Indigo Care Services Limited

The Grange Nursing and Residential Home

Inspection report

Field Drive
Shirebrook
Mansfield
Nottinghamshire
NG20 8BS

Tel: 01623747070

Date of inspection visit:
17 May 2017
18 May 2017

Date of publication:
14 July 2017

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

This inspection took place on 17 and 18 May 201; the first day was unannounced.

The Grange is a nursing and residential care home for up to 50 older people, some of whom have dementia. At the time of our inspection there were 36 people using the service. Accommodation is provided over two floors and there is a lift for access between floors. The service provides care and support for people with a range of medical and age related conditions, including mobility issues, diabetes and dementia.

There was a registered manager at the service. 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.

Medicines were managed safely. There were systems in place to ensure medicines were safely stored, administered and disposed of.

The provider had recruitment procedures in place and employed new staff once appropriate checks had been completed. New staff participated in an induction program which included a period of shadowing an experienced staff member and completing the care certificate. There were enough staff available to support and respond to people's needs in a timely manner. Staff were encouraged to take part in supervision and training.

Staff and the provider were able to explain to us how they maintained people's safety and protected their rights. Staff had been provided with training regarding the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

Records relating to people's care and treatment were updated and staff were provided with the information they required to meet people's needs. People and their relatives were happy with the care and support provided and felt their individual needs were being met.

Staff demonstrated they knew people well and were aware of the importance of treating people with dignity and respect. Staff were kind, caring and compassionate; people were supported and encouraged to remain as independent as possible.

People's nutritional needs were met and special dietary requirements were catered for. Staff understood people's health needs; people were supported to access relevant health care professionals; advice was sought and any recommendations were followed.

People knew how to raise concerns and complaints and information was available to relevant agencies, should it be necessary to raise a concern or complaint. The provider carried out a number of audits and held

meetings with people where they could make their views known. The registered manager understood their role and responsibilities and was supported by a motivated staff team. Systems were in place to check on the quality and safety of services provided.

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 was safe.

People felt safe using the service; staff knew where people may be at risk of harm and acted in a way that reduced this. There were sufficient staff to meet people's needs. Staffing levels were regularly reviewed by the provider and registered manager. Staff were safely recruited to work with people at the service. Medicines were safely stored and managed by qualified nurses.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who had been provided with the training necessary to care for them. Staff sought consent before carrying out care of people. People were supported to access healthcare professionals and treatments plans were followed. People were provided with food and drinks and special dietary needs were catered for.

Is the service caring?

Good

The service was caring.

People were supported and cared for by staff who were kind, caring and compassionate. People were cared for with dignity and respect. People were supported to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs and preferences; people's care plans contained relevant information to guide staff. A range of activities were available and relationships with family and friends were supported. People and relatives knew there was a complaints procedure and the registered manager followed the provider's complaints procedure and used the information to learn and improved the

service.

Is the service well-led?

Good

The service was well-led.

The service was managed in an open and inclusive manner; the management team were known to people and relatives and seen as approachable. Procedures for assessing and monitoring the quality of the services provided were in place. The registered manager ensured any identified actions were carried out following the audits.

The Grange Nursing and Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 May 2017; the first day was unannounced. The inspection team comprised of one inspector and an expert by experience who had personal experience of caring for older people and dementia care services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. 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 spoke with 14 people who used the service, 12 relatives and three visiting friends. We also spoke with 2 nurses (who were deputy managers), care staff, a unit manager, an activities coordinator, two kitchen staff, and the registered manager. We spoke with a visiting social care professional, a healthcare professional, the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

We reviewed a range of records about people's care and how the service was managed. This included four care plans and associated documents; staff training records, five staff recruitment files, health and safety audits and medicines records. As not all of the people living at the service were able to fully express their

views about their care, we carried out a Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service; relatives felt it was a safe environment for their family members to reside. One person said, "They [staff] take me for a shower. I need two carers, they support me enough and I feel safe with them." Another person said, "They are always coming round, even at night and make sure you are ok." A relative told us they felt the staff had worked to keep their family member as safe as possible. They told us their family member was at risk of falls and staff had been, "Trying to help manage this; they've arranged for medication to be adjusted which is helpful; lowered the bed and put a fall mat by it."

