Britaniascheme Limited

The Grange Nursing 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

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

The Grange Nursing Home is registered to provide accommodation for up to 26 people with nursing care needs. At the time of inspection there were 19 older people living at the home, some of whom were living with the experience of dementia. People's accommodation was situated on the first two floors of the home, with access provided by stairs and a lift. During our inspection the lift was not working and engineers attended to repair it. Some bedrooms had en-suite facilities, with additional bathrooms and wet rooms provided on both floors, together with a range of communal rooms for people's use. The registered manager's office, administrative offices, staff room and training room were located on the third floor.

The home had a registered manager. 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.

This comprehensive inspection took place on 29 March and 3 April 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

At our last inspection we found that decisions made on behalf of people who lacked capacity were not always recorded in accordance with legislation. At this inspection we found the registered manager had ensured people's ability to make decisions was assessed in accordance with the Mental Capacity Act 2005 (MCA).

At our last inspection some people described staff as kind and compassionate, whilst others told us that some staff were not as caring and considerate when supporting them to mobilise and with their personal care. At this inspection people consistently told us that staff were kind and caring.

At our last inspection people were not routinely consulted when their care plans were reviewed. At this inspection people and their families told us they had been involved in regular reviews of their care and treatment.

People experienced care that met their needs and helped them feel safe. Staff were aware of people who were at particular risk of choking, developing pressure areas or falling and how to support them safely to prevent and mitigate these risks. There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. People were kept safe because the provider thoroughly reviewed all incidents and took action to reduce the risk of a future recurrence.

The provider completed relevant pre-employment checks to ensure staff were safe to work with older people. The registered manager analysed staffing needs to ensure staff had the right mix of skills to meet people's needs safely. Staff responded to call bells quickly, which reassured people.

Medicines were managed safely and administered as prescribed, by staff who had been assessed as competent to do so.

Staff understood the importance of food safety and prepared and handled food in accordance with required standards. High standards of cleanliness and hygiene were maintained within the home.

The provider enabled staff to develop and maintain the required skills and training to meet people's needs. People were supported to have enough to eat and drink to protect them from the risks associated with malnutrition. Where required people were supported to eat and drink safely to avoid the risk of choking.

Nursing staff ensured that people were referred promptly to appropriate healthcare professionals whenever their needs changed.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible.

Staff demonstrated the provider's key values, including kindness, respect, compassion, dignity in care and empowerment, whilst delivering people's every day care.

The management team worked effectively with partner agencies, for example, hospital discharge planners, to ensure that people's needs were effectively assessed before they moved into the home.

People were involved in developing their support plans, which were detailed and personalised to ensure their individual preferences were known. People were supported to complete stimulating activities of their choice, which had a positive impact on their well-being.

Where complaints highlighted areas of required learning and improvement, the registered manager had taken positive action to improve the service.

Staff took time to develop advanced care plans with people and their families, in a compassionate and sensitive manner, which ensured their wishes were respected. People were supported at the end of their life to experience a comfortable, dignified and pain-free death.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service.

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

People were protected from avoidable harm and abuse because staff had been trained and understood the actions required to keep people safe.

Risks specific to each person had been identified, assessed, and actions implemented to protect them.

The registered manager completed robust pre-employment checks and a daily staffing needs analysis to ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People received their medicines safely, from staff who had completed relevant training and had their competency to administer medicines assessed regularly.

Is the service effective?

Good

The service was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy, balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going healthcare support when required.

People were involved in decisions about the environment within the home.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

The provider enabled staff to have time to listen to people, answer their questions, provide information, and involved them in decisions about their care.

Staff responded promptly, with compassion and kindness when people experienced physical pain and discomfort or emotional distress.

Is the service responsive?

Good

The service was responsive.

People were supported to develop and maintain relationships with people that matter to them to avoid social isolation.

The provider used feedback, concerns and complaints as an opportunity to learn and drive continuous improvement of the service.

People and their families were actively involved in planning and making decisions about their end of life care.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well-led.

