

Grangefield Care Limited

# Grangefield Residential Care 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

Grangefield Residential Care Home provides accommodation and personal care for up to 23 people. There were 19 people living at the home care at the time of the inspection.

At the last inspection in July 2015, the service was rated Good; at this inspection we found the service remained Good.

There was a registered manager who registered with CQC in February 2016. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service continued to provide safe care. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policies to provide people's prescribed medicines safely. There were enough suitably skilled staff to meet people's needs. Staff had been recruited using safe recruitment practices.

People received care from staff that had received training to meet people's specific needs and had supervision to assist them to carry out their roles.

People received care from staff they knew, which helped to forge positive relationships. People were supported emotionally and practically to maintain their independence and well-being.

People received a balanced diet from staff that understood their dietary needs. People were supported to pursue their hobbies and interests and continue to celebrate special days.

People were treated with respect and helped to maintain their dignity.

People were supported to access healthcare professionals and staff were prompt in referring people to health services when required.

People's risks were assessed and staff had followed plans that were centred on the person as an individual. Care plans were updated regularly and people and their relatives were involved in their care planning where possible.

Staff sought people's consent before providing care and people's mental capacity was assessed in line with the Mental Capacity Act 2005. The registered manager understood their responsibilities and referred people appropriately for assessment under the Deprivation of Liberty Safeguarding.

The provider and registered manager continually assessed, monitored and evaluated the quality of the service; they identified areas for improvement, and implement change where required.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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 checked 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 comprehensive inspection took place on 10 August 2017 by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. We also checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted and met the health and social care commissioners who monitor the care and support of people living at Grangefield Residential Care Home.

During this inspection we spoke with five people using the service and one relative. We also spoke with four members of staff including the registered manager, a team leader, a care worker and the cook.

We reviewed the care records of three people that used the service and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People continued to receive safe care. One person told us "I feel safe here."

People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. The registered manager had appointed two senior members of staff as safeguarding leads. They ensured that staff knew what to do to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would always record anything that I saw and report it to the shift leader and the safeguarding leads." The registered manager had taken appropriate action to report any concerns to the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for the risk of acquiring pressure ulcers. Staff were provided with clear instructions in care plans to mitigate the assessed risks, such as instructions on how to use equipment to help people move safely to relieve their pressure areas.

There were appropriate arrangements in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines. They were knowledgeable about how to safely administer these to people. Records showed that people received their medicines at the prescribed times.

There were enough experienced staff to keep people safe and to meet their needs. The registered manager calculated how many staff were required and ensured that enough staff were allocated on the rotas. One person told us "The staff are busy sometimes, but they still find time to come and talk to me." There were appropriate recruitment practices in place which ensured that new staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People lived in an environment that was safe. There was a system in place to ensure that assessment of the safety of the premises including fire safety checks were regularly carried out. The registered manager and staff kept fire exits clear and tested the fire alarms; records showed that checks of the fire alarm system had been carried out on a regular basis. Staff had received annual fire safety awareness training and understood their role in the event of a fire. Staff had ready access to people's specific emergency evacuation plans to ensure each person could be safely evacuated. There were systems in place to check the safety of the water.

## Is the service effective?

### Our findings

People continued to receive care from staff that had the skills and knowledge to meet their needs. New staff had undergone an induction which included training with the registered manager and shadowing experienced staff. One new member of staff told us "I've done fire and first aid, where we practiced resuscitation on [a resuscitation manikin]." New staff received close supervision and worked a probationary period to ensure they were suited to the role. During their probationary period, the registered manager sought the feedback of people who lived at the home to ensure that they were happy with the new members of staff.

Staff told us they received regular updates to their training. One member of staff told us "At the moment I am doing infection control and I am really looking forward to doing my NVQ [vocational qualification]." Staff told us that they felt supported and had opportunities to develop their skills and knowledge through additional vocational training. Staff received individual and group supervision which helped them to carry out their roles.

