Runwood Homes Limited

The Grange

Inspection report

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21 September 2018

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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 Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides care and support for up to 43 people, some of whom may be living with dementia. At the time of our inspection, 41 people were living at the service, of which two were in hospital.

A registered manager had been in post for a number of years. 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.

At our last inspection in January 2017, the service was 'good' in all five domains. At this inspection, we found the service remained 'good'.

The service was safe. Safe recruitment processes were in place and there were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. Individual risks to people's health and well-being had been appropriately assessed, managed and reviewed. There were safe systems in place for the management of medicines. There were systems in place to minimise the risk of the spread of infection.

The service was effective. Newly appointed staff received an induction to the service. On-going training was available to staff to ensure their knowledge and skills were kept up to date to enable them to provide effective care to people. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice, however we found some MCA assessments had been carried out unnecessarily. We have made a recommendation to the provider that they review this legislation and associated guidance to ensure they are acting in accordance with the MCA. People were supported to access health care services as required and to maintain a healthy and balanced diet.

The service was caring. Staff and management were fully committed to ensuring people received the best possible care in a loving and caring environment. Staff knew people well and were kind and sensitive to their needs. People's privacy and dignity was respected and maintained at all times.

The service was responsive. People, and where appropriate their relatives, were involved in the planning and review of their care. Care plans were person centred. People were encouraged and supported to pursue their interests and hobbies and activities were tailored around people's likes, choices and abilities. There was an effective complaints system in place.

The service was well led. The registered manager was committed to ensuring people received a good quality of life. There were quality assurance processes in place to review and continuously improve the quality of the service. People living and working at the service had the opportunity to say how they felt the home was run.

Further information is provided 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

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 was prompted by information shared with the Care Quality Commission (CQC) by members of the public. The information shared with CQC indicated potential concerns about staffing levels. We visited the service to examine these risks and to ensure there were no on-going risks to people living at The Grange.

The inspection took place on the 18, 20 and 21 September 2018 and was unannounced. The inspection team consisted of two inspectors on the 19 September, two inspectors and an expert by experience on the 20 September and two inspectors on the 21 September 2018. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

Prior to our inspection, we reviewed the information available to us about the service. This included reviewing 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. We also reviewed previous reports, safeguarding alerts and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law.

During the inspection, 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.

During our inspection, we spoke with 13 people and six relatives. We also spoke with the regional operations director, the registered manager, the deputy manager, six care staff, the activities coordinator, dementia services manager and five health and social care professionals. We reviewed five care records, three staff recruitment and support files, rostering information, shift handover logs, arrangements for the management of medicines, records of accidents and incidents and quality assurance information.

Good

Is the service safe?

Our findings

People told us they felt safe and well cared for living at The Grange. This view was also shared by relatives. One relative told us, "I feel [person] is safe here and being well cared for. I'm really happy they're here."

Policies in relation to safeguarding and whistleblowing reflected local procedures and contained relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. This included reporting concerns to external organisations such as the CQC or the Police.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included individual risk assessments which provided staff with a description of any risks and guidance on the support people needed to manage these. Risk assessments were regularly reviewed to keep people safe.

People and relatives told us there was enough staff available to meet people's needs and to keep them safe. Our observations showed this was generally the case however, at 08:50 on the 22 September 2018, we saw people in two of the four dining rooms had not received their breakfasts. We were informed by staff that breakfast was usually served at 09:00 once everybody had been seated. One person told us they had been waiting for an hour for their breakfast. We brought this to the attention of the registered manager who immediately arranged for additional staff to support with serving breakfast. People told us staff responded to their nursing call bells promptly. One person said, "When I ring my bell they come fairly quickly, usually within five minutes."

Effective recruitment processes were in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. One person told us, "The staff who do the medicines are brilliant. I don't like taking pills, but they have a good way of helping me take them." Random sampling of people's medicines, against their medicine administration records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, protocols were in place containing clear information for staff to follow.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. There were systems in place to learn from incidents and accidents. The registered manager shared 'lessons learned' with the staff team to enable shared learning to improve the safety and well-being of people living at the service.

Staff had access to the equipment they needed to prevent and control infection. This included personal protective equipment (PPE) such as gloves and aprons. The provider had policies relating to the prevention and control of infection and carried out regular infection control audits. Staff had received infection control

and food safety training.

Good

Is the service effective?

Our findings

Staff told us, and records showed, the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. The service promoted the use of champions. These are staff who had shown a specific interest in particular areas who are essential to bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good working knowledge of the MCA and the importance of providing people with choices and gaining their consent prior to care tasks being carried out. However, we noted some MCA assessments had been completed for decisions around daily living activities. MCA assessments should only be undertaken for complex decisions such as in relation to accommodation, flu jabs and visiting the dentist; support around daily living activities should be incorporated into individual's care plans. We also found examples, as part of the 'best interest' decision making process, to demonstrate consideration had been given to less restrictive options, such as low profiling beds and/or crash mats instead of bed rails. We discussed this with the registered manager and have made a recommendation the provider reviews this legislation and associated guidance to ensure they are acting in accordance with the MCA.

People were supported to eat and drink well. The registered manager had implemented new food and fluid intake recording charts to enable more effective monitoring of people who were at risk of malnutrition and/or dehydration. People had a say about the food they wanted to eat and were complimentary about the food. One said, "The food is very good. There's always a choice and the chef is first class. My only problem is when [chef] is not here on Sundays as the roast potatoes are not so good then." A relative told us, [Name] has only been here five weeks, but they are getting decent meals and have put on nine pounds."

