Scarsdale Grange LLP

Scarsdale Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and was undertaken on 10 February 2015.

Scarsdale Grange Nursing Home was last inspected by the Care Quality Commission (CQC) in July 2013 and was found to be meeting regulations relating to respecting and involving people who use services, care and welfare of people who use services, safeguarding, staffing and assessing and monitoring the quality of service provision.

Scarsdale Grange Nursing Home is a purpose built home which provides accommodation for up to 52 people who require nursing or personal care. The second floor mainly supports people who are living with dementia. There were 47 people living at Scarsdale Grange Nursing Home at the time of this inspection.

Summary of findings

There are 52 single en-suite rooms. Accommodation is provided over two floors, accessed by a lift. Shared, adapted bathrooms are situated throughout the home. Each floor has a spacious lounge and dining area.

A registered manager was in place. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at Scarsdale Grange Nursing Home. Conversations with staff and the registered manager demonstrated that they were aware of what constituted abuse. However, one nurse and two care workers were unaware of the need to report safeguarding concerns to the local authority. This meant that concerns may not be always appropriately reported.

On the day of our inspection there were sufficient staff to meet people's needs and keep people safe. We received mixed responses about the time it took staff to respond when people used their call bells. Some people and relatives told us that staff took longer to respond to call bells on the ground floor of the home.

People told us that they received their medicines on time. Our observation of part of two medication rounds together with our review of records provided evidence that medicines were safely administered. We found some gaps in medication records and found that the record for one controlled medication did not correspond with the amount in stock.

Conversations with staff and observations throughout our visit showed us that staff offered and involved people in a range of day to day decisions. The registered manager demonstrated a clear understanding of the requirements of the Mental Capacity Act, 2005 (MCA). Whilst our observations evidenced that staff followed the principles of the MCA, our conversations with staff demonstrated a lack of knowledge about the important elements of the actual Act and how these related to their practice. For example, whilst staff told us that they had heard of capacity assessments and best interest decisions, they were unable to explain these key parts of the Act.

People received a choice of suitable, healthy, homemade food as well as drinks and snacks throughout the day. Our observations of meal times in both dining rooms was mixed and identified that people on the first floor of the home did not always receive the support and assistance they required.

We saw evidence of the changes which had been made and were planned to the first floor of the home to meet the needs of people living with dementia. For example, new lighting had been installed and contrasting handrails had been added to the corridor areas to promote people's independence.

The induction in place for new staff was appropriate. Existing staff received regular supervision and an annual appraisal. Staff were positive about the training courses they received.

Our observations, together with conversations with people and relative's provided evidence that the service was caring. We saw that the registered manager and staff across the home had a good understanding of people's individual needs and preferences. Staff knew how to respect people's privacy and dignity; although we did observe two instances of one member of staff not respecting the confidentiality of people living at the home.

Care plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests. People's physical health needs were monitored and referrals were made when needed to health professionals. A range of activities were provided within and outside of the home. Activities and resources to occupy and promote the memories of people living with dementia were also provided.

Staff were positive about the registered manager and the way in which she led the service. They told us that the registered manager was always around and was approachable and proactive in trying to make the service as good as possible. The registered manager had clear goals for the service and had made a number of changes since being in post.

A range of checks were undertaken to monitor the quality of the service. People, their friends and family and visiting health professionals were encouraged to give feedback about the service.

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?

Requires improvement

The service was not consistently safe.

Staff had a good understanding of abuse; however some staff were unaware of the need to report safeguarding concerns to the local authority. Individual risks, incidents and accidents were assessed and analysed.

There were sufficient staff to meet people's needs and keep people safe on the day of our inspection. Some relatives and people raised concerns about staff response times on the ground floor of the home.

People's medicines were safely stored and administered. We identified some gaps in medication records and found that the record for one controlled medication did not correspond with the amount in stock.

Is the service effective?

Requires improvement

The service was not consistently effective.

Whilst staff followed the principles of the Mental Capacity Act 2005 by involving people in a range of day to day decisions, our conversations with staff demonstrated a lack of knowledge about the important elements of the actual Act and how these related to their practice.

People were offered varied, balanced and nutritious meals. Our lunchtime observation of the first floor demonstrated that people were not appropriately assisted to eat and drink.

