

Runwood Homes Limited

The Grange

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 provides accommodation and support for up to 43 people who may need assistance with personal care and may have care needs associated with living with dementia. The service has three floors and there is access to these via a passenger lift. On the day of our inspection the service did not have any vacancies and the service does not provide nursing care.

The manager at the service had been in post for ten months and was presently going through the registration process with the CQC. Their interview had been arranged for Thursday 12 January 2017 and we have since received confirmation they are now registered. 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 the last inspection the service was rated as Good. At this inspection the service remained Good.

The service was safe. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People were kept safe and risk assessments had been completed to show how people were supported with every day risks. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient numbers of staff on duty. People's medication was well managed and people received their medication as prescribed.

The service was effective. Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker. They also received regular support and felt well supported by management.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They told us that the food was good and said that they were able to choose alternatives if they were not happy with the choices offered on the menus. People were supported to maintain good healthcare and had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

The service was caring. People had agreed to their care and had been asked how they would like this to be provided. They were treated with dignity and respect and staff provided care in a kind, caring and sensitive manner. Meetings had been held for the people living at the service, relatives and for the staff. People felt listened to and that their views and opinions had been sought and the service had made appropriate improvements.

The service was responsive. Detailed assessments had been carried out and care plans were developed around people's needs and preferences. The service had a clear complaints procedure in place which was

clearly displayed. This provided information on the process and the timespan for response.

The service was well-led. Staff, relatives, healthcare professionals and those living at the service spoke positively about the manager and felt the service was well managed. There were systems in place to regularly assess the quality of the service and that people were kept safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was an unannounced comprehensive inspection and took place on the 10 and 11 January 2016.

The inspection was undertaken 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. Their area of expertise was older people and dementia care.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. The provider also 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 used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the manager, deputy manager, and eight members of the care team. During the course of the day we spoke with seven residents and three visitors for their views about the service and where possible we have added their comments within the report.

Not everyone who used the service were able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal areas and also the dining room. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who are unable to talk to us due to their complex health needs.

As part of the inspection we reviewed four people's care records. This included their care plans and risk

assessments. We looked at the files of two new staff members, which included their support records. We also looked at a sample of the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and risks to people's safety as at the previous inspection, and the service's rating continues to be Good.

People living at the service and their visitors all reported that the home was a safe and caring place to be. One person added, "This is my home, I wouldn't want to be anywhere else."

Staff we spoke with knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm. Care staff had received regular training and were aware of their responsibilities and how to take appropriate action if they had any concerns. The service had systems in place to help protect people from potential harm and included a whistle blowing procedure for staff.

People's care plans included assessments of risks and how these could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives. Systems were in place to record and monitor incidents and accidents and had been regularly monitored and reviewed by the manager and registered provider.

Regular checks had been completed to help ensure the service had been well maintained and that people lived in a safe environment. Appropriate monitoring and maintenance of the premises and equipment had been on-going and the building had been well maintained.

The manager had systems in place to monitor people's level of dependency and to identify the number of staff needed to provide people's care. The manager added that the assessing of staffing levels was an ongoing process and during our inspection we noted that there were sufficient care staff available to meet people's individual needs. People were seen to be well supported and we saw good examples from care staff where people were provided and assisted with care promptly when they needed it.

The service followed correct recruitment practice and ensured correct checks had been completed on all new staff. We viewed the files of the last two recruited staff and these contained the required documentation. The service also had a probationary period in place and a disciplinary procedure, which could be used when there were concerns around staff practice which would help to keep people safe.

People had received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and staff had attended regular training and received 6 monthly competency checks. Records of medicines that had been destroyed or returned to the pharmacy when no longer required had been kept, which helped to ensure that all medicines could be safely accounted for.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The service's rating continues to be Good.

Newly recruited staff had completed an induction and this included information about the running of the service and guidance and advice on how to meet people's needs. Two care staff had recently completed the Care Certificate, which is recognised qualification and induction into care. The service had an 'induction champion' who worked with new staff and provided ongoing support. Staff who had recently completed their induction stated that they had found it good and that staff had been 'very supportive.'