The provider had policies and procedures in place for safeguarding and protecting people from abuse. Staff we spoke with were understood the procedure and told us they had received training. One staff member said, "I would always challenge poor practice and would protect the residents." They followed by saying, "I know how to report to safeguarding and I would if it was necessary." Another member of staff said, "At the end of the day we are here to look after the residents." Information was available to guide and support staff, should they have any concerns and need to contact professionals. Staff were clear about their responsibilities and assured us, would they have any concerns, they would not hesitate reporting it further.

The provider took appropriate and timely action to protect people and ensured they received necessary care, support or treatment. We saw records and documentation were in place to record any accidents and incidents; risk assessments were in place and up-to-date. For example, we saw risk assessments were available in people's care plans and they had been reviewed and any changes to people's care and treatments had been documented as and when required. This meant the identification of any patterns or trends and any necessary action had been recognised and steps had been taken to learn from, guide staff and reduce the risk incidents happening again.

There were personal emergency evacuation plans (PEEP's) in place should people need to be evacuated in an emergency. Staff were aware of what to do in the event of an emergency, such as a fire. Safety equipment such as fire extinguishers had been serviced within the appropriate timescales. The health, safety and welfare of people was taken seriously and the registered manager told us they strived to promote a safe and effective service.

We asked whether there was enough staff available to meet people's needs; a relative said, "There's never enough as in an ideal world, but it is as good as it can be, I've never really been worried about the number of staff, there's always someone around but there are times when they seem run off their feet. What you do see is a regular staff group who know me, know my [family member], that's really nice". We found enough staff were available to meet people's needs; people did not have to wait long for assistance. When people requested assistance, staff responded in a prompt and timely manner. The registered manager completed assessments and changed the number of staff accordingly, to ensure enough staff were available to safely meet people's needs.

Staff records showed pre-employment checks were carried out before staff worked at the service. Checks

included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). Staff confirmed their DBS was carried out before they started working at the service. We also saw checks were carried out on nursing staffs annual registration membership with the Nursing and Midwifery Council (NMC). This assured the provider the nursing staff had retained their registration status. This meant people and relatives could be confident staff had been screened as to their suitability to care for them.

We reviewed the systems in place to manage medicines and found they met with current guidance. People received their medicines as prescribed and accurate records were maintained of the medicines when they had been given. Protocols were in place to inform staff when and how to administer 'as required' medicines. 'As required' medicines are given to people when they are needed rather than at regular intervals. For example, for the relief and management of pain or anxiety. All staff who administered medicines were given additional training in this area and their competency was checked by the registered manager. Medicines were stored safely.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. People spoke of how staff provided them with the encouragement and support they needed and felt this was done very well. We found staff had the skills and knowledge in key areas relevant to people's care and needs. A relative told us, "Staff know what they are doing; I'm sure they must have training." Another relative said, "Competent, yes. You come in and see a lot of training and supervision going on."

The provider information return (PIR) included information about the training staff undertook, to ensure they had the skills they needed to care for people. The training records demonstrated that staff attended the training deemed necessary by the provider. The registered manager told us they saw training as an essential part of staff development and ensured relevant training was arranged. Staff we spoke with were able to list a selection of courses they had attended, for example, safeguarding people and moving and handling. One staff member said, "We go on training to allow us to do our jobs" A healthcare professional told us they had worked with staff to develop a course specific to meet people's needs. The healthcare professional saw this as a positive approach to training and ensuring the service could meet people's needs. Staff were supported and encouraged to participate in training. Staff were aware of the need to attend training and keeping their knowledge and understanding updated. Staff also understood the need for supervision and appraisal and saw it as way of discussing any concerns they may have as well as sharing success and personal development.

New staff completed a period of induction and shadowed more experienced colleagues. We saw new staff also completed the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills non regulated health and social care workers should consistently adhere to. There was a system in place which identified what training staff required and when staff were due for refresher training. This showed the provider ensured staff were provided with appropriate training to meet people's needs.

Staff understood the need to gain people's consent and agreement before they provided them with care. The registered manager and staff understood the requirements and key principles of 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. Records we looked at showed where people lacked the capacity to make decisions regarding their care and treatment, the MCA had been followed. This included carrying out mental capacity assessments in consultation with the individual, relevant people and professionals.

