

Grangefield Care Limited

# Grangefield Residential Care Home

## Inspection report

60 Northampton Road  
Earls Barton  
Northants  
NN6 0HE  
Tel: 01604 812580  
Website: [www.grangefieldcare.co.uk](http://www.grangefieldcare.co.uk)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This unannounced inspection took place on the 23 and 24 July 2015. Grangefield Residential Care Home provides accommodation and personal care for up to 23 elderly people with a range of personal care needs. There were 18 people in residence during this inspection.

There was a registered manager who was no longer in post; however, there was a manager who had been in post for over a year who was in the process of registering.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

# Summary of findings

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. Staff understood their responsibilities to respond to allegations of abuse and protect people from harm.

People were assured that staff had been appropriately recruited. Recruitment procedures were robust and protected people from being supported by staff that were unsuited to the job. There were sufficient numbers of staff that had the skills they needed to provide people with safe care and support.

People's care plans were individualised and reflected the support they needed. People benefited from receiving care from staff that listened to them and acted upon what

they said. Staff encouraged and enabled people to retain as much independence as their capabilities allowed. Appropriate risk assessments related to people's support needs were in place and were acted upon by staff.

People's healthcare needs were met. Healthcare professionals were appropriately consulted and their advice and prescribed treatments acted upon, to help sustain people's health and wellbeing. There were suitable arrangements for the management of medicines.

People's quality of care was effectively monitored by the audits regularly conducted by the registered manager and the provider. People knew how and who to complain to. They were assured that they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

People's care needs and any associated risks were assessed before they were admitted.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Good



### Is the service effective?

The service was effective.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005).

Staff had the training and acquired skills they needed to support people and enable them to be as independent as possible.

People's healthcare needs were met.

Good



### Is the service caring?

The service was caring.

People care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Good



### Is the service responsive?

The service was responsive.

People's care plans were individualised.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



### Is the service well-led?

The service was well-led.

There were systems in place to monitor the quality and safety of the service.

People were supported by staff that received the managerial guidance they needed to do their job.

Good



# Grangefield Residential Care 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 unannounced inspection was carried out by an inspector and took place on the 23 and 24 July 2015. Before the inspection we asked the provider to send us a 'provider information return' (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received prior to the inspection.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us

by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed observed mealtimes and medicines being dispensed.

During this inspection we spoke with ten people who used the service. We looked at the care records of two people. We spoke with the registered manager, and seven staff. We looked at three records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment and character references were obtained before they started work.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued

safety. These contained action for minimising potential risks such as risks associated with medicines and falls. People's assessed needs were safely met by sufficient numbers of experienced staff on duty.

There were appropriate arrangements in place for the management of medicines. Staff that had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff followed guidelines for medicines that were prescribed to be given at times when they were needed for example Paracetamol for when people were in pain. The service would benefit from clearer communication between the home and the pharmacy or look to use a local pharmacy for urgent medicines.

People were assured that regular maintenance safety checks were made on safety equipment, such as the hoist and the fire alarm. Staff were mindful of the need to ensure that the premises were kept appropriately maintained to keep people safe. There was a system in place for ensuring that the front door was secure to minimise the likelihood of uninvited visitors entering the premises without staff knowledge or people's agreement.

# Is the service effective?

## Our findings

People received care and support from care staff that had received the training they needed to do their job and ensure that the support provided was in people's best interest. Staff followed the provider's protocols when assessing people for their mental capacity to make decisions for themselves. Staff had a good knowledge of people's individual personal care needs that enabled them to consistently provide effective care tailored to the needs of each person.

People were involved in decisions about the way their care was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. Staff demonstrated their understanding of the importance of obtaining consent to care. People were involved in important decisions in the home; two people had interviewed the new chef as part of their employment process.