Regular supervision, training and an annual appraisal were provided to support staff to fulfil their roles and responsibilities.

Is the service caring?

Good

The service was caring.

People told us the registered manager and staff were kind and caring. We saw that staff showed patience, gave encouragement and, for the most part were respectful of people's privacy, dignity and confidentiality.

Observations and conversations with staff and the registered manager demonstrated that they had a good understanding of people's individual needs and preferences.

Is the service responsive?

Good

Staff responded to people's needs in a timely way and were committed to gathering information about people's preferences and backgrounds in order to provide person centred support.

People's care plans were amended in response to any changes in need. Staff told us that they were informed of these changes during staff handovers.

Summary of findings

A range of activities and meaningful experiences were provided to meet the differing needs of people living at the service.

Is the service well-led?

Good

The service was well-led.

The manager was visible and they and the owner of the home provided opportunities for people, relatives and staff to raise concerns, provide feedback and influence the service.

The home had an open and transparent culture in which good practice was identified and shared.

A range of checks were undertaken to monitor the quality of the service. Where improvements were needed, these were addressed in order to ensure continuous improvement.

Scarsdale 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 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 10 February 2015 and was unannounced. The inspection was undertaken by an adult social care inspector and a registered nurse who acted as an advisor about infection prevention and control, nutrition and hydration and pressure area care.

Before the inspection we requested the provider complete 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. A completed form was not received. We asked the registered manager about this at the start of our inspection. They contacted the provider who checked their records and informed us that they had not received our request.

Prior to our inspection visit we reviewed the information received about the service in the form of notifications sent to the Care Quality Commission. We also spoke with a local authority social worker who had recent involvement with the home and commissioners from the local authority and clinical commissioning group. None of these professionals expressed any concerns about the home.

During our inspection we used different methods to help us understand the experiences of people living at Scarsdale Grange Nursing Home. These methods included both formal and informal observation throughout our inspection. The formal observation we used is called 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. Our observations enabled us to see how staff interacted with people and see how care was provided. In addition to our observations we spoke with five people and with three relatives.

We spoke with the registered manager, deputy manager, two nurses, one senior carer, two care workers, a domestic, the activities coordinator and the assistant chef in order to ask them about their experience of working at Scarsdale Grange Nursing Home.

We reviewed a range of records during our inspection visit, including seven care plans, daily records of people's care and treatment, four staff files, staff training records, quality assurance documents and policies and procedures.

Requires improvement

Is the service safe?

Our findings

When asked if they felt safe at Scarsdale Grange Nursing Home, one person replied, "Yes, very much so." Another person told us that they felt safe because, "There are staff here to help me." One of the relatives we spoke with told us they had never had any concerns about the safety of their family member.

We spoke with members of staff about how they safeguarded people. Each member of staff was able to tell us about different types of abuse and the possible indicators of these. They told us that they would report any concerns to the registered manager or deputy manager and were confident that they would take action and appropriately report any concerns.

Members of staff told us that they had received safeguarding training; our review of staff training records confirmed this. Our conversations with staff identified that some members of staff were unfamiliar with the lead role local authority's play in safeguarding. For example, when informing us of the people they would notify about safeguarding concerns, one nurse and two carer workers were unaware of the need for safeguarding concerns to be reported to the local authority. Nurses have a key role in reporting concerns in the absence of the registered manager and deputy manager. Whilst we were assured that the registered manager and deputy manager would appropriately report concerns, there was a risk that the nurse's lack of knowledge could mean that safeguarding concerns were not appropriately reported. We fed this back to the registered manager who said they would reiterate the role of the local authority in relation to safeguarding to all staff.

We found that the records of people living on the ground floor of the home were not safely and securely stored. This was because we observed that the door to this room was left open on a number of occasions. We discussed this with the registered manager. They told us that building work was soon to take place which would result in the records being moved and agreed to move the records in advance of these works. The registered manager e-mailed us shortly after our inspection to inform us that the records had been moved to a more secure room and also said that a secure door entry system was to be fitted to this room as an additional safeguard.