The registered manager ensured that staff were supported, respected and valued.

The management team provided clear and direct leadership which inspired staff to provide a high quality of care and service.

There was a clear management structure in the home and staff

understood their roles and responsibilities.

Quality assurance, information and clinical governance systems supported learning and development.to shape and improve the service and culture

The registered manager worked effectively with key organisations, including the local authority, safeguarding teams, community palliative care teams, clinical commissioning groups and multidisciplinary teams.

The Grange Nursing 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, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of The Grange Nursing Home took place on 29 March and 3 April 2018 and was carried out by one adult social care inspector.

Before the inspection the provider completed 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with seven people living at the home, some of whom had limited verbal communication, and five visiting relatives. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the management team including the registered manager, the provider's director of care, the assistant manager and the health and safety manager. We spoke with 20 other members of staff, including three registered nurses, the activities coordinator, two senior health care assistants, four health care assistants, the cook, three kitchen assistants, the head housekeeper, three housekeepers, the receptionist and two maintenance officers.

We reviewed six people's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at eight staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering February and March 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the relative of a person who had lived in the home for 18 years and three health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with the commissioners of people's care.

Good

Is the service safe?

Our findings

People experienced care that met their needs and made them feel safe. One person told us, "The nurses and carers are always caring and take their time. They are so gentle and talk to me so I know what is happening." Another person told us, "The carers always come quickly when I need them." One relative told us, "The staff are very good at keeping people safe but also at reassuring them so they feel safe and don't worry." Visiting health and social care professionals told us that the registered manager and staff had enthusiastically embraced and implemented their guidance to provide a safe environment for people.

People were consistently protected from avoidable harm, neglect, and discrimination by staff who had completed the required training and understood their role and responsibilities to safeguard people from abuse. The director of care was the provider's safeguarding lead and oversaw all safeguarding allegations. When concerns had been raised, the management team carried out thorough investigations in partnership with local safeguarding bodies.

People experienced safe care provided by staff who had the knowledge to enable them to respond appropriately to concerns about people's safety. Staff were aware of people who were at particular risk of avoidable harm or abuse, for example, staff knew people who were at risk of choking, developing pressure areas or falling and how to support them safely to prevent and mitigate these risks.

There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. Staff performance relating to unsafe care was recognised and responded to quickly. For example, an incident where a person's call bell had been left out of their reach was appropriately reported and recorded. Lessons learned from this incident were shared and put into practice immediately to protect people from a future recurrence. Staff understood the provider's safety systems, policies and procedures, for example; fire safety and emergency evacuation procedures. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence.

The registered manager completed a daily staffing needs analysis with heads of department, based on up to date information regarding people's needs and dependency. Rotas demonstrated that staff had the right mix of skills to make sure people experienced safe care. The registered manager regularly reviewed staffing levels and adapted them to meet people's changing needs.

Staff told us the current staffing levels enabled them to respond quickly and provide safe and effective care. We observed staff consistently responded to call bells quickly which people told us reassured them. If staff thought people's changing needs required more staffing the registered manager arranged extra cover, by using the provider's own bank staff and agency staff where required. Further resilience was afforded in emergencies from all of the management team, who were qualified nurses. The registered manager ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely.

Staff had undergone relevant pre- employment checks as part of their recruitment, which were documented

in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical role related interview before being appointed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment, such as extinguishers and alarms, was tested regularly to ensure it was in good working order. People were therefore protected from environmental risks within the home.

If people displayed behaviours that challenge, these were monitored and where required referred to health professionals. Staff were aware of and alert to the different triggers of people's behaviour. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe. Risks to people associated with their behaviours were managed safely.

People received their medicines safely. Only qualified nurses who had received appropriate training administered people's medicines. Designated nurses had their competency to administer medicines assessed regularly by the clinical lead, to ensure their practice was safe, in line with guidance issued by the National Institute for Health and Care Excellence.