Staff had received some support through one to one sessions, meetings and appraisals, but this was an area that the manager had identified that needed improvement. Systems had been introduced to ensure staff received supervision in line with company policy. Staff confirmed they received regular support and added that felt supported by the management and the care team managers, and could ask for support and advice at any time. Staff we spoke with confirmed they had received regular training and felt they had the knowledge and skills to carry out their roles and responsibilities as a care worker. They had also been provided with specialist training relevant to the people they provided care and assistance to.

The service also had access to the company's dementia team who supported the service and would visit and offer support and make suggestions. On the day of our inspection the team were visiting the home to observe the lunch time meal and provide feedback to staff on what went well and what could be improved. Training was also taking place and care staff were being given the opportunity to use equipment that affected their vision, dexterity and mobility; so they were personally aware of the how it may feel to have dementia and the difficulties and anxieties this could cause. Feedback from staff was very positive and they added it had given them, 'First hand experience' and it was 'Invaluable.'

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 (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of MCA and DoLS. We found the manager had a good understanding of MCA and DoLS and had made appropriate referrals. Staff we spoke with demonstrated an awareness of the MCA and DoLS and confirmed they had received training. This showed that staff had up to date information about protecting people's rights and freedoms. People's capacity to make day to day decisions had been assessed to help ensure they received appropriate support. One health care professional added that the manager, "Endeavours to seek families and resident's wishes prior to communicate decisions with others," and that in complex issues they ensured they coordinated the professionals in order to achieve the best possible outcome.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Staff had a very

good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and their individual needs were well documented and included their likes, dislikes, dietary or cultural needs. There were nutrition and weight charts in place to enable care staff to regularly monitor people and where risks had been identified or where people required assistance from a nutritionist or healthcare professional this had been gained. We completed an observation of a lunchtime meal and found the food looked very appetising, was hot and people told us it was, 'Very nice.' Those people who needed assistance were provided with this appropriately and with dignity and respect.

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The service's rating continues to be Good.

People were seen to be relaxed with staff and given the time and support they needed. Care was provided with kindness and compassion and people had regular contact from staff during our inspection to ensure they did not need anything and were comfortable. People were observed with care staff and they showed through their body language that they were happy and comfortable with the care being provided. Staff were seen responding to people's needs quickly and they were kind and caring in their approach. One relative stated, "I moved mother here three years ago. I am so glad I did." Another added, "I couldn't have coped without the support of the staff. They are very kind and considerate and like a family. I wouldn't be anywhere else."

We saw that people's privacy and dignity was respected and care staff were polite and courteous and were observed knocking at doors before entering. Staff knew the people they were looking after very well and we heard them addressing people in an appropriate manner; clearly choosing the most appropriate form of address by either using their first name or with a more formal 'Mr or Mrs.'

People were encouraged to be part of their care and the care staff were observed providing support and encouragement when needed. Each person living at the service was clean, tidy, dressed appropriately for the weather and looked comfortable. People told us that they were well treated and a number of them regarded the care staff as 'Their friends.' One person who had limited communication was observed brightening up when a member of staff brought them a drink and their relative added, "[Staff member's name] is one of Mums favourites."

Where possible people were supported to express their views about their care and support. All the people at the service had relatives involved in their care and regular contact and visits were made. The manager and care staff added that they did their best to ensure relatives were involved in any reviews and decisions on care, and if someone did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance to individuals.

Compliments the service had received included, "I am writing to thank you all for the kind, patient and considerate way you cared for my mother throughout her time with you. I am extremely grateful for the kindness she was given in very difficult circumstances." Another stated, "Thank you for taking good care of mum. We have always found the staff very friendly and caring. Nothing is too much trouble."

Is the service responsive?

Our findings

At this inspection we found people were happy living at the service as they had been during our previous inspection. The rating of the service continues to be Good.

We found care staff assisted people with their care and were observed being responsive to people's needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided. Each person was treated as an individual and received care relevant to their needs. Feedback from one relative included that they had visited their mother and found that they had a 'rattle' in their breathing. When they reported this to the manager they found that the doctor had already been called, already visited and their mother had been prescribed antibiotics for a chest infection. The relative added that they had found issues were dealt with very quickly and without any fuss. Another relative gave an example where pressure sores that had been difficult to heal before admission had been 'dealt with quickly' and, 'gone in a flash' once the person had been admitted to the service.