The manager ensured applications were made for those people whose freedom and liberty had been restricted. People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When necessary, the registered

manager had made applications for assessment and authorisation to the local DoLS team.

A member of staff said, "DoLS is about taking and restricting people's liberty." They told us and we saw, the service had key pads in place, which meant people had to ask for someone to open the doors if they were to leave unaccompanied. They continued and said, "It is about keeping people safe." We saw there were policies and procedures in place for staff to follow in relation to the MCA and DoLS. A staff member said, "Best interests assessments are carried out – we have them for people when they are unable to make the decision for themselves." Another staff member said, "Decisions need to be made in people's best interest and be specific." The manager and staff understood the importance of acting in people's best interests and people's legal rights were maintained when they lacked capacity to make decisions.

People told us they had enough to eat and drink; one person said, "They [staff] ask you if you want a drink and they'll get you one. Nothing's too much trouble." Another person said, "The food is lovely, we get a choice, yes and enough. They probably would make me something else but I always like it." A third person said, "The food is alright, I can't complain. If you want something that's not on there (menu) they will try and do it for you."

We saw the tables were set with clean and laid with ironed tablecloths, cutlery, glasses, napkins, sauces, and condiments. There was a large, bright menu on the wall with texts and photos of the day's choices. Next to the menu was a list of other 'popular', lighter alternative meals, which were, "Always available," for people. These included jacket potatoes, cheese on toast, pasties, sausage rolls and deserts such as yogurt, ice cream and fruit. At lunchtime, we heard one person ask the kitchen assistant for something specific. The assistant told the person they would go and check to see if they had any of the requested food in stock. We saw the kitchen assistant quickly return with the person's requested food item, which had been prepared to their specification. This showed staff ensured people's requests for specific food were respected and provided.

We saw people were supported to eat a healthy and varied diet, which met their individual needs and preferences. We heard staff asking each person for their choice of meal for lunch. The meals served were well presented, nutritious and looked appetising. Care plans were in place for people's nutritional needs and we saw they included any advice and guidance from appropriate professionals, such as speech and language therapists. Staff were able to tell us the texture of foods people required and they knew which people required thickened drinks because they were at risk of choking. The cook had information to advise them which people had fortified or specialist meals. This meant people were provided with meals to suit their choice, needs and preferences.

Although we saw the service was maintained and repairs were dealt with in a timely manner, we saw the main building was in need of refurbishment and re-decoration. Some people, staff and relatives acknowledged the building was due for an update. A relative said, "The environment is a bit rough around the edges. I think the social areas could be a bit brighter, particularly upstairs." We discussed this with the registered manager who assured us the provider had a plan for updating the whole building. The building was divided into two parts; the majority of people who required residential care lived downstairs, and this area was light, bright and airy and pleasantly decorated. The other part of the building, known as the 'nursing' side, was in need of refurbishment and re-decoration. Although all the rooms were cleaned and odour free, they looked tired and in need of updating. The registered manager assured us, the provider had a plan of work and intended to upgrade and re-decorate the whole building. The registered manager believed the refurbishment would be beneficial to people's well-being.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "I like it here, it's nice; the people [staff] are nice, that's the main thing." Another person said, "I love it here, I came on respite when [family member] went on holiday but when I went home I wanted to come back here after two days … it must be a nice place I put myself in it." They continues and said, "I'm happy here; all the carers are lovely, fantastic, everyone, especially [unit manager] she's brilliant. They [staff] are so caring, they seem to love their job; I won't hear a word said against them". A third person said staff were, "Very kind; I've never heard any get angry or raise their voices". A fourth person said, "They [staff] are all nice." A relative confirmed staff were, "All are good natured and nothing's too much trouble". Another relative said, "We like them, they seem to care".

During our inspection we observed staff and how they interacted with people who used the service. We saw positive relationships had developed between people and staff. A visitor told us, "The staff here and their relationship with people is excellent." They continued and said, "We saw the night staff come in during the day for a course and they took time to find and talk to [family member]. They were very caring even though they were off duty". A visiting friend told us, "Staff are very welcoming, offer us a drink. It's a welcoming atmosphere; looks clean and comfortable".