Our SOFI observation and other observations demonstrated that there were sufficient staff on the day of the inspection to keep people safe and respond to their needs in a timely way. However, our conversations about staffing levels with people and their relatives were mixed. The two people we spoke with on the upper floor of the home told there were sufficient staff to meet their needs. One person stated, "The staff are around when I need them." The other person said, "I may have to wait five minutes of so but they always come and they always make sure they leave my buzzer [call bell] within reach."

One relative whose family member had a room on the ground floor of the home told us that, in their experience, staff responded quickly when their family member used their call bell. However, the views of two people whose rooms were also on the ground floor of the home and two relatives who visited people on this floor differed to the above. They commented on the delay in staff responding to call bells and attributed this to staff being too busy to respond. One person told us that they, "Waited for an hour and had to phone [a family member] up at home for help, and, by that time I had had an accident."

We fed back these mixed responses to the registered manager. They told us that they reviewed the staffing levels shortly after arriving at the home and said this had resulted in an additional member of staff on the upper floor of the home and the introduction of a 'twilight' member of staff to assist across both floors each evening.

The registered manager said that, when people raised concerns about response times, an 'attendance sheet' was implemented to record the time it took staff to respond to the call bell for the room in question. When asked, the registered manager said that they had not undertaken an audit of response times. During our inspection they produced an audit tool and informed us of their intention to undertake an audit of the time it took staff to respond to call bells within the home.

The registered manager told us that the staff team at Scarsdale Grange were good at covering any staffing shortfalls in order to ensure that people were cared for by staff familiar with them and their needs. They told us that, on average, agency staff were used once a week. Our review of the staffing rota confirmed this. Staff told us that the registered manager and deputy manager were always available for support outside of office hours.

Requires improvement

Is the service safe?

We spoke with two people about their medicines. Both people told us that they received their medicines on time, with one of the people informing us that the nurses were, "Dead on time with tablets." We observed parts of the morning and lunchtime medication round on the upper floor of the home and found that medicines were safely administered. The nurse undertaking the medication round had a patient and caring approach and was knowledgeable about the individual medicines people took and how people liked to take them.

We reviewed the Medication Administration Records (MARs) of four people. The majority of the records were initialled to record that the medication had been given; however, the initial boxes in some records were blank and the reason for the medication not being administered had not been recorded. This meant that the nurse undertaking the next medication round would not know if the person's prescribed medication had been administered or why it had not been given.

We checked the medication in stock for four people and found that the MAR sheets and packs containing medication corresponded for each person. Some people were prescribed controlled drugs. These are medicines which are subject to regulation and separate recording. We checked the controlled drugs in stock for four people and found one recording error. The nurse who checked these medicines with us informed the deputy manager of this. The deputy manager later told us that they agreed with our findings and said that they had rectified the recording error.

We looked at two bath hoists and two mobile hoists. Each item was clean and in good working order. The home's handyman was responsible for undertaking checks relating to equipment and the safety of the premises. We reviewed the records of these checks and found that equipment was regularly serviced and that checks were in place to monitor and ensure the safety of a number of aspects of the service. For example, wheelchairs and bedrails were checked each month and weekly fire and window checks were undertaken.

We observed staff supporting people to walk and overheard staff supporting one person to move using a mobile hoist. The staff using the hoist clearly explained each step of the process to the person. They were overheard to offer reassurance when needed and to support the person at their own pace. One person we spoke with required a hoist to move. They said they had their own hoist sling and told us that two staff always supported them to move. They told us that they felt safe when being hoisted and stated, "The staff know what they're doing."

We looked at how the home managed risk. Our review of records and our conversations with the registered manager provided evidence that an effective system was in place to record, analyse and identify ways of reducing risk. Staff spoken with were clear about the accident and incident reporting processes in place. The registered manager told us that they analysed accident and incident forms in order to identify any recurring patterns or risks and provided evidence from practice to illustrate the action they had taken to reduce risk. For example, they told us that they had changed the flooring on the unit supporting people living with dementia after identifying that people were falling as a result of finding the previous different coloured floor tiles disorientating. They told us that the change to plain coloured flooring had resulted in a reduction of falls. Staff said that the registered manager informed them of the outcomes of her analysis and any measures needed to prevent the likelihood of risk.

People's care plans included moving and handling risk assessments as well as risk assessments relating to other needs. Risk assessments were completed on people's admission to the home and were reviewed each month. We also saw evidence that risk assessments were updated, or created following any accidents, incidents or changes in need.

