. Each person was offered the choice of different dishes of food, so they could see what it looked like and could make a choice. The dining experience was checked via regular audits.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Deprivation of Liberty Safeguards (DoLS) had been appropriately applied for and staff had received relevant training in the MCA. Consent forms had been completed and signed.

People had access to healthcare services and received ongoing healthcare support. One person told us, "We have a visiting doctor and if we need a dentist, staff take us. The dentist does visits here to do check-ups first though." Another person told us, "Yes, we have doctors and nurses visit, also a chiropodist visits."

The premises incorporated environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. Handrails clearly stood out, communal bathroom and toilet doors were painted a different colour, and corridors were light and clear from obstructions. Photographs, tactile objects and clothing people could touch and try on were on display, and some people had memory boxes next to their bedroom doors.

## Is the service caring?

### Our findings

The service was caring. One person told us, "Staff treat me very well. They are always respectful to me." Another person told us, "The staff are very caring." Another person told us, "The other week [registered manager] was here at night time and someone said they fancied a bag of chips. She went to the chip shop and brought back chip butties for everyone who wanted one!"

People we saw were well presented and looked comfortable in the presence of staff. People were assisted by staff in a patient and friendly way and we saw and heard how they had a good rapport with staff.

Our observations confirmed staff treated people with dignity and respect, and care records demonstrated the provider promoted dignified and respectful care practices. We observed staff knocking on bedroom doors before entering people's rooms and closing doors before carrying out personal care.

Staff supported people to be independent and encouraged them to care for themselves where possible. This was evidenced in the care records. For example, "[Name] is no longer independently mobile and requires the assistance from two members of staff to mobilise" and "[Name] is encouraged to carry out daily tasks for themselves within their ability to promote and maintain independence, and is supported with daily tasks where needed."

People's preferences and choices were clearly documented in their care records. For example, one person liked to have their bedroom door open so they could see and hear what was going on in the home. Another person liked to get themselves washed and dressed but staff were on hand if they required support.

None of the people using the service at the time of the inspection visit had specific religious or spiritual needs. However, regular church services took place at the home for those who wanted to attend.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Two of the people using the service at the time of our inspection had independent advocates.



## Is the service responsive?

### Our findings

Care records were regularly reviewed and evaluated, and were person centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

Records included important information about the person, such as preferred name, GP and next of kin contact details, ethnicity and religion, what was important to the person, allergies, and dietary likes. We saw these had been written in consultation with the person and their family members.

Support plans were comprehensive and detailed. These described people's individual needs and what they required support with. For example, one person was at risk of developing pressure ulcers. Their support plan described actions staff were to take to reduce the risk, and details of pressure relieving equipment that was in use. Community nurses visited the person monthly to carry out skin integrity checks and an appropriate risk assessment was in place.

Information was provided to people in a way they could understand. Communication support plans described people's communication needs and how they preferred to communicate. For example, one person was unable to communicate verbally but could make their needs known via facial expressions and body language.

People's wishes for their end of life care were recorded. For example, where they wanted to be cared for, whether they had funeral plans in place, and who they wanted to be contacted.

Daily records were maintained for each person and were up to date.

People were protected from social isolation. Activities and events were planned based on people's individual likes and interests. Activities included pamper days, singalongs, exercise and indoor sports, quizzes and bingo. People also took part in external activities, such as trips to Beamish Museum. We observed many people taking part in activities on both floors of the home during our visit. People told us they enjoyed taking part in the activities. A family member told us, "[Relative] is very well stimulated here. There are so many activities and [relative] is encouraged to join in."

The provider had a complaints policy and procedure in place. People were aware of how to make a complaint but did not have any complaints to make. There had been one complaint recorded in the previous 12 months, which had been appropriately actioned and resolved.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since January 2018. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us, "It's already a really good home", but had plans to make improvements. These included changes to the décor to improve the experience for people living with dementia, improving the use of information technology and increasing opportunities for staff to develop in their roles.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.

The service had good links with the local community. These included a local shop that provided prizes for bingo, a local barber shop that donated tickets to Rotary Club events, links with a local education service and visits from school children. People were supported to access the local community to, where possible, maintain the routines they had before admission to the home.

The service had a positive culture that was person-centred and inclusive. A person told us, "The atmosphere here is very happy." A family member told us, "[Registered manager] is a down to earth person, very approachable." The registered manager told us about the 'wish tree' that was in the foyer and people were encouraged to put their own wishes on the tree. We saw how one person's wish to work in the home's kitchen had been realised. A risk assessment had been carried out and appropriate safety equipment had been provided. The registered manager told us, "[Name] loves it. It gives them a sense of purpose again."

Staff we spoke with felt supported by the management team. Staff were consulted and kept up to date with information about the home and the provider, and staff meetings took place regularly. The registered manager told us, "The best thing about the home by far is the staff."

The registered manager held 'flash' meetings every day that were attended by heads of department to provide updates and discuss any issues. The registered manager told us they also used the meetings as development opportunities for senior staff.

The provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified. Regular audits were carried out and included health and safety, infection prevention and control, medicines, documentation, nutrition, activities and mental capacity. The provider's quality and development manager was visiting the service at the time of our inspection visit to carry out staff medicines competency checks.

Feedback was obtained from people and family members via satisfaction surveys and residents' meetings. A notice board provided updates on what the service had done in response to issues raised. For example,

more indoor and outdoor activities had been requested. In response, a third activities coordinator had been employed so that more activities could be provided.