

Roseland Care Limited

The Grange

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on the 22 May 2015. The Grange is a Nursing home for up to 9 older people, some of whom may be living with dementia. The service is set in a larger retirement village. The registered provider is Roseland Care Limited. Accommodation is provided over one floor. On the day of our visit eight people lived at the service.

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 2008 and associated Regulations about how the service is run. There was a new manager who had applied to the CQC to become the registered manager.

There was no programme of activities in place. An activities coordinator was being recruited but people felt that there was not enough for them to do. External activities did not take place as there was no vehicle to take them out. This meant that people were not supported to access the outside community.

Summary of findings

Not all audits of systems and practices carried out were effective. Where concerns had been identified these were not always addressed. Staff meetings were not organised frequently and in line with the service policy. This meant that staff did not have the opportunity to contribute to the running of the service.

Annual surveys were not sent to people and relatives. They were not given an opportunity to feedback on what they thought of The Grange and suggest improvements. Medicines were stored appropriately and audits of all medicines took place. Photos were kept in front of people's medicine charts so that staff knew who each person was before medicine was given. Where people had been prescribed 'as and when' medicine there was guidance for staff in how to administer this.

People said they felt safe. Staff understood what it meant to safeguard people from abuse and how to report any concerns. There were policies in place and guidance for staff on how to report their concerns. One person said "I feel safe, I never have any fear of neglect."

Risk assessments for people were up to date and detailed. Each risk assessment was supported with information for staff on how to reduce the risk. These included risks of poor nutrition, choking and falls. Staff had a good understanding of people's risks. Steps were taken by staff in line with the care plan to reduce the risks to people to keep them safe.

The environment was designed to keep people safe. Equipment was available for people including specialist beds, pressure relieving mattresses and specialised baths and hoists.

There was a risk that staff did not always have the most up to date guidance in relation to their role. The service policy stated that all staff should be updated and refreshed on training specific to their role but this was not always happening. However the manager was undertaking clinical supervisions with clinical staff to ensure their competencies.

Complaints were not logged in the correct way and in accordance with the service policy. We were not provided with any evidence of complaints. However there was a complaints policy which people and relatives had knowledge of.

One to one meetings were undertaken with staff and their manager to ensure that staff were supported in their role.

There were sufficient numbers of staff on duty to meet people's needs. Any shortfalls in staffing were filled with agency staff. The manager tried to ensure that the same agency staff were used for consistency of care. One person said "The staffing numbers got cut down when the resident numbers reduced but there are enough to meet people's needs."

There were complete pre-employment checks for all staff. This included full employment history and reasons why they had left previous employment. This meant as far as possible only suitable staff were employed.

Staff had knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. MCA assessment were undertaken where appropriate and detailed in people's care plans. There were no people at the service whose liberties were being restricted.

Staff gave examples of when and why they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day.

People said that the food was good. People were encouraged to make their own decisions about the food they wanted. Staff asked them what they wanted and the chef would accommodate this. We saw that there was a wide variety of fresh food and drinks available for people. Those people who needed support to eat were given it.

People had access to health care professionals as and when they required it. One person said of visiting professional "My team make sure the correct care is given."

People and relatives felt that staff were kind and considerate. People were treated with kindness and compassion by staff throughout the inspection. Staff acknowledged people through the day and never ignored people's requests no matter how busy staff were. One relative said "We are happy with the service, the staff are very good and meet my (family members) needs."

Staff knew what was important to people. We saw that staff knew and understood people's needs.

Summary of findings

People and relatives had the opportunity to be involved in the running of the service. Residents and relatives meetings were held and the minutes showed discussions about the food and the staffing levels.

People were treated with dignity and respect. Staff knocked on people's doors and waited for a response before entering. Personal care was given in the privacy of people's own rooms or bathrooms.

Care plans were reviewed every month to reflect any changes to individual needs. We found instances where a change had occurred and care was changed to reflect this. Staff responded to people's needs as and when they needed it.

You can see what action we told the provider to take at the back of the full version of the report.

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's medicines were managed appropriately and guidance was available to staff in relation to 'as and 'when' prescribed medicine. Medicines were stored and disposed of safely.