Throughout our inspection the home was kept clean and was odour free. We observed good infection prevention and control practice from staff. For example, protective aprons, gloves and hand sanitizer dispensers were readily available throughout the home and were used appropriately by staff.

An effective recruitment process was in place. The four staff files reviewed reflected the provider's recruitment policy and corresponded with our conversations with members of staff about their recruitment. Each file contained the required information and checks.

Requires improvement

Is the service effective?

Our findings

People we spoke with were positive about the support and care they received at Scarsdale Grange. One person told us, "I'm ever so happy here. You're well looked after here." Relatives were similarly positive about the way in which their family members were cared for. One relative described the atmosphere within the home as, "positive," and stated, "There's a real can do attitude, they really want to do things right."

The Mental Capacity Act (2005), (MCA), promotes and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. The Act applies to decisions relating to medical treatment, accommodation and day to day matters. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom

The registered manager demonstrated an understanding of the requirements of the Mental Capacity Act, 2005 (MCA) and was clear about when capacity assessments and best interests decision's may be needed and how to record these. They told us that they had identified that the MCA and DoLS were areas which needed development within the home and went through the plan which had been agreed with the provider to address these shortfalls.

The provider had recently updated the MCA and DoLS policy and procedure documents to reflect recent case law and was also due to deliver training about this to staff. The registered manager said the deputy manager was due to review people's care plans in order to ensure that they met the requirements of the MCA, as well as undertake any capacity assessments and best interest meetings where it was identified that these were required. This review would also include identifying and making DoLS referrals to the local authority if needed. At the time of our inspection one DoLS referral had been made.

Whilst our observations showed us that staff offered and involved people in a range of day to day decisions, our conversations with one nurse and two members of care staff corresponded with the registered manager's findings about MCA and DoLS knowledge. For example, whilst each member of staff told us that they had heard of capacity assessments and best interest decisions, they were unable to explain these key parts of the Act and how these related to their practice.

Similar findings were identified from our review of records. Whilst we found that most of the records demonstrated the principles of the MCA, we also identified some shortfalls. For example, we saw that a relative had signed a document agreeing for a seat belt to be attached to their family member's wheelchair. There were no records to demonstrate that the assessment process outlined in the MCA code of practice had been followed in order to evidence that this was in the person's best interest and was the least restrictive option available.

The provider contacted us following our inspection and informed us of their plan to deliver MCA and DoLS training to staff. They later confirmed that these sessions had been delivered. The provider also said that they had expanded material within the home's induction pack to ensure it contained key information about the MCA and DoLS in advance of new staff undertaking their mandatory training about these areas.

We looked at how the home prevented and managed pressure areas. Risk assessments about pressure areas were completed on people's admission to the home and when needed. These included the equipment needed to reduce risk, such as specialist mattresses as well as any physical support needed, such as being moved and turned to relieve pressure. Our observations and review of three sets of records demonstrated that people were regularly turned and repositioned and that pressure relieving equipment was in place. We saw that referrals were made, and advice sought from tissue viability nurses when needed.

A weekly audit of pressure areas was undertaken. Our review of records identified some contradictory descriptions and grading about one person's pressure area. The registered manager and deputy manager agreed with our findings. They took a photograph of this pressure area and updated the records for this person during our inspection.

Requires improvement

Is the service effective?

Our review of care plans demonstrated that people's healthcare needs were met by GP visits, as well as referrals to, and visits from, a range of health and social care professionals such as physiotherapists, social workers, opticians and dentists. Visits from these professionals were recorded in people's care plans and the plans were updated to reflect any advice given.

We spoke with people about the food at Scarsdale Grange Nursing Home and observed lunchtime in both dining rooms. The comments received about the lunchtime meal were positive. One person described their meal as, "Really good," and another person described it as, "Lovely."

Our lunchtime observations were mixed. On the ground floor the two meal choices corresponded with what was listed on the menu board. People who needed support were appropriately assisted and encouraged by staff. One person was celebrating their birthday on the day of our inspection and the meal concluded with a homemade birthday cake.

On the first floor of the home the meal which was served did not match the meal written on the dining room menu board; staff confirmed that this had not been updated. The way in which meals were served resulted in some people finishing their meals before other people at the same table had received them. We noted that one person finished their meal fifteen minutes before others on the same table had been served. This did not result in a positive, sociable meal time experience.

