

## The Grange Care Providers 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?

Requires Improvement 

Is the service well-led?

Good 

#### Overall summary

The inspection was carried out on 22 April 2015 and was unannounced. At our previous inspection on 2 April 2014 we found that the provider was meeting the required standards.

The Grange is a care home that provides accommodation and personal care for up to 24 older people, some of whom live with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The provider had policies and procedures to ensure that people who could not make decisions for themselves were protected. People’s human rights were protected because staff understood the policies and legislation and how to apply them.

People who used the service told us that they were happy with the care and support provided. They said that the staff were kind and told us that they felt safe. We saw that

# Summary of findings

people were treated with respect and that their dignity was maintained. The service offered people choice and we saw that where people had stated a particular preference this was respected.

Staff were knowledgeable about the care and support needs of people who used the service. They received the training they needed to carry out their roles safely and effectively. They told us that they felt supported by the registered manager and we saw that they were encouraged to develop their skills in order to improve the quality of the service.

The registered manager had assessed how many staff were needed to keep people safe and to meet their assessed needs. Staff knew people well and provided support in a timely manner. People's health and wellbeing was monitored and staff regularly referred people to their GP and district nurses.

Staff provided some group activities and opportunities for social stimulation. The registered manager acknowledged that they could do more to meet individual preferences for people with dementia in addition to providing group activities. We have made a recommendation about the provision of activities.

There was sufficient food and drink available and people were assisted to eat and drink in a calm and sensitive way.

People's medicines were managed safely by staff who had received training in how to administer them.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. The registered manager responded to all concerns or complaints appropriately.

The provider visited regularly and had discussions with the registered manager, staff, people and their relatives. They talked about how to best support people and what changes to the home would best suit the needs of people living there. People and staff were positive about the provider and registered manager and their leadership. Health professionals who supported the home commented very positively on the ability and quality of the management of the home.

# Summary of findings

## 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.

People were supported in a way that ensured their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Staff who worked at the service had been through a robust recruitment process.

Good



### Is the service effective?

The service was effective.

People were supported appropriately in regards to their ability to make decisions.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts to help them maintain optimum health.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and dignity.

People who lived at the home were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

Privacy was promoted throughout the home.

Good



### Is the service responsive?

The service was responsive.

People who lived at the home and their relatives were confident to raise concerns and had them dealt with swiftly.

People received care that met their individual health and personal needs.

We have made a recommendation about the provision of activities.

Requires Improvement



### Is the service well-led?

The service was well led.

There were systems in place to monitor, manage and improve the quality of the service.

People who lived at the service and staff considered the leadership of the registered manager was visible and fair.

Good



# The Grange

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating. This inspection was carried out by one inspector on 22 April 2015 and was unannounced.

We reviewed information held about the service including statutory notifications and enquiries relating to the service.

Statutory notifications include information about important events which the provider is required to send us. We contacted health care professionals and commissioners of care for their views.

During the inspection we spoke with six people who lived at the home, four members of care staff, the cook, the laundry staff and the registered manager. We viewed three people's care files, two staff files, duty rota, management quality reports and medication records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, “I feel safe as staff are very helpful and when I get anxious they reassure me,” and “I feel safe as staff understand what help I need and know how to do that as I am nervous.” Another person said, “There are always staff about the home so I know I am secure.”

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff said “If I saw anything I would report it to the manager who I know would deal with it appropriately.”

Staff were clear on how to manage accidents and incidents. The registered manager told us the process to review incidents. Risks were identified and assessments of how risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. Records about any risks included a manual handling plan. This provided a clear summary of how staff should assist people and how many staff would be required for each activity. If individuals had repeated falls appropriate professionals were involved to check if their health needs had changed or additional equipment was required.

Staff assisted people to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person. People told us they were satisfied with the equipment available to them and how staff supported them to use it. One person explained how staff transferred them to an armchair in the lounge. They felt staff did this safely.

People told us they thought there were enough staff on duty. We saw people received care and support in a timely manner. People had a call bell to alert staff if they required any assistance. People told us the call bell response time was “Within minutes” and did not vary between day and night.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. Staffing numbers were determined according to need and regularly reviewed. The registered manager told us staffing levels could be adjusted to respond to changing situations, for example, if people became particularly unwell. We looked at the staff rotas for the current week. Records showed the number of staff on duty each day was in line with the dependency levels of people living in the home at that time.

