SheffCare Limited

Grange Crescent

Inspection report

47 Grange Crescent
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Grange Crescent is a residential care home that provides accommodation for older people who require personal care. The home can accommodate up to 54 people in one adapted building. At the time of this inspection there were 50 people using the service.

People's experience of using this service and what we found
People told us they felt safe. People were supported by staff who were trained in safeguarding adults from abuse. Risks to people were assessed and staff knew how to keep people safe from avoidable harm. The management of people's medicines was mostly safe; however, we identified some minor improvements could be made to the system used by staff. There were enough staff available to keep people safe and meet their needs. People told us the home was always clean and we found they were protected from the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, some improvements were required to the records used by the service to support this practice. We have made a recommendation about staff training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, as staff needed to improve their understanding of these subjects. Staff were observed to be competent and skilled in other areas. People's needs were assessed before they started using the service, so staff knew what care they needed to provide. People's nutritional needs were met, and people were happy with the food provided at Grange Crescent. Staff supported people to maintain their health and seek medical advice when required.

People and their relatives were positive about the staff team. They told us staff were kind and caring. People were supported by staff who knew them well. People told us staff always treated them with dignity and respect. People were supported and encouraged to make decisions about their care. Staff involved people's family members, when this was appropriate. People's privacy was respected, and their independence was promoted.

People were encouraged to take part in a range of activities, both in the community and within the home. People were happy with the activities made available to them. We found people were meaningfully occupied each day. People received care in accordance with their preferences. People and their relatives knew how they could complain if they needed to. Staff provided appropriate and coordinated care to people at the end of their lives by working closely with community health professionals.

People and their relatives told us the home was well-run. People said they had opportunity to express their views about the service. The provider, registered manager and staff all demonstrated a desire to provide person-centred, high-quality care. The provider and registered manager completed a range of checks on the service to identify if any improvements were required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 24 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Grange Crescent

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Grange Crescent 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.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, a team leader, four care assistants, an activity coordinator and a cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We checked a variety of records relating to the management of the service, including policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

After the inspection
We sought some more information from the registered manager. This was provided in a timely manner and was used to inform our judgements.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained risk assessments detailing the specific risks posed to them and guidance for staff about how to manage those risks.
• Risks to people were generally kept under regular review, however we found information about risk had not been updated in two people's care records following a change in their needs. The registered manager agreed to update the care records immediately. We spoke with staff who were all aware of the change to risk levels, so we were satisfied people were safe.
• Regular checks of the building and the equipment were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used.
• Incidents and accidents were recorded, and actions were taken to reduce the risk of them happening again. The registered manager analysed accidents and incidents every month, to try to identify any themes or trends. This information was used to help reduce the risk of further incidents.

Using medicines safely
• The provider had systems and processes in place to support staff to manage people's medicines safely. People's medicines were obtained, stored and disposed of safely by staff.
• Staff were trained in medicines management and their competency to administer medicines safely was regularly checked.
• We observed staff were very patient and respectful when they supported people to take their medicines. People told us they were happy with the support they received with their medicines.
• People usually received their medicines as prescribed, however we identified the service needed to implement a more consistent system which ensured people received medicines that must be taken before food consumption at the correct time.

Staffing and recruitment
• During this inspection we observed there were enough staff available to keep people safe and to meet people's needs in a timely manner. There was a continuous staff presence throughout the home and we observed staff engaged well with people throughout the day.
• People and their relatives were generally happy with the staffing levels. Some relatives thought there were occasions when it would be better if they were more staff. Comments included, "There is mostly enough staff and they are never too busy to talk to you", "[Staff] come pretty quick to the buzzer" and "The staff are very good, but they need more at meal times."
• Most staff told us they thought the service would benefit from having an additional member of staff on each shift so they could spend more time with people.

• The provider continued to use safe recruitment procedures when employing new members of staff, to check they were suitable to work in the home.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe at Grange Crescent. People's relatives told us they had no concerns about their family members' safety. People commented, "I feel safe and comfortable. I have no worries about anyone. It's nice and peaceful" and "I feel safe. It's great here."
• The provider used appropriate systems to safeguard people from abuse. Staff were trained in their responsibilities to safeguard adults from abuse. The registered manager made appropriate referrals to the local safeguarding authority when required.