Whilst some people were appropriately support by staff, we noted that the staff were not always attentive or responsive to the needs of others. For example, they did not notice that one person was seated some distance from the dining table and had been unable to move themselves closer to the table. This person managed to eat their meal but their distance from the table resulted in them spilling food on their clothing. Another person asked for staff to assist them as they were struggling to use their fork. A nearby staff member responded by stating, "You can eat it." This person was not provided with support or alternative cutlery and resorted to using their fingers to eat baked beans. We also observed one member of staff standing over a person when assisting them to eat; this was not a dignified way of supporting them.

We informed the registered manager that our observations of people's meal time experiences had been mixed and fed back the details about these. The registered manager informed us of her intention to feedback our findings to staff, observe a mealtime on the first floor and make an occupational health referral for the person who was finding it difficult to use their cutlery.

We noted a number of ways in which the environment on the first floor had been adapted to meet the needs of people living with dementia and promote their independence. An assessment of the environment had been commissioned from a dementia specialist and a number of the recommendations from this had been implemented at the time of our inspection. For example, new lighting had been installed and contrasting handrails had been added to the corridor areas. Different coloured coverings had also been ordered for each person's bedroom door and the registered manager informed us that these would be personalised with photographs and / or memorable house numbers to assist people to find their rooms.

One member of staff we spoke with was in the process of completing their induction. At the time of our visit they were shadowing established members of staff in order to get to know people's needs and how the service operated. They felt the induction was preparing them for their role and were positive about the support they had received from the registered manager and their colleagues.

Our review of records demonstrated that a wide range of relevant training courses were provided. These included, falls awareness, understanding dementia, first aid and moving and handling. The registered manager said that they were looking into courses which would result in staff obtaining further qualification relevant to the needs of people living at the home, for example, end of life care and caring for people living with dementia.

We spoke with staff about supervision and appraisal. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs. The members of staff we spoke with said they received regular supervisions and an annual appraisal. Our review of records confirmed that these meetings took place. Staff spoke positively about their supervisions and said they felt supported by the registered manager and deputy manager.

Good

Is the service caring?

Our findings

People were positive about the care they received at Scarsdale Grange Nursing Home. One person described the staff as, "Really caring," and stated, "We get laughter here; the carer's have time to have a laugh with you. It makes me feel better. They're very, very good." Another person stated, "The staff are friendly and do all they can to help me."

Relatives spoken with during our inspection were also positive about the caring nature of the staff. One relative described their family member's key-worker as, "An absolute treasure." They told us that they felt involved and were kept up to date and informed of any changes to their family member's health and care needs. People's care plans also contained copies of letters updating relatives with information about their health and care needs.

Staff spoke in a fond and caring way about people living at Scarsdale Grange Nursing Home and told us that they enjoyed working at the home. One member of staff told us, "I love working here." Another member of staff told that they had previously worked at the home and, on returning to the area, telephoned the home in order to, "Come and work here again as I absolutely love it. It's a good staff team who really care." Members of staff we spoke with were complementary about the care shown to people by the registered manager. For example, a care worker commented, "[The registered manager] is always around and spends time sitting and chatting to people and to their families. From the questions and things she asks us to do for residents you can tell she cares."

Our observations evidenced the caring nature of staff and the registered manager and demonstrated that the staff knew people well and the things that mattered to them. For example, we overheard staff and the registered manager asking people about their families as well as their favourite sports and television programmes. Throughout our inspection we also noted that care and other members of staff spoke kindly with people and warmly greeted them. For example, we frequently saw staff say, "Hello", and "How are you?" upon seeing people.

We saw that the staff consulted and explained any care or support they provided to people. We also noted that the staff did not rush people and gave people time to respond to information and/or any choices presented to them. Our observations also demonstrated that the staff were aware of how people communicated their needs and adapted the way they communicated to meet the needs of the person they were supporting. For example, touch was used appropriately to reassure one person who had some difficulty communicating as a result of a stroke. This person responded to the person centred approach of staff by smiling and gently tapping the hand of the staff member supporting them. People's care plans also contained information about how to present information and choices. For instance, one person's care plan stated, "I may need things explaining to me more than once." Another person's care plan stated, "Speak slowly and clearly and give me time to process information."