Staff had completed a thorough recruitment process to ensure they had the specialist skills, qualifications and knowledge required to provide the care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

Medicines were stored and administered safely. We looked at two Medication Administration Records (MARs). These were completed correctly providing a clear record of when each person’s medicines had been given and the initials of the member of staff who had given them. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Medicines were securely stored in a portable metal cabinet, which when not in use was locked and secured to the wall in the dining room. A lockable medicine fridge was available for medicines which needed to be stored at a low temperature. Some medicines which required additional secure storage and recording systems were used in the home. These are known as, ‘controlled drugs’. We saw that these were stored and records kept in line with relevant legislation. We checked three people’s stock levels during our inspection and found these matched the records completed by staff.

There were appropriate fire safety records and maintenance certificates for the premises and equipment. There was a system of health and safety risk assessment of the environment which was regularly reviewed.

# Is the service effective?

## Our findings

One person commented that, “Staff offer me choice about things, whether its food, what I want to do or what clothing I wish to wear.” People’s ability to make decisions had been assessed. Where support was needed for a person who was unable to make decisions independently, the process was clearly documented to guide staff. We saw that staff offered choice and clearly explained what they were doing.

People told us the staff team were well trained and, “Knew what they were doing”. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support.

Staff told us there were opportunities for on-going training and for obtaining additional qualifications. We saw that two staff were receiving tuition from their NVQ course assessor. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff confirmed they had completed an induction programme when they commenced employment. Staff told us a senior member of staff explained required working practices, policies and procedures, when they started working at the home. Shadow shifts were also completed with a more experienced member of staff. The registered manager explained how they had moved to the new care certificate that builds on and has now replaced the common induction standards.

Staff told us they felt supported by the registered manager and senior staff. They told us they had been able to discuss their work and training needs. All staff had received one-to-one supervision and records were kept. Staff told us and we saw in practice that the registered manager worked alongside them and they were very approachable.

Everyone we spoke with was confident that a doctor or other health professional would be called if necessary. Care records confirmed people had access to health care professionals to meet their specific needs. For example, the staff worked with the district nurses to identify people who were at risk of pressure damage to their skin. Where people were assessed as being at risk, records showed that pressure relieving equipment was in place and they were

being seen regularly by the community nursing team. We also found the staff worked closely with the community mental health team to help them support people living with dementia.

People told us that the food was very nice and that they could make requests for something different to the menu. People were supported to eat and drink sufficient amounts and told us they enjoyed the food. Each person had their nutritional needs reviewed and met. The registered manager acknowledged that an initial written risk assessment could be done to enhance the reviews currently recorded. Staff monitored people’s weight and took action if there were any issues. They monitored people’s food intake and recorded this. Records showed staff supported people to have as balanced a diet as possible and maintain a stable weight. We saw that there was adequate choice, variety and meals looked appetising. The lunch time we observed was a peaceful event and staff were on hand to assist people as needed.

Staff spoke of their understanding of verbal and non-verbal consent and for when people were unable to give consent because they lacked capacity to do so. We saw that decisions were made for people by a multi professional team in the person’s best interests. We saw in the care files that these issues were regularly reviewed and updated, for example, a decision to not perform resuscitation on a person was fully recorded. This meant people were protected by the provider’s effective decision making procedures.

Health and social care professionals and commissioners told us that the staff always responded to people’s needs and felt they supported people well. They told us that staff approached them for advice promptly if needed. People were supported to maintain optimum health and receive on-going health care services.

The building was adapted for people with a physical disability. For example, the home had stair lifts and hand rails around the premises. There was an assisted bath and shower and there were raised toilet seats to further enhance peoples independence. Toilets and bathroom doors were signed to help people use the toilet independently if they could. The environment was clean but some areas were in need of decorative upgrading. The registered manager told us that the Food Standards Agency

## Is the service effective?

had requested they redecorate the kitchen and provide new equipment. We saw that this was in hand. The provider had planned to upgrade the furnishings in the communal lounges and in some bedrooms.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Some people were living with dementia and their ability to make

daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

There was evidence the home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The home had not made any recent applications to restrict people's liberty under these safeguards. However, the registered manager had an understanding of when an application would need to be made.