We observed nurses supporting people to take their medicines in a safe and respectful way. People were given time to take their medicines without being rushed. Nurses explained the medicines they were giving in a way people could understand and sought their consent before administering it to them.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Nurses reviewed each other's MARs to make sure people had received their medicines correctly. Nurses were aware of the action to take if any mistake was found, to ensure people were protected. People's MAR's had been correctly signed by nurses to record when their medicine had been administered and the dose.

Where people were prescribed medicines there was evidence within their medicines management plan that regular reviews were completed to ensure continued administration was still required to meet their needs.

Where people took medicines 'As required (PRN)' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. The stock management system ensured medicines were stored appropriately and there was an effective process for the ordering of repeat prescriptions and safe disposal of unwanted medicines.

Staff managed medicines consistently and safely, and involved people and their families where appropriate in regular medicines reviews and risk assessments.

Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection.

All staff clearly understood the provider's policies and procedures on infection control, which were up to date and based on relevant national guidance. We observed the cook and kitchen assistants following the required standards of food safety and hygiene, when preparing, serving and handling food.

Good

Is the service effective?

Our findings

People received support which achieved their desired outcomes and promoted a good quality of life, based on the best available evidence. Relatives consistently praised the skill and expertise of the staff in meeting people's complex and emotional needs.

At our last inspection we found that decisions made on behalf of people who lacked capacity were not always recorded in accordance with legislation. The provider sent us an action plan detailing how they were going to make required improvements. At this inspection we found the registered manager had ensured people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA).

The 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.

The registered manager had completed a review of previous decisions made in relation to individuals who were being supported with potentially restrictive equipment, such as bed rails and pressure mats. Records now demonstrated the registered manager had established an effective process for making decisions in people's best interests.

We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.

Staff had consulted with relatives and healthcare professionals and had documented decisions taken, including why they were in the person's best interests. For example, decisions had been made on behalf of people who would prefer to remain at the home to continue their care if their health deteriorated. The registered manager effectively operated a process of mental capacity assessment and best interest decisions, which protected their human rights.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was following the necessary requirements.

Some people had appointed family members as their Power of Attorney (POA) which empowered them to act on their behalf. At our last inspection, senior staff were not clear about the extent of these powers. The registered manager had reviewed all of the POAs relating to people and had ensured records accurately reflected who should be consulted in relation to specific decisions. This ensured people's legal and human

rights were upheld.

People told us staff understood their needs and knew how they wished to be supported. One person told us, "The nurses and carers are wonderful. They are always asking me how I'm feeling and if there's anything I want." Another person said, "I know they know my routine and what I like but they always ask me first before they do anything."

People, relatives and professionals consistently told us the nurses and care staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.

Staff told us they had received a thorough induction that provided them with the skills and confidence to carry out their role effectively. The provider had reviewed the induction programme to link it to the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve. New staff also worked with experienced staff to learn people's specific care needs and how to support them before they were authorised to work unsupervised.

Staff told us the provider's required training, such as moving and handling, infection control, safeguarding adults, fire safety and first aid was refreshed regularly, which records confirmed. This meant the provider had enabled staff to develop, retain and update the skills and knowledge required to support people effectively.

Staff consistently told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Records confirmed that staff had one-to-one regular meetings with their designated line manager. Staff valued the supervision process which gave them opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us that they were well supported by the management team and were encouraged to speak with them immediately if they had concerns about anything, particularly in relation to people's needs.

Nurses told us the management team provided good support and encouragement with regard to the revalidation of their nursing qualifications. The provider had enabled further staff training to meet the specific needs of the people they supported. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development, for example; some care staff had been supported to become care practitioners with enhanced training. Care practitioners are care staff who have been given further clinical training to enable them to provide care for people with more complex needs. Records demonstrated that managers and senior staff had completed management courses relevant to their roles and responsibilities.

During handover meetings, staff thoroughly discussed people's needs and raised pertinent questions to check their own understanding. This ensured that all information was shared with staff and acted upon safely and effectively. The registered manager operated an effective system to ensure all appointments and information in relation to people's care and treatment was shared efficiently, for example; updating the results of medical examinations and changes to people's medicine prescriptions.