Preventing and controlling infection
• People were protected from the spread of infection. The provider had a policy which staff were required to follow to promote effective infection control practices and all staff received training in infection control. Staff wore personal protective equipment, such as gloves and aprons, when delivering care, to help prevent the spread of infection.
• People and their relatives told us the home was always clean. We observed all areas of the home were clean during this inspection.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

• Improvements were required to the way the service recorded assessments of people's capacity to make certain decisions, to ensure it was clear which decision was being assessed and how the conclusion of the assessment had been reached. Although improvements were required to these records, we were satisfied people were being supported in the least restrictive way and in their best interests.
• Staff had completed training on the MCA and DoLS however we found their understanding of the MCA was not comprehensive. For example, not all staff were able to tell us about the principles of the MCA and how it applied to their practice.
• People were asked if they had given authorisation to any other person to make decisions about their care, for example by making a Lasting Power of Attorney (LPA). However, we found the service did not routinely check whether LPAs were registered or retain a copy of them in people's care files. This information is required to ensure staff have clear information about which decisions each attorney is authorised to make on a person's behalf. The registered manager told us the provider was already working on a new system to address this.
• We observed staff asked people for consent before they delivered care and we found people were usually asked to sign consent forms to demonstrate they consented to the care outlined in their care plan.
• The registered manager understood the requirement to apply for authorisation to deprive people of their liberty. They had recently made two applications using the DoLS procedures and were waiting for the relevant assessments to take place. At the time of this inspection nobody living at Grange Crescent was subject to a DoLS authorisation.

Staff support: induction, training, skills and experience
• Staff completed a range of training to help make sure they had the right skills. Most of this training was completed via e-learning. Staff told us they thought practical face to face training would be more beneficial as they could share ideas and best practice with each other. Some staff said they struggled with learning via e-learning. We found staff training on the MCA and DoLS had not been effective however staff were competent in all other areas.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to the MCA and DoLS.

• People and their relatives told us they thought staff knew what they were doing. They told us staff understood their needs and knew how to meet them.
• Staff were regularly supervised by senior staff and they received annual appraisals. Staff told us they felt supported to carry out their roles effectively.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to maintain a balanced and varied diet that met their nutritional requirements. If people required a special diet because of medical or cultural reasons, this was catered for. Kitchen staff had up to date information about any special diets people were required to follow. However, recent changes made to two people's modified diets had not been updated in their support plans. Staff had been made aware of the changes via handover meetings, however it is important that people's support plans are always accurate and up to date so any new staff or agency staff can meet their needs safely.
• People were very happy with the food provided by Grange Crescent. Comments included, "The food is brilliant. It's exceptional" and "It's nice and tasty food."
• We observed the lunch service during this inspection. People were offered a choice of food options. A menu system was used, however if people did not want what was on the menu, they could ask for something different. The mealtime service was relaxed, and people were observed to enjoy their food.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before they moved into Grange Crescent to check the home was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
• People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff worked with other organisations to deliver effective care and support to people. When necessary, staff sought advice from community health professionals, such as the district nurses. This supported staff to achieve good outcomes for people and helped people maintain their health.
• People provided positive feedback about how staff supported them with their health. One person commented, "The staff understand my needs and know when I am ill." One relative commented, "[Staff] would get a doctor [if my family member was unwell]. They are very much on the ball with this. They previously noticed [my family member] had an infection. [Staff's] efficiency [in dealing with this] saved their life."

Adapting service, design, decoration to meet people's needs
• The premises were sufficiently equipped to ensure people could receive the support they needed. People had been supported to personalise their bedrooms so they felt at home.

• Technology and equipment was used effectively to meet people's care and support needs.
• The provider had made some adaptations to the premises to help meet people's needs. For example, they had designed and created a café on the first floor of the home. Having an on-site café allowed people's families and friends to take them for a drink, even if they no longer wished to access the community. It provided an accessible setting for people to socialise in.
• We observed some areas of the building looked tired and needed redecoration. The registered manager told us they planned to refurbish these areas of the building.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People and their relatives told us staff were kind and caring. Comments included, "Every one of the [staff] are lovely. They are kind", "The staff are gentle and kind" and "The staff go above and beyond. They genuinely care and are not just doing a job."
• Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them. A relative commented, "They know [my family member] very well. They know how he ticks."
• Staff welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff at all levels had developed positive relationships with people and their families. Relatives commented, "You always feel welcome here" and "The staff are always very welcoming; they are very kind and very friendly."
• Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care
• Staff supported people to remain involved in decisions about their care. People told us they felt confident to express their views and make their own decisions. Comments included, "The best thing here is that they look after you and ask your opinion" and "I can do what I want and staff encourage me."
• People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time.
• Relatives told us they were kept informed about their family member's care. They had been involved in developing their family member's care plan, where this was appropriate. People's relatives told us staff communicated very well with them and one relative told us both they and their family member felt very well supported by staff.