There were enough qualified and skilled staff to meet people's needs.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and recognised what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Good



Is the service effective?

The service was not always effective. Staff had not received appropriate up to date clinical and service mandatory training.

Staff had received supervision meetings with their manager to talk about any concerns and where training needs would be identified.

Mental Capacity Assessments had been completed for people where they lacked capacity. No forms had been submitted to the local authority as there were no people who were unable to consent or being deprived of their liberty.

Staff understood people's nutritional needs and provided them

With appropriate assistance. People's weight, food and fluid intakes had been monitored and effectively managed.

People's health needs were monitored and health care was accessed when needed.

Requires improvement



Is the service caring?

People were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful or positive way.

People told us staff were caring and we observed that people were consulted about their care and the daily life in the service.

Regular meetings took place for people and relatives to give them an opportunity to contribute to the running of the service.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

complaints were not recorded and logged.

There were not enough meaningful activities to meet people's individual needs.

Staff did respond appropriately to meet people's needs. All changes to people's care was discussed with staff. Staff we spoke with knew the needs of people they were supporting.

Is the service well-led?

The service was not well-led.

There had been no registered manager at the service for some months. The new manager had submitted their application to the Care Quality Commission.

There were not effective systems in place to monitor the quality of the service. Where issues were identified and actions plans were in place there was not enough evidence that they had been addressed.

Staff said that they felt supported and listened to in the service.

Requires improvement



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 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 was an unannounced inspection which took place on the 22 May 2015. The inspection team consisted of two inspectors. Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. 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.

During the visit, we spoke with three people who used the service, two visitors, four members of staff, one Podiatrist, deputy manager and the regional manager. We spent time observing care and support in communal areas.

We looked at a sample of four care records of people who used the service, medicine administration records, three recruitment files for staff, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records

that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was in 30 November 2013 where we found our standards were being met and no concerns were identified.

Is the service safe?

Our findings

People said that they felt safe living at The Grange. One person said “I feel safe, I never have any fear of neglect.” Relatives said that they felt their family members were safe with the staff that looked after them.

Medicines were stored appropriately and audits of all medicines took place. The medicine cupboard was locked and only appropriate staff had the key. The medicines cabinet was secured to the wall and locked. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. There were photographs of people in the front of each chart to identify who the medicine had been prescribed to. The medicine policy covered the principals of medications and referred to Nursing and Midwifery Council’s (NMC) guidance and the Royal Pharmaceutical Society guidance. The policy covered receipt and administration of medicines, as well as covert medicines. (Covert medicine is the administration of any medical treatment in a disguised form. This usually involves disguising medicine by administering it in food and drink. As a result, the person is unknowingly taking medicine.) No one was being given medicine covertly. We saw people being given their medicines in a safe way and with an explanation from staff. Medicines to be used “As required”, had guidance relating to their administration.

Staff had knowledge of safeguarding adult’s procedures and what to do if they suspected any type of abuse. Staff said that they would refer any concerns they had to the manager or the local authority if needed. One staff member said “We have to make sure people are free from harm.” There was a Safeguarding Adults policy and staff had received training regarding this which we confirmed from the training records. There were flowcharts in the offices to guide staff and people about what they needed to do if they suspected abuse.

Risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of manual handling, nutrition, skin care, personal care, communication needs and medicine management. Risk assessments were also in place for identified risks which included maintaining a safe environment and choking and action to be followed. One person was at risk of falling due

to their clinical diagnosis. We saw that staff ensured this person had the appropriate equipment in place to reduce this risk. Risk assessments were assessed monthly and sooner if this was needed.

The waterlow score, which is a tool for identifying skin integrity problems, was reviewed monthly and sooner if required. One person was being nursed on a specialised bed and the pressure relieving mattress was set at the correct setting to prevent pressure sores. Other actions to help prevent people developing pressure sores included repositioning of people to ensure they were not in the same position for too long and checks on pressure relieving equipment. One person needed to have their feet elevated at night to relieve swelling and pain. We saw that staff were doing this and the person was more comfortable as a result.