# Is the service caring?

## Our findings

People spoke well of staff and considered them to be caring, kind and gentle in their approach to care. One person spoke of a staff member, “She’s a good one, always helping me.” Another person said, “I’ve had nice help with a bath this morning.” People told us they were satisfied with the care they received and the manner in which it was given. We saw throughout the inspection people were cleanly dressed and looked physically well cared for. Staff ensured people’s clothing was arranged properly to promote their dignity.

People were able to make choices about their day to day lives. We saw that some people used communal areas of the home and others chose to spend time in their own rooms. People said they chose what time they got up, when they went to bed and how they spent their day.

Individual care plans recorded people’s choices and preferred routines for assistance with their personal care and daily living. Staff provided support in accordance with people’s wishes. People’s privacy was respected. All rooms at the home were used for single occupancy. This meant

that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

The care we saw delivered throughout the inspection was appropriate to people’s needs. Staff responded to people in a kind and sensitive manner. For example, we observed staff assisting one person who was worried about standing and walking. Staff waited and talked to them in a kind, patient and reassuring manner. They were sensitive in their approach and we saw this comforted and calmed the person.

Staff responded to people respectfully. For example, at lunchtime, a person became agitated when they woke up after a sleep. A care worker responded in a respectful manner and maintained a quiet dialogue with the person until lunch arrived. This resulted in altering the person’s mood and achieved a positive experience for them and other people in the lounge at that time.



# Is the service responsive?

## Our findings

People told us the staff were good at asking for their views and listening to what they wanted. They said that concerns were dealt with as they arose. People and their families were given information about how to complain. Details of the complaints procedure were displayed in the home although it gave information about the previous provider. A suggestion box was in the hallway. The provider had received two concerns and these had been recorded with the action taken to address the issues.

People who wished to move into the home had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. They made decisions about any new admissions by balancing the needs of the people already living in the home.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in

writing and reviewing care plans. People told us the registered manager would regularly talk to them about their care. Staff told us they found the care plans useful and we saw that they wrote in them during their shift.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at The Grange. Staff were able to tell us information about how people liked to be supported and what was important to them. There were some people living in the home who could become anxious or distressed. Staff were aware of how to manage these behaviours and were confident about how to respond to meet people's needs.

Several people had been asleep up to lunchtime and after. Other people had sat in the lounge with the TV on but not watching it. They told us they were not interested in the programme. We did not see staff spend any one-to-one time with individuals other than to assist with care or manage their requests for help. People were supported to maintain contact with friends and family. One person had gone out to spend some time with their family. Another had gone for a walk to the local shops. Staff facilitated a different organised activity each afternoon. The registered manager agreed to review activities so that people had the opportunity for individual support as well as the organised entertainment. We recommend that the service explores the relevant guidance on how to make activities for people with dementia more 'dementia appropriate'.

# Is the service well-led?

## Our findings

People told us the registered manager and deputy manager were very approachable and regularly asked them for their views of living in the home. People and health professionals described the management of the home as open and approachable.

There was a management structure in the home which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the home. They were supported by a deputy manager and senior care workers. The deputy manager or a senior care worker ran each shift. Staff said there was always a more senior person available for advice and support.

The provider visited the home regularly to monitor the quality of the service by speaking with people and staff. The registered manager told us they spoke with the provider most days and they supported them in their role and made funds available for any repairs and re-decorating as needed.

The registered manager told us they wanted to provide good care that treated people as individuals. There were some new staff who described the home as caring and that morale was good. There was a positive culture within the staff team with an emphasis on making people's daily lives

as pleasurable as possible. Staff said they were supported by the registered manager and deputy manager and were aware of their responsibility to share any concerns about the care provided at the home. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people.

We saw the registered manager work alongside staff to assist and monitor the quality of the care provided. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

The registered manager and deputy manager shared the task of conducting audits of the service, for example, health and safety, infection control and medicines management.

The provider gave out questionnaires annually to people and their families to ask for their views of the service. We looked at the results of the latest survey of January 2015 and people had been generous in scoring the service and staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. A visiting healthcare professional we spoke with told us they thought the home was well managed and trusted staff's judgement when they asked them about people's health needs.