People and relatives consistently told us they enjoyed food that was nutritious and appetising. People frequently told us the cook always made their favourite food which evoked happy memories. For example, on the day of inspection people praised the bread and butter pudding. One relative told us, "It was worth coming today just to share the bread and butter pudding."

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant dietetic professionals. Mealtimes were unhurried and arranged to suit individual needs and preferences. Staff understood the different strategies to encourage and support people to eat a healthy diet. Relatives consistently told us that staff perseverance and willingness to try new ideas had a positive impact on their loved one's diet.

Each person had an individual health action plan which detailed the completion of important monthly health checks. The manager consistently applied processes for referring people to external services such as GPs, dieticians, opticians and dentists, which maintained their health. The registered manager had developed effective partnerships with relevant professionals. For example, the Specialist Community Nurse for Care Homes visited the home routinely to review any falls, infection and nutrition concerns to ensure action taken was in line with current best practice. Professionals told us that prompt referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance.

People's needs were assessed regularly, reviewed and updated. People had detailed care plans which were enhanced by positive behaviour and communication support plans, which promoted their independence and opportunities to maximise their potential. These had been developed with people and their families, where appropriate, and on evidence based guidance and recognised best practice.

Professionals told us the management team had developed an effective network with partner agencies, including hospital discharge planners, to ensure that people's needs were assessed effectively before they moved into the home.

People were involved in decisions about the decoration of their personal rooms, which met their personal and cultural needs and preferences. The premises had been adapted to meet people's needs and to accommodate individual specialised supportive equipment. The provider had plans to build a home on the site, specifically designed to support people living dementia. In the interim, the provider and maintenance team had prioritised a list of improvements to be made to the original building, based on the needs of older people. We reviewed documents which detailed imminent plans to replace flooring and stairs to improve access.

Good

Is the service caring?

Our findings

The registered manager had cultivated a family atmosphere in the home where people, relatives and staff shared a mutual respect and affection. Relatives consistently praised the management team for creating such a homely environment for people to live in. One relative told us, "This is not one of the new bright and shiny homes but it does feel like a home and you can see and feel the staff care."

At our last inspection we received mixed views from people about the way staff supported them. Some people described staff as kind and compassionate, whilst others told us that some staff were not as caring and considerate when supporting them to mobilise and with their personal care.

We recommended the provider to review their training and monitoring arrangements, to ensure that staff consistently treated people with dignity and respect.

At this inspection we found the provider had made the required improvement. We observed staff consistently treated people in a compassionate and caring way, according to their individual needs. One person told us, "They [staff] are really gentle with me and always take time to make sure I'm happy before they do anything." Another person said, "The carers couldn't be any more caring, they are all so kind and patient and nothing is too much trouble." Relatives consistently reported that the amount of agency staff used had reduced considerably which had significantly improved the consistency of care people experienced. One relative told us, "There are nurses and carers who have been here for years and know everyone so well, they [loved one] couldn't be in a more caring place." Another relative said, "I can't praise the level of loving kindness highly enough."

People told us staff treated them with dignity and respect when supporting them with their personal care. One person told us, "They [staff] treat me like their own, which makes me feel special. I don't even give it a second thought now when they do my care."

The registered manager, who had experience in relation to supporting people with dementia, told us about the importance of key values such as kindness, respect, compassion, dignity in care and empowerment. Staff told us the registered manager reinforced these values during team meetings and supervisions to ensure they were sustained and embedded.

At our last inspection, we found people's needs and risks had been thoroughly assessed and reviewed regularly. However, the recording of people's involvement and their representatives, where appropriate, in care plan reviews was an area for improvement. At this inspection we found that people and their relatives had been involved in monthly reviews of their care plans.

People and relatives told us the management team went out of their way to make people feel welcome before they received any care from the home. One visiting family member told us they were invited to visit at any time, as often as they wished, to ensure they were happy with the quality of care being provided.