People drank and ate enough to help protect them from the potential adverse effects of poor nutrition. There was one day set aside a week for fish and chips from the local chip shop which people looked forward to. The dining room acted as a hub for people to meet and spend time having meals and socialising, we saw that this had a positive impact on people accessing their breakfast at a time they chose. People said they were training up the new

chef to meet their needs for soft vegetables and meat. The manager and staff that had experience in cooking in the home were helping to supervise the new chef to adapt their skills and experience to meet the needs of the people at the home. People were very keen to support the chef during this time.

People's needs were met by staff that were effectively supervised. Staff were regularly supervised by the manager, who was also approachable at any other time when staff needed. Senior staff were also receiving training in leadership skills and were working towards taking on the role of supervision.

People benefited from receiving support from staff that were skilled and experienced, all staff had undergone a period of induction last year which was based on the fundamental standards for care. There was a clear plan for future training which was due to be completed by September 2015. Newly recruited staff received a thorough induction that prepared them for their role. They also initially worked alongside an experienced member of staff and completed their induction training programme before they took up their care duties.

People received the timely healthcare treatment they needed, however, the communication between staff and people's GPs could be improved. People received timely medical treatment or other appropriate healthcare treatments from community based professionals.

# Is the service caring?

## Our findings

People's dignity and right to privacy was protected by staff. People's needs were discreetly met by staff so that they received the support they needed in a dignified manner. People received their care and support from staff that were compassionate, friendly and respectful. One person said, "when staff help me wash in the mornings, they treat me with dignity".

People's individuality was respected by staff and we saw them take an interest in what people were saying about their day and what was important to them. People's families were also supported especially during the time when people first moved in, or through illness. We saw staff responded promptly when people needed care and people said that staff would acknowledge them with a cheery wave or hello when entering communal areas.

People were encouraged to make choices appropriate to their capabilities and preferences. There was information in people's care plans about what they liked to do for themselves. This ranged from what they wanted to do with their time on a particular day to making choices about their preferred daily routine, such as going back to their rooms in the afternoon to read.

People were encouraged to bring items into their accommodation which enabled them to personalise their own private space and feel 'at home'. We saw evidence of this in people's accommodation, with items of personal value on display, such as photographs and other personal belongings that were important to them and reflected their interests.

# Is the service responsive?

## Our findings

People's care and support needs were continually monitored to ensure that care was provided in the way that they needed. A range of information was gathered and focused assessments were carried out before they went to live at the home and these considered people's physical and emotional needs and compatibility with the people already living in the home. This helped ensure that their individual needs were known and could be met.

People had been involved in planning and reviewing their care when they wanted to. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known. Their care and treatment was planned and delivered in line with their individual preferences and choices.

People received care that was personalised and met their individual needs. Staff were able to tell us about people's

interests and their backgrounds and this information enabled them to understand and support people with diverse needs. We looked at two care plans and saw they were created to meet people's individual needs such as detailing the times that people preferred to get up and have breakfast. One person said, "I am not a morning person, the staff know I like to spend the morning in bed and I have my breakfast on a tray later."

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. A complaints procedure was available for people who used the service explaining how they could make a complaint. People said they were provided with the information they needed about what to do if they had a complaint. One person said, "if there are any complaints they are on to it straight away." One person had complained about the state of the garden, which they now described as 'lovely' since the provider had ensured the garden was well tended as a direct result of the complaint.



# Is the service well-led?

## Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. Staff told us they were proud to work at the home, one staff said “it’s a really lovely place”.

There was a registered manager who was no longer in post; however, there was a manager who had been in post for over a year who was in the process of registering. The manager had the knowledge and experience to motivate staff to do a good job and was supported by the provider on a daily basis. Staff said the manager used regular supervision and appraisal meetings with staff constructively. They said the manager or provider were always available if they needed advice.

People received care from a staff team that were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Staff said that the manager respected them and valued their efforts to provide people with a safe, comfortable living environment.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People’s care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People’s entitlement to a quality service was monitored by the audits regularly carried out by the manager and by the provider. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.