The environment was set up to keep people safe. Window restrictors were in place to prevent people falling out of windows. Equipment was available for people including specialist beds, pressure relieving mattresses and specialised baths and hoists. People were able to move around the home freely if they wanted to.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans but these needed to be updated in the main file left in reception. The deputy manager said that this would be done as a matter of urgency. The manager has now confirmed that this has been done.

There were sufficient members of staff on duty to meet people’s needs. One person said “The staffing numbers got cut down when the resident numbers reduced but there are enough to meet people’s needs.” Staff said that each person’s needs were assessed to identify how many staff were needed to care for them. Staff used a ‘resident dependency’ tool to calculate the numbers of staff needed. The deputy manager said that they were recruiting for additional nursing and care staff and in the meantime were relying upon the use of agency staff. They said that they would try to use the same agency staff to ensure consistency of care for people. We saw from their rotas that the numbers of staff on duty corresponded with staffing levels they had assessed that were needed. On the day of the inspection we saw that there were enough staff. People

Is the service safe?

were being supported with care in a timely way. At no point during the inspection were people having to wait for staff to respond to them. Staff we spoke with said that there were enough staff at the service. Call bells were used by people during the inspection and staff responded to them in a timely way.

The manager had assurances that only suitably qualified staff were recruited. Staff recruitment files contained a

check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, two references, evidence of the person's identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process.

Is the service effective?

Our findings

People said that staff understood their needs. One relative said “We are happy with the service, the staff are very good and meet my (family members) needs.”

Staff were not kept up to date with the required service training (including clinical). Records showed that not all staff had received fire safety training and health and safety training. Nursing staff had not had up to date clinical training. We asked for details of what clinical training had been provided to the current nursing staff but the manager was unable to provide this. Staff were unable to tell us when the nursing staff at the service last had updated training in areas including wound care, taking bloods and catheter care. This meant that staff may not have appropriate and up to date guidance in relation to their role. The service training policy stated that ‘Job specific’ training needed to be refreshed for all staff.

We recommend that staff are provided with the most up to date and appropriate guidance in relation to their role and in line with the service policy.

However the manager (who was a registered nurse) did undertake clinical competencies of the nursing staff which did not highlight any gaps in the current clinical staff knowledge. One member of staff said “We have training here which is very good and this includes face to face training.” Staff commenced training during their induction, and had a probationary period to assess their overall performance. The manager showed us that some training had been booked including fire safety training. The Grange is a small service and there are only four permanent care and nursing staff employed. The manager had undertaken one to one supervisions for three of these staff and the last one had been booked. These discussions included staff professional development and learning objectives. Staff confirmed that they received one to one supervisions with their manager.

Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have

been authorised by the local authority as being required to protect the person from harm. MCA assessments were undertaken where appropriate and detailed in people’s care plans. There were no people at the service whose liberties were being restricted.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day including staff asking people if they wanted support to get dressed or whether they could enter people’s rooms. Staff told us that in the first instance they would assume people could make decisions by themselves. If people refused care and the person became agitated they would leave the person and then ask them again later.

People had a choice of where to have their meals, either in the dining room or their own room. A menu was displayed in the hallway for people. Staff asked people what they wanted to eat and the chef would accommodate this. We observed lunch being served. We saw that staff engaged with people, offered choices and provided support to eat their meal if needed. The dining room was nicely decorated and the tables were attractively laid. People who ate in their rooms were supported by staff in a timely way if they needed this.

Where people needed to have their food and drinks recorded this was being done appropriately by staff. The chef had records of people’s individual requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People’s weights were recorded and where needed advice was sought from the relevant health care professional. One person said “The food is excellent.” One member of staff said “There is plenty of food on offer, we encourage to eat.”

People had access to a range of health care professionals, such as Macmillan nurses, the GP, opticians, podiatrist and physiotherapist. The GP visited regularly and people were referred when there were concerns with their health. One health care professional said “We are happy with the follow on care provided by nursing staff.” Another professional told us that they felt the clinical needs of people were being met.

Is the service caring?

Our findings

People said the staff were caring and considerate. One said “Staff are caring, respectful and allow me time to respond to them.” People said they were happy with the staff and that they were kind and understanding.