Respecting and promoting people's privacy, dignity and independence
• People were encouraged to maintain their independence. We observed staff promoted people's independence and provided appropriate encouragement to people to complete tasks for themselves.
• Staff were respectful of people's privacy and dignity. They knocked on doors and called out before they entered bedrooms and bathrooms. A relative commented, "Staff do not pry into private things. They respect people's privacy." Without exception, people and their relatives said staff treated them with dignity and

respect.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People's care records documented their likes and dislikes and contained information about their social histories. This supported staff to get to know people and provide a personalised service. People and their relatives confirmed staff provided care in accordance with their preferences.
• Staff were responsive to people's needs and were able to recognise when people may need additional support or reassurance because they knew them so well. One person commented, "If I am having a bad day, the [staff] ask what's wrong and come and chat with me."
• Staff kept people's care under regular review and shared any information about changes in people's needs during handover meetings. This helped to make sure people consistently received the correct level of care and support.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.
• We observed staff communicate effectively with people throughout this inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• Grange Crescent provided a range of activities for people living in the home to ensure they were meaningfully occupied. Activities were planned by considering the interests and preferences of people using the service. During this inspection we observed people were engaged in a range of activities throughout the day, both within the home and the local community.
• External entertainers and people from the community also visited the home to provide activities that were of interest to people. For example, on the day of this inspection a local charity supported people to bike around the local area on an adapted bike.
• People and their relatives provided very positive feedback about the range of activities available. One relative commented, "The staff who do the entertainment are absolutely brilliant. Before [my relative] moved here, they wouldn't do anything, however [name of staff member] is so good at encouraging them to do things."

Improving care quality in response to complaints or concerns
• The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the home and how any complaints would be dealt with.
• People and their relatives told us they could confidently raise any concerns with staff or the registered manager and they were sure they would be addressed. Relatives told us when they had previously raised minor issues, they had been dealt with promptly.
• The registered manager maintained an overview of any complaints received via a complaints log. This allowed them to easily identify any themes or trends which they could act upon to improve the service.

End of life care and support
• The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
• Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. People were encouraged to complete a 'preferred priorities for care' document expressing their preferences. This meant people could be supported to have a dignified death, in accordance with their own wishes.
• Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and palliative care nurses. This helped to ensure people received consistent and coordinated support.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood the regulatory requirements. We found several incidents had recently occurred at the home which the manager had not yet notified CQC of, however these notifications were submitted before the end of this inspection. We were satisfied the registered manager had notified us of other incidents they were required to tell us about in a timely manner.
- All staff commented the registered manager was approachable and supportive.
- Staff morale was mostly positive and they told us they enjoyed their jobs. Staff were clear about their roles and responsibilities, though they felt additional staff were needed so they could perform their roles to the best of their ability.
- The registered manager regularly completed a range of checks on the quality and safety of the service provided. This supported them to identify any areas for improvement.
- The provider maintained an overview of the home. A senior manager employed by the provider visited the home to undertake their own checks on the quality of the care provided and to make sure necessary improvements were being made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, registered manager and staff were all keen to provide high-quality, person-centred care. They were committed to ensuring people received personalised care which met their preferences. We observed a positive, welcoming and inclusive culture within the home.
- People and their relatives also told us the home was well-run. Comments from people and their relatives included, "It is well-run and very friendly" and "It is well-run and organised well. The manager is approachable."
- There were systems and processes in place to check staff carried out their roles effectively. The home had an open culture and the provider was committed to improving the care provided and learning from any incidents or complaints. People, their relatives and staff told us they were confident the registered manager would act on any concerns they raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff had opportunities to give feedback about the home.

• Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.
• People living at Grange Crescent were invited to residents' meetings where they could discuss any concerns they had about the home or any ideas about how it could be improved.
• Feedback was also obtained from people and staff via surveys. This information was used to make improvements to the home.

Working in partnership with others
• Staff worked closely with relevant health and social care professionals.
• The registered manager and provider had established links with other organisations in the community, such as local religious organisations who visited Grange Crescent to provide regular church services, and volunteers who visited people to provide companionship and social interaction.