People told us the care provided was extended to visiting relatives and friends. A relative said, "I couldn't say there's anything bad about this place, all the staff are nice, we can come in any time and they make us very welcome. They've said if ever we want to come at meal times we can have a meal with them". We heard a staff member talking to a visiting relative about their family member. We noted the staff member was informative and precise and was reassuring the relative in a kind manner.
All the interactions we saw between staff and people were positive; staff took time to offer comfort, praise or stimulation in a kind, gentle and down-to-earth manner. We saw staff used appropriate personal contact to offer reassurance to people by placing arms around them or holding hands. We saw staff took time to acknowledge and speak with people when they walked by; they also spent time sitting in the lounge chatting with people and their relatives. Everyone appeared to enjoy this and there was lots of friendly and appropriate banter and laughter.

During the first afternoon of our inspection, we saw a person walking around one of the upstairs corridors. The person appeared confused and distressed. We saw a staff member took hold of the person's hand and encouraged them to go to the lounge. The staff member then offered, and made, the person a cup of coffee. We saw the staff member did this in a kind, patient and reassuring manner.

People told us staff encouraged them to be as independent as they could be. One person said, "They [staff] let me do as much as I can for myself." Another person told us, "They let me be as independent as I can be, if I use the bell they come quickly". We saw the person had a call bell within their reach on a side table. A relative said, "They [staff] try and keep [family members] independence, but do keep an eye on her, make sure she's safe".

People told us that staff treated them with respect and dignity. One person said, "They [staff] speak to us as

they should". A relative said, "If we've been here and [family member] had an accident, we'll call them [staff] and they come straight away; they are discreet, nothing's too much trouble". Another relative told us, when their family member required assistance with personal care, "They [staff] take her away quietly and deal with it without fuss". During our inspection, we saw people's choices and decisions regarding their end of life care had been documented; and staff were aware of any specific requests with regards to how people wanted to be supported to meet their end of life needs. For example, where appropriate, information was available as to whether people wanted to remain at the service and whether any specific religious beliefs were to be followed. This showed, people's needs and preferences around dignity and death were supported and maintained.

Good

Is the service responsive?

Our findings

People and relatives were complimentary about the staff and the way they were supported. When we asked about activities, one person told us they preferred to spend most of their time in their room but did go out to play bingo and, "Staff come in and talk. [Activity co-ordinator)] comes in; we are doing knitting, making a big blanket at the moment."

One person's friend told us, "They [staff] do try and stimulate people. They seem to do a lot; there's always notices up about that. [Activity co-ordinator] runs things like raffles to raise extra money." We were told the activity co-ordinator had a monthly budget and also raised additional funds through raffles. The activities co-ordinator told us the local community were generous in donating raffle prizes. Another visitor said, "They have sing-a-long's, [friend] likes that." A visiting relative said, "We come in and they are doing things all the time." A relative said, "The activity lady does do her best but she is only one person. I think other carers could do more activities. The carers do help when turns (entertainers) come in." We saw staff took time to engage and chat with people; they ensured people's needs were met.

The activity co-ordinator told us the service had links with the community through services and events at the local church and local working men's club, which some people attended. Choirs from local schools came in occasionally. The activity co-ordinator had also established links with the local library who loaned and delivered boxes of reminiscence items for people to use. This showed people were supported to engage in a range of group or individual activities.

People were supported to maintain relationships with family and friends. We saw visiting friends and relatives were welcomed and there were no restrictions or specific visiting times; we saw a steady flow of visitors coming and going throughout our inspection. Visitors told us staff were always helpful and always made them feel welcome.

Care plans we looked at gave details of decisions people had made about their care; records also contained people's likes, dislikes and personal preferences. When asked about their family member's care plan, a relative said, "We did sit down and discuss [family member's] care needs with [registered manager] and they keep us updated." People's care plans had been reviewed and regularly updated by staff and showed people's individual needs, wishes and preferences had been taken into account.

Staff we spoke with were knowledgeable about the people they supported; staff knew people's care and medical needs, and what was significant to them in their lives. We saw staff responded to people in a prompt and timely manner. Staff told us they kept up to date with people's changing needs and preferences through handovers and the use of handover records.