People received food and drink that met their individual needs. People had been assessed for their risks of not eating or drinking enough to maintain their health and well-being. Staff monitored people's weight regularly. We saw that one person had lost weight during an episode of illness when they had been admitted to hospital, and had begun to gain weight now they had returned to the home. We observed that people had a choice of meals and people told us there was always enough food. One person told us "I can't fault the food, it's nice." The kitchen staff had information about people's dietary needs such as a low fibre and gluten free diet. We observed that people received meals that met their needs. For example there were prunes for desert; the person with a low fibre diet was found an alternative low fibre pudding.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were no people in the home who were subject to a DoLS.

The registered manager and staff understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. We observed that people were asked discreetly if they would like assistance to use the bathroom.

People's healthcare needs were met. Staff maintained records of when healthcare appointments were due and carried out, such as GP review of medicines, eye tests, dentist and the chiropodist. Staff were vigilant in observing changes to people's behaviour which could indicate a change in their health and well-being. They took people's blood pressure regularly and reported any changes to the GP.

# Is the service caring?

## Our findings

People continued to receive care from staff that knew them well. People had developed positive relationships with staff and we observed many instances of positive interaction and companionship. People told us that staff were kind. One person said, "All the staff are very nice, they always talk to you." People told us they were very happy with the care. One person commented, "They [staff] are really good."

People chose where they spent their time. One person told us "I like to be by myself, I am not a group player. It's a nice place to be." Other people preferred to be with others in the communal areas where they could take part in group activities.

Staff were thoughtful during people's time of transition between their own home and their new care home. One member of staff told us "It can be difficult for people who have lost their own home, they can be emotional. I can only imagine how they must be feeling and provide some comfort. I get attached to them. They become part of our extended family."

People received care from staff that preserved people's dignity by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. People received care from staff that were respectful of people's personal space. We observed that staff were careful to attract a person's attention and seeking consent before providing people's care.

People were encouraged to maintain their independence and dignity when eating and drinking. Some people were provided with protection for their clothes from food that may be spilt during their meal. People were well presented in their own clean clothes, which were changed promptly when soiled. People had personalised their own rooms with pictures and articles that were important to them.

People's care plans reflected their past lives and how they liked to spend their time. Staff told us the information in the care plans helped them to relate to people by talking about their interests or ensuring that they were dressed as they preferred. For example, one person's care plan stated that they liked to wear their necklace; we observed they were.

People were supported to maintain relationships that were important to them. People told us their visitors were encouraged to visit the home. One person said, "My family visit me weekly, we go to the other room. They are made to feel welcome."

People followed their particular religious faiths. A vicar held monthly communion; they also provided weekly counsel for anyone who wanted a one to one discussion. A Catholic priest also visited the home regularly. One person liked to read the bible and listen to Christian broadcasts on the radio. We saw that they listened to their radio with headphones; they told us they enjoyed this.

The registered manager had recognised that people had experienced grief when two of their fellow residents had died. The registered manager and staff had provided time to listen to people and arranged for the vicar

to provide a blessing to people and the whole house. One person had provided feedback, they thanked the registered manager they'd written "The support you have given me, you have always been there with a hug when needed."



# Is the service responsive?

## Our findings

People continued to receive care that met their needs.

People were assessed before they were moved into Grangefield Residential Care Home to ensure that the service could meet their needs. Some people chose to get used to the home by visiting during the day only. One person who visited the home daily for care told us "All my needs are taken care of. I'm not steady on my feet but I can get around by myself in the wheelchair."

People received care that was planned to meet each person's individual needs. Staff followed care plans that provided instructions on how to meet people's needs, such as assisting people to relieve their pressure areas. Some people required regular position changes; records showed and staff told us that one person required two hourly turns which were carried out as planned. Staff ensured that pressure relieving equipment was used as required. One person told us "I can't move about as much as I used to, I have a pressure cushion to sit on and a pillow to lean on, I am comfortable."

Staff had clear instructions on how to meet people's current care needs as the written and verbal handovers between shifts allowed for updated information to be shared. All staff signed the handover to confirm they had been given the information.