Throughout the majority of our inspection we saw that care staff respected and preserved people's dignity and privacy. For example, we saw staff knocking on people's doors before entering, addressing people by their preferred names and discreetly adjusting people's clothing when needed.

We did however observe two instances of one member of staff not respecting the confidentiality of people living at the home. This was because information about people's needs and mood were openly discussed in the presence of other people living at the home. The registered manager expressed their disappointment at this and said that dignity, respect and confidentiality were areas which they had worked upon and had previously raised with individual members of staff. They told us that they would be holding a meeting following our inspection in order to reiterate the above areas to staff.

We saw that Scarsdale Grange Nursing Home recognised and respected the differing spiritual and religious needs of people living at the home. For example, during the afternoon of our inspection we observed part of a visit from members of a local church. A number of people attended this visit and participated by either singing or tapping along to the hymns being played on instruments brought by members of the church. People's care plans also contained information about any spiritual and religious needs.

The registered manager told us that end of life care was an area which they were developing within the home and said that they had recently arranged for a nurse from a local hospice to deliver some training about end of life care to staff. They said that either they or the deputy manager spoke with people and their families about their end of life care wishes as soon as appropriate and told us that they

Good

Is the service caring?

were also encouraging nursing staff to also have these conversations. Our review of people's care plans provided evidence of these conversations and people's end of life wishes. The registered manager also talked about the importance of supporting staff following bereavement and said that they encouraged staff to hold de-brief sessions in order to talk and remember the person and also discuss the end of life care they provided to the person.

Good

Is the service responsive?

Our findings

People spoken with during our inspection felt that Scarsdale Grange Nursing Home was responsive. For example, one person said, "They've always called the doctor when I've asked or when I'm not right and are good at keeping my daughter tied in with what's happening."

We spoke with the registered manager about how people's needs were assessed, planned and reviewed. On receiving an enquiry, the registered manager told us that they would visit the person in order to explain the service and to see if they were able to meet the person's needs. Following this visit, the registered manager started to collate and develop an initial care plan with information provided by the person, their relatives and others involved in their care. People, who were able and/or their family members were invited to visit the service to see if the service met their needs. The initial plan of care was further developed and updated as staff got to know more about the person and how to meet their needs.

The registered manager told us that care plans were reviewed every month or following any changes in order to ensure they accurately reflected people's needs. Our check of records confirmed these reviews. Staff told us that they were informed of any changes to people's needs during the handover meetings between each shift. They were positive about the information they received at handovers, with one carer describing the content as providing, "Good, detailed information."

The registered manager said that people and their families were kept up to date and consulted about the contents of the care plans and any changes made to them. They also informed us of their plan to schedule and invite people and their relatives to more frequent care plan review meetings. One of the relatives spoken with during our inspection said that they had seen their family members care plan and felt that it reflected their needs.

We reviewed the care plans of seven people and found that they were person centred. Each care plan provided information about how the person liked to be supported and the things which were important to them. For example, a care plan for one person stated, "I like to sit with a view out of the window." We also noted examples of a person centred approach within the environment. For example, people living with dementia often identify pictures of their younger selves; in recognition of this some people's doors had recent photographs as well as photographs taken when they were younger. When needed, there were also photographs of people's key workers and named nurses. Some people's rooms also contained one page profiles. These documents listed key information about the person's past, their preferences and the things which are important to them. Such information can prompt and assist conversations with people living with dementia and is often key in ensuring that people receive personal centred care.

Our observations, review of records and conversations with people and staff provided evidence that people were offered a range of choices and that these were met and respected. People's care plans also contained information about choice and the support people may need. For example, a care plan for a person who had word finding difficulties stated, "Give me choices of menu every day and allow me time to state my preference."

People's care plans included information about their hobbies and interests. Some people's plans also noted the importance of providing activities to meet their individual interests and therefore reduce the risk of social isolation. For instance, one person's care plan stated, "Encourage me to be involved in activities and not to isolate myself in my room."

We found that a range of meaningful and differing activities were provided for people living at Scarsdale Grange Nursing Home. There was information throughout the home listing the activities planned during the month of our inspection. This included information about a forthcoming 'bake-off' competition, a valentine's party featuring an entertainer and buffet and the weekly 'pub club' which people's family and friends were also invited to.