Staff spoke about people with passion and fondness, recognising people's talents and achievements, which demonstrated how they valued them as individuals. Relatives praised the dedicated, caring nature of staff, which had enriched the quality of their loved one's life.

Staff consistently supported people to move in accordance with their moving and positioning plans. We observed and heard staff providing reassuring information and explanations to people, whilst delivering their care. When people were being supported to move, staff engaged in day to day conversation with people which put them at ease, whilst also providing a commentary about what they were doing to reassure them. When supporting people to move, staff were patient and unhurried, encouraging people to take their time and not to rush. When people required to be supported to move in communal areas using safety equipment, staff maintained and promoted people's dignity. For example; when people were transferred from chairs to wheelchairs using a hoist staff strategically placed screens to promote their privacy and respect their dignity.

We observed staff consistently engage with people in a sensitive and positive manner, which made them feel valued and part of the 'home's family'. Staff used people's preferred names and approached them in a friendly, professional manner, which placed them at ease. When medicines were administered nurses checked people were happy to receive them and explained what they were for. We observed one person ask if they could have their medicines later. The nurse ensured the person was made comfortable and returned a short time later, when the person happily took their medicines. People had as much choice and control as possible in their lives. This included choice in relation to the staff and the gender of staff who provided their personal care and support.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress, to maintain their personal dignity when required. Staff always knocked and asked for permission before entering people's rooms. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

People consistently told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives. People responded to staff with smiles or by touching them, which showed people were comfortable and relaxed in their company. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed.

When people were upset, we observed that staff recognised and responded appropriately to their needs immediately, with kindness and compassion. Staff knew how to comfort different people with techniques they preferred, for example, by holding their hands or putting an arm around their shoulder. Staff demonstrated in practice that they understood guidance in people's care plans regarding their individual emotional needs.

People were supported to follow their religious beliefs. For example, a local faith group attended the home monthly to hold a service and staff made arrangements for ministers of other religions to visit people when desired.

The provider had recruited staff from a diverse range of cultures and backgrounds. Two staff members told us how the registered manager had supported them to practice their religion whilst at work, which made them feel their faith was respected and valued.

Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the

confidentiality of people's care records in order to protect their privacy. Staff told us about the importance of treating people's personal information confidentially. During our inspection all care records at the home, including those held on computer, were kept securely to ensure they were only accessible by those authorised to view them.

Good

Is the service responsive?

Our findings

People consistently told us they experienced care that was flexible and responsive to their individual needs and preferences. Care plans were person centred and fully reflected people's physical, emotional and social needs. Staff told us care plans contained detailed guidance that clearly identified how people's assessed needs were to be met. Plans had been reviewed and updated regularly which ensured staff were enabled to meet and respond to people's changing needs and wishes.

Care plans were centred on the needs of each person including information about people's medicines; continence; skin integrity; nutrition; and mobility. Staff clearly understood people's needs and how they wished to receive care and support.

People's daily records of care were up to date and showed care was being provided to meet people's needs, in accordance with their care plans. Staff were able to describe the care and support required by each person. For example; staff knew which people needed support to be re-positioned regularly and those who needed encouragement to eat. Professionals consistently reported that people received person centred care, for example; one professional told us, "There has been a real shift in thinking towards person centred care and respecting people's choices and preferences." People received care in a personalised way according to their individual needs.

People's changing care needs were identified promptly and were referred to relevant professionals when required, for example; when people had developed chest and other infections. Where aspects of people's health was being monitored, records demonstrated that staff responded quickly when required. For example, staff took appropriate action in response to abnormal blood glucose readings. We observed changes to people's care were discussed at shift handovers to ensure staff were responding to people's current care and support needs.

People and those lawfully authorised to act on their behalf, were fully involved in the planning of their care and support. People, their relatives, care managers and commissioners of people's care consistently told us the registered manager and staff ensured individuals were enabled to have as much choice and control as possible.