Some people had been given instructions from healthcare professionals to carry out regular exercises to maintain their mobility. One person told us, and we saw, that they liked to walk around the courtyard. Staff prompted and encouraged people to complete the exercises. One person demonstrated what they had to do and told us "Staff help me with my exercises."

People received care at the times they preferred. For example records showed that one person liked to have their bath late in the evening after their favourite television programmes had finished. One member of staff told us "[name] likes to have their bath on a Monday after the TV soaps."

People were allocated a key worker; they had monthly meetings with their key worker to discuss their care and any changes they would like to make. For example, where they wanted to sit for dinner. People could express themselves and be listened to. For example one person communicated best by letters; they had written to the registered manager to ask for their furniture to be changed so that they had a better view of the garden. Staff had written this in the maintenance book to be actioned in the next few days. People's requests for changes to their rooms had been completed.

People were asked for their suggestions for individual or group activities. One person told us, "Staff organise lots of activities, this weekend there is a cream tea." The activities co-ordinator provided a wide range of pastimes including animal therapies such as holding baby chicks and petting rabbits and dogs. People had the opportunity to celebrate events such as Valentines' Day and Easter and sporting events such as Wimbledon. At Christmas staff continued the tradition of hanging people's stockings out and people found they had been filled with presents that were personal to them. There were photographs of people enjoying

these events and of birthday parties for each of the residents.

Some people were supported to continue their hobbies, for example one person took a taxi to their bridge club and another person walked into the village every day. Other pursuits included making bird boxes with the maintenance staff and knitting squares for the local hospital.

People could access holistic therapies, chiropodist and the hairdresser as part of the service. One person told us "I had a massage to my shoulder, it has made a difference." People could take part in armchair exercises and memory games. The activities staff told us "I spend time with people individually, as some prefer their own space but would like to receive a visit or talk. I will take in crosswords or word scramblers and cards as activities or if they prefer we just have a chat. I feel it's very important as they often like to talk about their lives past and present."

People who used the service and their relatives knew how to make a complaint and had confidence that if they did complain this would be managed appropriately. One person told us "I've not had any complaints but I would be happy to say to staff as they are friendly." One relative told us "If I had any complaints I would go straight to the manager." The registered manager followed the provider's complaints policy by responding to all complaints in a timely way. They encouraged people and their relatives to provide feedback about the home.

## Is the service well-led?

### Our findings

People continued to receive care from a service that was well led.

There was a registered manager who had managed the home since 2013 and registered with CQC in February 2016. 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.

People were cared for by staff that received support and guidance from a registered manager who had created a culture of care that was focused on each individual. The registered manager was committed to raising standards and learning from incidents and complaints. Staff told us they could rely on the registered manager; one member of staff told us "[The manager] is good in emergencies."

Staff told us they were proud to work at Grangefield Residential Home. One member of staff told us "It's lovely here, such a nice place to work. I like all of the residents and the staff, it is personally rewarding." Another member of staff told us that the home had a good reputation; they said "I love making a difference, we are their extended family. The home had won an award in 2017 for Best Residential Care Home in Northamptonshire.

People knew the provider and saw them in the home regularly. One person told us "[The provider] comes in and asks if we are all alright, naturally I say yes it is very nice here. If there is anything amiss I can always talk to him." The provider was very supportive of the registered manager and worked closely with them to monitor the quality of the service.

The provider carried out regular surveys and sought feedback from people who live at the home. All the feedback they received was positive and reflected their experiences. For example one person said "I really love the girls [staff] they make me smile and we have a laugh." Another person liked the personal touch; they said "It's the little things that count, like the scotch." Relatives also provided feedback, one relative said "The home is clean, pleasant and feels like home as much as it can."

The provider and registered manager regularly assessed, monitored and evaluated the quality of the care provided. The environment was checked regularly for obstructions and hazards to prevent the risk of falls. Records showed that actions had been taken to replace the flooring and light fittings where this had been identified as a risk.

The registered manager held regular meetings with staff to update them on policies and feedback any proposed changes to the service. Staff had suggested changes to the times of their shifts to allow for more handover time, which had been implemented and due to start in the next two weeks after the inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where

a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.