Scarsdale Grange Nursing Home had an activity coordinator. The registered manager told us that there was a degree of flexibility about the activity coordinators hours which resulted in them providing activities throughout the week as well as at weekends. People and staff were positive about activities being provided throughout the week and we heard that the resident's choir, which took place on Sunday afternoons, was a great favourite across the home.

During the morning of our inspection we observed the activities coordinator undertaking an art and craft session with people from both floors of the home in order to make

Good

Is the service responsive?

banners and decorations for the forthcoming valentine's party. In the afternoon we saw people take part in a service and lively singing session with visitors from a local church. The activities coordinator spoke passionately about her role and the importance of activities. She also told us that she had sourced some volunteers from the local community to support her and to ensure activities were undertaken when she was on leave.

People and relatives were positive about the activities provided and the activities coordinator. For example, one person told us that the activities coordinator and other members of staff regularly supported them to visit the local pub. This person was also positive about visiting entertainers and commented, "They're absolutely marvellous. They really brighten things up." A relative was similarly positive about the activities provided and described them as, "Making a huge difference to [my family member], they're fantastic and have really improved [my family member's] mental wellbeing."

We saw that there were a number of resources and areas on the first floor of the home to occupy and prompt the memories of people living with dementia. For example, a section of the large living room had a reminiscence area containing images of familiar films and film stars. A number of wall mounted familiar games, mazes and tactile objects to occupy people living with dementia were also fixed to the walls of the corridor area of this floor. We also saw that dementia empathy dolls were available for people. For some people living with dementia, the use of these dolls has been proven to alleviate distress and promote comfort.

We looked at how the home gained the views of people, visitors and relatives. The registered manager told us that residents and relatives meetings were held throughout the year and that differing speakers were invited to these meetings. We reviewed records of these meetings and found that people's views were sought and that feedback was also provided about any actions arising from previous meetings and any surveys undertaken.

People and relatives spoken with during our inspection described the registered manager as, 'hands-on' and 'approachable' and said that they felt confident to raise any concerns or issues directly with her. One person told us, "I like [the registered manager] very much. She's there for you. If you need to tell her anything she's there, listens and will sort things. I've no problems at all here." The relative of one person told us that they had never had any complaints or concerns during the 18 months their family member had been living at the home. Another relative told us that they had raised some minor concerns with the home manager. They described the registered manager as, "Approachable and helpful," and said that things had changed as a result of their conversation with her. A comment from a relative in response to a letter detailing the outcome of a complaint described the registered manager as, "Proactive." There was one compliant at the time of our inspection. Our review of the four complaints received within the previous year demonstrated that the registered manager and provider had investigated and responded to complaints in accordance with the home's complaints procedure.

Good

Is the service well-led?

Our findings

People, relatives and staff were positive about the registered manager and the way in which she led the service. The registered manager was visible throughout our inspection and spent time interacting with people, visitors and relatives. We saw that she had an open and helpful approach. For example, on seeing a visiting social worker the registered manager stated "Let me know if you need anything. [The persons] notes are here if you need to see them."

Staff told us that it was usual for the registered manager to be so visible. One member of staff commented, "[the registered manager] is always about; she's like a fly! She asks if everything is OK, see's if we need anything and will act as an extra pair of hands." When asked if they thought the service was well led, another member of staff commented, "Absolutely, the managers door is always open, she knows what's going on and doesn't tolerate sloppiness."

People and relatives spoken with during our inspection were similarly positive about the registered manager and her commitment to improving the service. One person commented, "Things have improved since [the registered manager] has been here. She often comes and has a chat to check that things are OK and I'm happy here." A relative described the registered manager as, "Open," and stated, "[The registered manager] is always out on the floor. She seeks you out to see if there's anything that can be improved."

Staff told us that they felt valued by the registered manager. They also told us that she acknowledged and praised good practice and also provided feedback about any practice they felt could be improved. A statement from one member of staff appropriately summarised the above. They told us, "[The registered manager] is fair. She praises you but also picks you up when she thinks something could be done better. She comes to handovers so she knows what's going on and always thanks us for what we do. She also comes up before she leaves and always thanks the staff and sometimes brings in cakes for us. It's a hard job sometimes so it's good to be thanked for what we do."