The provider had a complaints procedure, which was displayed and available at the service. People we spoke to told us they had not made any formal complaints or felt they had cause to. They told us they felt they could and would raise issues with a member of the management team or staff if they needed to. Some people told us they had raised minor issues and these had been listened to and acted upon to their

satisfaction. When asked, one person told us if they had any problems they would, "See who's in charge, talk to them, see if they could help me." They pointed out, "That's [registered manager], the lady in charge. You can talk to her. She'll sit down and talk to you." A relative told us they had raised a concern about the laundry, they said, "They do wash the clothes but they are not always ironed." We saw on the 'How Well Are We Doing' noticeboard in the foyer, this issue had been listed and responded to by management. This showed the complaints process was effective, open and transparent and used to improve the service's people were provided with.

Relatives told us they were aware the registered manager held 'Family Meetings' but no-one we spoke with said they had attended any of these. They also told us the registered manager regularly issued questionnaires regarding the quality of service provided. A relative said, "They do have them (meetings); they are on the notice board but I've never been – I've no complaints". Another relative said, "They do have regular family meetings and do put out questionnaires quite regularly. There's lots of opportunities to raise issues". A third relative told us they were invited to 'relatives meetings', and said, "I can't always get to the meetings, but I know they take place." We saw posters on display to remind relatives of meetings; minutes were kept and copies were sent to relatives.

The registered manager held monthly 'tea with managers' meetings; this was where a small gathering of people, joined one of the management team for tea and a chat. This gave people the opportunity to chat with a manager and express any concerns in a relaxed situation. The registered manager told us they found this an effective way of getting people's thoughts and ideas about the service and the care people received. The registered manager also told us having smaller less formal meetings, gave them the opportunity to find more out about people and their life stories and memories. We saw evidence of this in the meeting records, where discussions had taken place about people's memories of holidays, foreign travel and special places they had visited. This showed how people were valued and listened to; the registered manager had implemented the small meetings to gain people's perspectives about the service as well as valuing them and their past.
and listened to; the registered manager had implemented the small meetings to gain people's perspectives about the service as well as valuing them and their past.

Good

Is the service well-led?

Our findings

There was an established registered manager in post at the service. 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.

People told us they thought the service was well led. A relative said, "It is well led, that's why I chose this one, what I like about the place is that the manager seems to have quite a high profile, is visible, keeps in touch. She is approachable and her door is always open". People told us that staff were approachable. One visiting relative said, "Approachable yes definitely, they always have time for you". Another relative said, the staff, "They seem to work well together".

Staff felt the registered manager and senior staff were approachable. Staff told us they were confident in raising any issues or concerns they had to the registered manager. One staff member said, "[registered manager] is a great manager; we couldn't ask for a better manager. I've learned a lot; she gets the job done." Another staff member said, "I find [registered manager] honest; if I've done something, I know she'll tell me." They continued and said, "I know I can talk to [registered manager] about anything; I've learned so much from her." A social care professional described the registered manager as, "Honest and approachable; she's conscientious and reports any concerns."

There were regular meetings with the staff and we were told participants were encouraged to share their views and opinions to help improve the quality of service provided. People living at the service also had regular opportunities to be involved in decisions being made about the service.

We spoke with the registered manager about how they assessed, monitored, evaluated and improved the services they provided. The registered manager showed us a range of audits and documents which detailed how they monitored the quality of the service. These included, regular infection control monitoring, audits of identified risks and medicines audits. There was an operational quality review carried out by the regional manager and any recommendations were carried out and documented with remedial actions. This demonstrated the registered manager understood the need and importance of continuous improvement.

There was a policy in place in relation to complaints and compliments and it was available for everyone to look at. The registered manager recognised the need to assess, monitor and reduce potential risks relating to the health, safety and welfare of people. There was effective analysis of incidents and accidents. The registered manager was aware of the need to identify any emerging patterns or trends and to help reduce the likelihood of similar incidents occurring again. Records required for the running and management of the service were maintained and stored safely.

The provider understood their role and responsibilities and sent us written notifications to inform us of important events that affected the service. We saw there was an on-going program of training, supervision and appraisal of staff, which meant staff were kept up-to-date and knew what was expected of them.