People and relatives told us the provider had made significant improvements to the opportunities people had to experience different stimulating activities. People were supported to follow their interests and hobbies, for example; gardening, and various arts and crafts. On the first day of inspection people enjoyed an Easter raffle and the competition to judge the best Easter bonnet, which they had made during recent arts and crafts sessions. People and relatives reported they particularly enjoyed singalongs with the activities coordinator (ACO), who often played his guitar.

A family member told us the ACO consistently sought feedback from them to identify new ideas for activities their loved one would enjoy. The ACO was aware that whilst most people had regular visitors, some people had fewer opportunities, so they had focused on developing friendships between the people living within

the home.

Where people chose not to participate in group activities the ACO and staff ensured they received individual one to one sessions to ensure they did not become socially isolated. One person told us, "Sometimes I don't feel like joining in but [the ACO] always comes to see me and cheers me up, which does make me feel special." Activity schedules demonstrated that external entertainers regularly visited the home. People who were being nursed in their bedrooms told us the ACO enabled the entertainers to visit them so they did not miss out on the activity.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics, as part of the planning process and provisions had been made to support each individual. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called `protected characteristics'. Care plans showed people's individual religious beliefs and preferences had been considered.

Staff actively encouraged social contact and companionship and supported people to maintain relationships that mattered to them, such as family, community and other social links. This protected them from the risk of social isolation and loneliness.

There were regular opportunities for people and staff to feedback any concerns at review meetings, staff meetings and supervision meetings. Records showed these were open discussions. The provider completed regular satisfaction surveys and quarterly 'residents forums' attended by people and their families. Feedback from people and staff was analysed and clearly displayed on notice boards within the home for the information of people and visitors. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People and their relatives knew how to complain. The provider's complaints policy and procedure was prominently displayed within the home. People and relatives told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. Relatives told us the management team made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do improve their quality of life. Staff were aware of the provider's complaints policy but consistently told us the registered manager encouraged them to use their initiative and proactively resolve problems as soon as they were raised to prevent them escalating. The registered manager valued concerns and complaints as an opportunity for driving improvement within the home. The home had received three complaints since our last inspection, which had all been managed effectively in accordance with the provider's policy. Where complaints highlighted areas of required learning and improvement the registered manager had taken positive action, for example; ensuring staff underwent further training when poor practice had been identified.

Relatives and palliative care specialists consistently told us that people were supported at the end of their life to have a comfortable, dignified and pain-free death. We spoke with the family of one person who had recently passed away. They told us the end of life care provided by staff was exceptional and that, "The Grange was mother's home in the true sense of the word." They praised staff for the support and kindness provided to their family and friends. A relative told us staff had made them feel involved, listened to, and informed in the last days of their loved one's life.

The registered manager ensured that all staff were aware of people's wishes and that these were fully respected. One relative was impressed with the effective communication between staff and their family

member. Their family member, whose loved one had lost the ability to communicate verbally due to a stroke, told us "The stroke may have taken away her speech but not her voice."

Advanced care plans were developed with people and their families. These ensured people's end of life choices and preferences were known and documented, for example; the person's preferred place of death. Relatives told us that staff were empathetic with family and friends and consistently discussed advanced decisions with them, where appropriate, in a compassionate and sensitive manner. The registered manager had developed an effective partnership with the community palliative care team and had two beds commissioned to support this provision. A specialist in palliative care told us the registered manager had reinvigorated staff knowledge and practice, which had improved pain assessment processes and focus on people's advanced care planning work. Staff were aware of national good practice guidance and professional guidelines for end of life care and provided care in line with this consistently.

Good

Is the service well-led?

Our findings

The current registered manager was recruited as the deputy manager on 11 April 2017, at the same time as the previous registered manager. The previous registered manager left on 14 June 2017 and was replaced by the current registered manager. The registered manager is a registered nurse and kept up to date with the latest clinical advice and best practice and had recently revalidated her registration. They were members of the local Registered Managers' Network, the Nursing Homes Association, and actively took part in a local end of life steering group.