Staff interacted with people in a kind and respectful way. We saw staff speak to people in a way which suited their needs making sure they faced people who had difficulty hearing or understanding, speaking clearly to enable clear communication. We saw staff reassure visiting relatives that their family members were ok and settled.

People told us they and their families if needed were involved in planning their care. We saw that care plans had detail around people’s backgrounds and personal history. Staff were able to explain the needs of people they supported. They understood about people’s life history and family. One member of staff said “I want to do things that make people happy, I like working here, and the people are nice. I like to know who people are, you can draw a picture of someone if you know their background, it’s important to understand them.”

People’s bedrooms were personalised with photos of family and decorated with personal items important to the individual. During the inspection we saw people had family member visit them. They were made welcome by the staff. We observed a positive and relaxed atmosphere between the staff and family member.

People’s privacy and dignity was maintained. We noticed one person go into the bathroom and close the door. Staff came to check they were ok and offered support to them if they needed. We heard the staff discussed that the person was ok but came back later and knocked on the door to check. One member of staff said “I check that people are ok with the personal care I am giving, I make sure that doors and curtains are closed.”

Where possible people were given the opportunity to be involved in the running of the service. The staff actively sought the views of people in a variety of ways. Residents and relative meetings were held and the minutes showed discussions about staff that were new to the service, changes to the menu and improvements to the service. People were given an opportunity to make suggestions about things they would like to do improve and change. These included having more activities. One person told us that they were very involved in their care and they made decisions around the additional support they received from external health care professionals.

We were not made aware of any person being involved with an advocate, but staff knew how to access these on behalf of people, should they be required. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Is the service responsive?

Our findings

Complaints were not always recorded. There was a complaints procedure in place for people to access. We asked the deputy manager to provide us with evidence of complaints received and how these were responded to. The records showed no evidence of complaints however we were aware of at least one complaint where the information had not been saved into the complaints folder. The deputy manager was aware that this complaint had not been logged. We could not see evidence of any action plans that had resulted from any complaints made and how these had been resolved.

We saw that there was a copy of the complaints procedure available for people in the reception. .

All of the people and relatives we spoke with said that they would make a complaint if they needed to. One person said “I would feel comfortable making a complaint if I needed to” One visitor said that they had complained in the past but had not been satisfied with the response that they had received. The complaints process was not being following and people were not satisfied with how complaints were dealt with. No changes were made to the service as a result of the complaint. This is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives said there were not enough activities for people to do. One person said “I never have anything to do, we used to have exercises here every week but we don’t anymore and I don’t know why.” Another person said “No activities are available for me, there are none here at all, my family take me out but nothing else is organised.” One relative said that they had raised concerns about the lack of activities and said they were told by the provider that due to the service being so small they couldn’t accommodate lots of activities for people.

A staff member told us that people were unable to go out on trips because there was no vehicle available to take them. They said that every two weeks someone came in to undertake activities but said that not all people liked to take part. There was an activities list in reception, staff told us that this related to the people who lived in the village

and not in the service. They said that this should not have been on display there. One member of staff said “I would improve the activities here, I think sometimes people’s emotional needs are not being met.”

We looked at people’s care plans around for details of activities people like to undertake. One care plan stated that the person needed to be ‘encouraged with the activities they enjoyed’. We spoke to this person, they said that most of what they undertake they organise themselves. They said “I would like to do more things, I like music and quizzes but I can’t do these things on my own.” Another person had 10 activities recorded over a period of approximately two months. Four of these were sitting in the garden and one was the residents meeting. None of these were considered an ‘Activity’ by the relatives family or the staff on duty on the day of our inspection. which didn’t constitute an activity. People were not stimulated during the inspection and were falling asleep throughout the day. Increased activity and engagement can have a positive effect on quality of life. People were not able to increase their sense of wellbeing due to the lack of meaningful things to do. We did not observe any activities take place during our visit. On the Provider Information Return the manager told us that activities coordinator will be recruited to support people and staff. People not having their social needs met or having access to the community are breaches of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that before they moved in the manager undertook a pre-assessment of their needs. One person said “I need a lot doing and staff are very attentive, they understand my needs.” They said “Care is adjusted according to my needs, I am involved in the review of my care.”