Other examples of where the service had been responsive to people's needs included where one person had recently had a fall and the care staff had reorganised his room, moving his bed and the chairs, to make it less likely that he would have any further falls. The gentleman was independently mobile, but unsteady and the new layout gave clear space between the door and the furniture, without any obstacles to restrict his mobility. Another person added they were happy at the service and stated, "It's home from home, probably better as I don't have to remember things, such as medicines, nor do the cooking."

People's needs had been fully assessed before they moved to the home and the assessment forms were easy to read and quickly helped to identify each person's needs and assisted the service to identify whether they could provide the care required. Systems were in place to encourage people to be involved in the care planning process where possible. The care plans we reviewed were very in-depth and contained a variety of information about each individual person, including their physical, psychological, social and emotional needs. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs.

The service supported people to follow their interests and hobbies and access the local community through day trips and events. Activities included ball games, hand massage, word games, music, jig saws and board games. They also had regular church services for those who wished to attend. There were also many photographs around the service of parties, entertainment and general outings that people had taken part in. The atmosphere within the service was friendly and laughter and chatting could be heard throughout the day. People we spoke with told us they could join in with the organised activities if they wished, but some preferred to watch the television or stay in their room, which showed that people's individual choices and preferences were respected.

Since the last inspection many of the corridors and communal areas had been redecorated. Areas around the home had their own themes and there were many stimulating pictures and images which assisted those people living with dementia. People had also been provided with their own 'knocker' and the doors had

been painted a colour of their choice which assisted in orientation.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. People had been provided with information on how to make a complaint and this was also available within the service. The service had set forms to record details of the any complaints they received and this included how these were investigated and also the outcome. A complaint log was in place so management could identify any trends or reoccurring issues and complaints had been monitored as part of the monthly audit. Management were seen to be approachable and they listened to people's experiences, concerns or complaints. Care staff stated that they felt able to raise any concerns they had. Relatives spoken with said they would be able to speak with management if they had any concerns, but added that they were happy with the service and that they had no concerns.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The service's rating continues to be Good.

The manager of the service had been in post for ten months, but had been the previous deputy manager and knew the very service well. The Care Quality Commission had received the manager's application for registration and we have since the inspection received confirmation that this has been completed. A registered manager are like 'registered person' and have legal responsibilities 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 worked at the service for some time.

People told us that the manager's door was 'Always open' and they were very approachable. Feedback from a health care professional included, "The current home manager who was previously the deputy has always has been effective and person centred in her approach. She demonstrates a sense of compassion and is sensitive to resident's and families wishes. I have always enjoyed a welcoming attitude from staff at the service."

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The manager was committed to delivering a high standard of care and carried out regular checks and audits such as health and safety, medication and fire systems to ensure people's health and welfare. One staff member stated, "I think it is good to have checks and inspections as there is always room for improvement."

Staff told us they felt supported and valued and enjoyed working at the service. Regular supervision and staff meetings had been organised and staff morale was very good. Some staff spoken with had worked at the service for a number of years and were very positive about the management of the home, adding that they had seen improvements since the new manager had been in post. Feedback from staff included, "There is good team work here, it is a nice home and small enough to know all the people" and, "Everyone is very supportive and I can ask anything." Management had systems in place to help ensure staff were kept up to date with information about the service and the people who lived there and this included staff handover meetings.

Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people living at the service benefitted from a cohesive staff team, who worked together to deliver good care. The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

People who lived at the service and their representatives were provided with regular opportunities to provide their views about the care and quality of the service. The manager was seen speaking with people

and relatives during the inspection and advised they had daily interaction. The manager knew people very well and had a good understanding of their care needs and them as an individual. Regular quality assurance questionnaires had been sent to relatives and people who used the service to gather their views and opinions. Information from these was collated and an action plan produced where issues had been raised. Meetings had occurred with people who lived at the service and their relatives which showed they had been made included in feedback on the service.