People, relatives, staff and professionals consistently told us the home was well managed. One person told us, "She [registered manager] is very good. She has organised the staff and makes the home feel like a home." A relative told us, "The manager is very switched on and is very good at making sure people and their families are involved." A staff member told us, "The manager has got us back to basics and focussed on caring and putting people first." A professional told us, "The home has seen a steady improvement under the new manager who has encouraged a new philosophy based on person centred care."

People and their relatives trusted the registered manager and their management team and felt confident to express their views and concerns. Families consistently made positive comments about the registered manager and staff's devotion to people living at The Grange. One relative told us, "The manager is very approachable and wants to know if there is anything that needs sorting out. When you talk to her you know she will sort things out quickly."

Staff told us the management team had created a transparent culture within the home, where their ideas and views were discussed and taken seriously, which made them feel their contributions were valued. One member of staff told us, "The manager has got a lot of experience supporting people with dementia but is always encouraging us to think about how we can improve the care we provide." Another staff member told us, "There is no us and them, the manager has been very clear about how we are all one team and need to support each other for the benefit of the people living here."

There was a clear management structure, which consisted of a registered manager, head of care, health and safety/training manager, finance manager, head of housekeeping, maintenance manager and senior nursing staff. The management team was supported by a director of care who visited the home regularly and completed a monthly quality assurance visit.

Staff understood their roles and responsibilities and had confidence in the management team who frequently worked alongside them and provided constructive feedback about their performance. Staff reported that all of the managers were quick to recognise and thank them for their good work. Rotas demonstrated there was always a nurse on duty and at night there was always a designated manager available out of hours. Staff received clear and direct leadership.

People and staff told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues. The registered manager dealt with the issues promptly, in an open and transparent

manner. Staff consistently praised the registered manager for their emotional support, tact and diplomacy whilst dealing with sensitive issues. Two members of staff told us the compassionate support and encouragement provided by the registered manager had inspired them to maintain the quality of their care and support practice, when they were not feeling at their best.

The registered manager told us that when staff became fully involved delivering person centred care, it was normal for them to develop emotional bonds with people. Staff told us how they had been compassionately supported by the management team when a person who had lived at the home for a long time recently passed away. This included the provision of bereavement counselling if required.

Equality and diversity were actively promoted and causes of any workforce inequality were considered and action taken to address these. For example, care staff had been given the opportunity to develop further clinical expertise in the role of 'care practitioners'. Staff consistently told us they were treated fairly. Where required, the management team supported staff to work with a disability, through effective risk assessments. The multi-cultural staff group were supported by the registered manager and duty nurse effectively prioritising and allocating duties, which enabled them to practise their faith whilst at work.

The provider had suitable arrangements in place to support the registered manager, for example through regular meetings, which also formed part of their quality assurance process. The registered manager told us they had received excellent support from the director of care since their appointment.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The maintenance manager carried out their own quality assurance process and provided documentary feedback of their findings to the registered manager. The provider also employed an external contractor and health and safety auditor to complete independent surveys. The maintenance manager had highlighted that the various service contracts being managed externally were nearing their expiry dates which had been notified to the provider.

Professionals and commissioners consistently told us the home was very well organised and staff knew how to support people with dementia and at the end of their life. Professionals told us they experienced good communication with the management team and staff who were always open and honest. Relatives told us they experienced good communication with the home and staff always knew what was happening in relation to their family member whenever they called or visited.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. Staff completed a series of quality audits including care files, health and safety, fire management and maintenance. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service, for example; the registered manager was in the process of updating all care plans to make them more person centred.

The provider and registered manager undertook unannounced quality and compliance visits in addition to spot checks during the night to assess whether staff were working effectively. The most recent provider's quality and compliance visit, which took place on 25 January 2018, did not identify any actions for improvement.

The provider sought feedback to improve the home from a variety of different methods. People and their families told us they were given the opportunity to provide feedback about the culture and development of the home in residents' meetings. People and their relatives told us they had been impressed with the provider's willingness to listen to their concerns and how quickly they acted upon them.

Accidents and incidents were logged and reviewed by the provider and registered manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. The provider had effective systems, which supported the reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, there was close liaison with respective palliative care and nursing specialists.