Staff responded to people’s changing needs. We saw that the care plan was updated to reflect this change. Staff discussed these changes with each other at handover and at team meetings. Staff were given appropriate information to enable them to respond to people effectively. Care plans covered details of daily living with supporting risk assessments. Care plans contained information on people’s medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition and mobility. These plans provided staff with information so they could respond positively, and provide the person

Is the service responsive?

with the support they needed in the way they preferred. One person needed to be positioned in bed in the correct way to reduce the risk of any pain. The care plan detailed the way this should be done. One member of staff said “If new care is needed I will speak to the (visiting health care professional) to give us the new information, (one person) needs a lot to support their independence, I want to make sure they receive this.” The person confirmed that staff ensured that they were comfortable.

In one person’s file, the care plan for communication referred to problems with their speech. The care plan detailed specific and individual information to guide staff in how to communicate best with this person. We saw examples of staff communicating well with this person throughout the inspection.

Is the service well-led?

Our findings

The service had been without a registered manager since 24 December 2014. In this time the provider had recruited a new manager who has submitted their application to the Care Quality Commission.

People and relatives said that the service was managed well. They all felt that they could approach staff and the management. One person said “Niggles are dealt with well.”

Quality assurance systems were not robust. The regional manager told us that they undertook quality assurance visits to the service. They told us that they would provide evidence of these visits but to date the commission have not received this. We are unable to establish what they looked at and whether action was taken as a result of any concerns found. According to The Grange policy, audits needed to be carried out to ensure the quality of the service. The audits undertaken by the manager were infrequent. The last infection control audit was in March 2015 but there was no detail to show if any concerns had been identified. A safety audit was also carried out in March 2015, the action and target date for this was identified but the outcome had not been completed. We are unable to see from the document provided to us what had been addressed as a result of this audit. This meant that although some audits were undertaken the action from these had not been updated.

There was a policy that said that regular feedback regarding the quality of care needed to be sought. The policy stated that a questionnaire was to be sent to people and relatives which should include questions about the quality of the staff, care, and comfort and planned activities. People and relatives had not been asked to complete a quality assurance questionnaire. The manager told us on the Provider Information Return that ‘Quality assurance questionnaires are circulated annually to residents and their relatives. Action is taken to improve the quality of the service as appropriate.’ We were not provided with any evidence that this happened. This meant that feedback had not been sought and improvements made to the service as a result. One person said “I’ve never completed a survey since I’ve been here.”

There is a staff meeting policy at The Grange. It states that every three months staff should be invited to a meeting to

review the staff and people relationships and for staff to have an opportunity to contribute to the running of the service. These meetings were not taking place. One member of staff said “Staff meetings have taken place but I can’t remember the last one.” We asked for minutes of staff meetings but we were not provided with any. This meant that staff did not have an opportunity to provide an input into the running of The Grange and to contribute to the improvements.

The service ‘Aims and Objectives’ was to ensure care was provided to people to a standard of excellence. It stated that each person individual needs were to be met. We found that not all aspects of this was happening specifically with activities for each person to enjoy. On the service website The Grange advertises its services as where people are entertained and can join in on organised activities. However we found that this wasn’t the case and that activities were not offered in this way

There were no systems in place to quality assure the service and improve the service provided to people. These are breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However we did see that the manager undertook audits of care plans. Comments were made for the staff to address including how staff needed to record information on the care plans. We saw that this was done.

There are currently no accreditation schemes or initiatives to recognise good service from staff. We were told by the manager that staff are ‘Complemented on their good work and attitude by their peers and managers. This makes staff feel appreciated. Recognition is given in an annual pay increase and letter of thanks.’ Staff said they felt supported. One told us “I like the new manager, for a period of time we didn’t have a manager here but now it’s much better.” Staff said that they were encouraged to develop. One said “I’m doing a diploma in Health and Social Care which is supported by the manager.” We found no evidence of any current appraisal system but we were told by staff that this was being addressed with the new manager.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This is because the registered provider did not have processes in place that effectively handled, recorded and responded to complaints.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This is because the registered provider did not meet people's individual needs in relation to person-centred care.