People were supported to access healthcare services. During our visit we noted a visiting optician was on site. Feedback received from healthcare professionals was positive. They told us they always felt welcomed, staff were knowledgeable about the needs of people and acted on recommendations and advice.

The design and layout of the premises were wheelchair accessible. Lifts enabled people to access all areas of the building. The internal environment was dementia friendly. People had access to a communal garden, lounges, dining rooms, café and to a room which was set up as a saloon bar which was used for various activities.

Good

Is the service caring?

Our findings

People were supported by staff who were caring. Feedback from people included, "I'm enjoying it here. I have lovely carers and the cleaners are lovely. We have a laugh; they're great people." And, "[Staff] all know me and are more like friends, I've no complaints." A visiting relative told us, "I'm really impressed with how [person] has been welcomed into the home. There's a lot of interaction which is what they need." It was clear from our observations and discussions with staff and management that they were fully committed to ensuring people received the best possible care in a loving and caring environment.

The service had a 'dignity tree' in the reception area which had been decorated with cards on which people had been asked to describe the ways in which they wished to be treated with dignity and respect. Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff included them when making decisions about how they wanted their care provided and how they wished to spend their time.

People's independence was promoted. Care plans included information on what people were able to do for themselves and what support they required from staff. A healthcare professional told us, "They are, in my mind, a group of dedicated staff who work hard to make individual residents a place they can call home whilst maintaining their independence, dignity and freedom. I would have no hesitation to have my relative as a resident there."

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. Visiting relatives told us they were able to visit at any time.

People were invited to provide feedback on the service. This was done in a number of ways such as meetings and questionnaires. The registered manager informed us they were in the process of implementing 'resident of the day'. This is an initiative which helps staff to fully understand what is important to people and reviews in depth the care being provided to them.

The service had information on local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager informed us no one was currently accessing advocacy.

Good

Is the service responsive?

Our findings

Over the summer months there had been no activities coordinator. At the time of our inspection, two activities coordinators had recently been recruited. Both people and relatives told us about the positive impact the new activities coordinators were making and how much they enjoyed the activities now taking place. Comments included, "The activities are really getting going now. We went to Chelmsford yesterday and it was really good." And, "The bingo this week was hilarious." And, "[Activities coordinator] is great and works really hard." Relatives also provided positive feedback. One relative told us, "When I saw [family member] in her singalong and saw her face wake up, I really felt quite emotional." We observed people participating in one to one and group activities. This included choir practice, led by an enthusiastic activities coordinator, where a group of 15 people, including those living with dementia, were practising for a show they were putting on for families and friends at Christmas.

Prior to people coming to the service an assessment of their needs was undertaken to ensure these could be met by the service. The information from the assessment was used to develop people's care plans. Care plans were person centred however we found, at times, these were hard to follow. In one person's care plan we noted it contained contradictory information. We raised this with the registered manager who took immediate action to ensure the person's care plan reflected their current care needs. The registered manager told us the service would be transferring to electronic care planning in October 2018. They went on to say this would ensure care plans are clearer and enable them to effectively monitor people's care needs. We saw evidence that people and their relatives had been involved in the planning and review of their care.

The service was complying with the Accessible Information Standards (IAS). Guidance for staff on how best to communicate with people were documented in their communication care plans. These included non-verbal communication techniques and advice to support effective communication with people. For example, in one person's care plan it stated, "Staff to have eye contact with [name]. At times [name] will stare at you and blink their eyes to respond to things."

There was an effective complaints process. Records showed ten complaints had been received during 2018 and these had all been investigated and responded to in a timely way. None of the people spoken with had any concerns and were happy with the service they received. One person told us, "I haven't any concerns, but I would certainly raise them if I had any." Another said, "During the hot weather I asked for a fan and they got it straightaway." Another said, "You can always talk to [registered manager]. She is always coming around and having a chat." A relative said, "[Registered manager] is always approachable and will definitely sort things out."

Staff supported people to have good end of life care. Care plans contained information on end of life care, however it was noted this information was sometimes sparse. We discussed this with the registered manager. They informed us they would work to further develop this area of care planning. The service had an end of life champion who provided support to families and people if required. We saw numerous cards from relatives thanking staff for the end of life care their loved ones had received.

Good

Is the service well-led?

Our findings

The registered manager had worked at the service for a number of years and had recently returned to the service following a four-month absence. 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. The registered manager was supported by a deputy manager who had been in post for two weeks and by a newly appointed regional operations director.

During the registered manager's absence, the day to day management of the service had been overseen by deputy managers from the provider's sister services. Staff told us this had been an unsettling time but now the registered manager was back, improvements had been made. Both the registered manager, regional operations director and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. It was evident during our inspection, that the information which the Commission had received and, in part prompted our inspection, had been addressed. One person told us how, during the registered manager's absence, they thought the communication between staff was not as good as it could have been but this had changed since the registered manager's return to the service. A relative told us, "It's good [registered manager] is back. Things are getting better organised."

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. Regular resident and relative meetings were scheduled and people were encouraged to have a say on the day to day running of the home, including what they wanted to eat and activities. We saw a suggestion box in the main foyer, which was open to staff, people and visitors.

Staff told us morale was good and the service was a good place to work. They told us they felt supported by the registered manager who was visible and approachable and they had access to training opportunities to support them to fulfil their role and responsibilities.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. An external consultant had also carried out a review of the service. Where actions were required, for example following analysis of questionnaires, quality checks and audits, actions plans had been developed to drive improvements. The service also participated in the local authority's PROSPER project. This is a resident safety initiative to improve the culture around people's safety and provides training, support and guidance to care services to reduce falls, pressure ulcers, chest and urinary tract infections.

A copy of the most recent report from the CQC was on display at the service. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessment of the provider's performance.