The registered manager was appreciative of the way the provider supported them to lead the home. They described the provider as being, "Very involved," and said, "They listen and take things on board." The registered manager said that they had identified a number of areas for improvement since becoming registered manager for the home in July 2013 and said that the provider was supportive and the changes they wanted to make. During our inspection, we noted that a number of these changes had been implemented or were planned. For example, improvements had and were continuing to be made to the environment for people living with dementia, and building works to improve a number of areas of the home were soon to start.

During our inspection, we noted positive examples of leadership from nurses and senior carers. For example, we overheard these staff regularly checking where staff were with key tasks, deploying staff to undertake specific tasks and encouraging staff to take breaks.

We saw that there was a system in place to continually audit the quality of care provided at Scarsdale Grange Nursing Home. We saw that this incorporated a range of weekly and monthly audits relating to all areas of the service. For example, our review of audit documents included audits of care plans, pressure care and medication. We also saw that a range of audits relating to the safety of the premises and equipment within the premises. Each audit document reviewed clearly recorded the actions required to address any identified shortfalls together with timescales. We saw that these actions were fed into the next audit and checked in order to ensure that they had been completed.

A range of other quality assurance checks also took place. For example, the registered manager undertook and documented any actions arising from her daily 'walk round' of the service. People and the registered manager also told us that the provider undertook regular visits to review the quality of the service. One person told us that the provider, "Often pops in and has a word to make sure everything is OK."

We found that the service encouraged feedback from people, their friends and family members and visiting professionals in order to review and improve the care and support provided. Our review of the most recent survey reflected the comments from people and staff about the way in which the home had improved since the current registered manager had been in post. For example, one

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comment stated, “We have been very happy with the improved quality of nursing and care staff,” and another comment noted that, “Cleanliness is much better than it was.”

The registered manager had analysed the results of the survey and also noted the improvements undertaken or planned in response to comments within the survey. For example, we saw that changes had been made to the car park and more regular meetings for people and/or their relatives and representatives to discuss their care were to be implemented as a result of comments made within the survey.

Staff spoken with during our inspection said that they had never been asked to complete a survey to gather their views about the service. The registered manager confirmed that staff surveys had not been undertaken. Not undertaking this survey meant that staff working at Scarsdale Grange Nursing Home did not have the same opportunity as people and their relatives to provide feedback about the service. The registered manager agreed to ensure that a staff survey was developed and undertaken alongside the other surveys undertaken.

We found that a range of meetings took place to discuss, consult and update staff about the service. For example, we saw that management meetings, care team meetings, night staff meetings, domestic meetings and kitchen meetings took place throughout the year. Staff told us that they were able to raise issues within these meetings and felt that that their views, suggestions and contributions were listened to. We saw evidence of this during our inspection; for example, the registered manager told us that the charts in place to record people’s daily and dietary needs were implemented as a result of being suggested by staff during a staff meeting.

In addition to staff meetings, the registered manager told us that they soon planned to introduce staff ‘knowledge sharing groups.’ They said that the purpose of these meetings would be to develop staff knowledge about different areas of practice and therefore improve staff knowledge, practice and the quality of care provided to people.

Information reviewed prior to our inspection showed us that the registered manager submitted statutory notifications about safeguarding alerts and for incidents affecting the service. Records reviewed during our visit demonstrated that these and other concerns were appropriately reported to other agencies, such as the local authority safeguarding team and the care homes support team.

During our inspection the registered manager told us about a number of ways in which links with the local community had been and were continuing to be established. For example, the registered manager told us that the weekly ‘pub club’ visits had increased awareness of the home within the local community and had also resulted in some volunteers from the local community to support the activity coordinator. They also said that the local Beavers visited throughout the year and reported that people had greatly enjoyed their Christmas visit to sing carols and also appreciated the help they provided in maintaining the garden and hanging baskets during the summer. The registered manager also told us that they had recently been approached by an organisation which supported people who may be at risk of isolation in the local community. At the time of our inspection, the registered manager was discussing the possibility of people supported by this organisation joining the choir which took place each Sunday. The above links demonstrated that the home was open, inclusive and keen to work in partnership with local organisations and be part of the local community.