Mr David William Skeath

The Grange Residential Care Home

Inspection report

33-34 Woodside Grange Road
London
N12 8SP
Tel: 020 8446 5378

Date of inspection visit: 11 December 2015
Date of publication: 25/01/2016

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

Overall summary

This inspection took place on 11 December 2015 and was unannounced. At our last inspection in December 2013 the service was meeting all of the regulations we looked at.

The Grange is a residential care home providing accommodation with personal care for up to 28 older people. The building was on three levels, ground, first and second floors with a lift serving all levels and two staircases (one at either end of the building). On the day of our visit there were 26 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. Relatives we spoke with said they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely. Staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to 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).We found that the service was working within the principles of the MCA, and conditions on authorisations to deprive people of their liberty were being met.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the registered manager to monitor the quality of care.

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.

Medicines were managed safely for people and records hadbeen completed correctly.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

Good

Is the service effective?
The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Good

Is the service responsive?
The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

There was a range of suitable activities available during the day.

People who used the service knew how to make a complaint and a complaints procedure was in place

Good

Is the service well-led?
The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

Good

Summary of findings

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service

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

This was an unannounced inspection and took place on 11 December 2015.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 reviewed the information we held about the home which included statutory notifications and safeguarding alerts. We also spoke with one healthcare professional who worked closely with residents in the home.

The inspection team consisted of two inspectors, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with six people who use the service and three relatives. We also spoke with the registered manager, the head of care, one senior carer and three care workers, the cook and the administrator/activities coordinator.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at eight people's care records, staff duty rosters, six staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People told us they felt safe and that they trusted the staff that looked after them. One person said, “Staff are very helpful. It makes me feel good knowing that there is always someone around to help.” Another person said, “The staff here are great, I feel very safe.” We observed that staff followed appropriate health and safety guidelines in order to keep people safe.

Staff were aware of the different types of abuse and told us they would report any allegations of abuse to their team leader who would in turn report to the manager. Staff told us they had attended safeguarding training and we confirmed this in the records we reviewed. The provider had taken appropriate measures to ensure people were safeguarded from harm. The provider had managed one safeguarding alert in the past year. We were able to confirm when reading records how the manager had contacted the allocated local authority social worker and co-operated fully with the safeguarding process.

We found that risk assessments included people's skin integrity, risk of falls, moving and handling, fire and using stairs. Risk assessments were reviewed regularly, with the care plans. The Registered manager told us, "Reviews are ongoing, as we need to keep up with people's needs that may change from day to day." We noted when reading care support plans that reviews were completed every month and more often when required. This meant the provider assessed the needs of people who used the service in such a way as to ensure their welfare and safety.

People told us that they received their medicines on time and that the staff explained if there were any changes. Medicines were managed appropriately with only senior care support staff able to administer. Medicine administration records (MAR) sheets were completed with all administration being recorded. Medicines were administered by staff that had been trained to do so. The provider had a contract with a local pharmacy who delivered and collected all medicines. This company also provided regular training which was supplemented by in-house e-learning. We confirmed that annual refresher training was provided once staff were assessed as competent in administering medicines. Medicines were stored appropriately with controlled drugs locked in a separate storage area.

Staff were aware of the procedures to follow in the event of a fire or a medical emergency. Staff told us and we confirmed by reviewing records that regular fire drills took place. Staff were aware of the fire assembly point and the evacuation process. Similarly staff were able to explain the provider’s procedures in an emergency such as a person collapsing or falling. They were aware of the incident reporting procedure and the use of body maps to identify record and skin integrity issues. Incidents were recorded and reviewed and this resulted in changes to people’s risk assessments and support plans. The manager explained a meeting with staff and the people concerned took place after any significant incident to identity what could have been done better.

People told us there were enough staff available to help them when they needed assistance. One person told us, “They always respond when I need them” and another told us “Someone always comes when I call. It’s the same in the night.” The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff we spoke with confirmed they had time to spend with people at the home. Staff told us they felt they had time to do “the nice things” as well as to complete essential care tasks. This helped to ensure people received consistent care. During the inspection, we saw staff responded promptly to people’s needs. We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people’s level of dependency.

People were cared for by suitable staff because safe recruitment procedures were in place and managed by the provider. The manager described the recruitment procedures in place which included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people. We were able to confirm this by reading staff files.

Good

Is the service effective?

Our findings

We spoke with staff who told us they received good training opportunities and we saw the training records for the home that confirmed this. The training records showed staff had completed training in a range of areas that reflected their job role such as Manual Handling, Medication, Infection Control, Person Centred Care & Support and Dementia Care, hallenging Behaviour and the Mental Capacity Act, Deprivation of Liberty Safeguards.

One member of staff told us, "Training opportunities here are very good." The staff we spoke with told us they received opportunities to meet with their line manager to discuss their work and performance. One member of staff said, "I had my supervisions with my manager regularly. We discuss at all times and we get on well." We noted however that appraisals did not regularly take place. The manager explained that appraisals had however been planned. We spoke with three members of staff who were positive with regard to their initial training and induction. One told us "I have recently began working here and shadowed staff on shift as part of my induction, I felt ready to begin work with the people at the home." This meant that staff received support as required.

We looked at staff training records and found that all staff had completed training in infection control and control of substances hazardous to health (COSHH). Staff we spoke with confirmed this and said, "I have completed about 10 training courses since I started this year which was quite helpful. Infection control was one of the training courses". This showed that staff had been trained in infection control that should enable them to ensure people who used the service were not placed at risk of infection.

People's rights under the Mental Capacity Act 2005 (MCA) were being respected. The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to 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).We found that the service was working within the principles of the MCA, and conditions on authorisations to deprive people of their liberty were being met.

People we spoke with liked the food provided for them. One person said, "The food here is excellent." People had been involved in choosing the meals at monthly meetings. The deputy manager and chef confirmed they asked people daily if they wished to eat the meal on the menu, if not another meal would be prepared. The manager explained that alternatives were always available and people could change their mind on the day. The lunchtime meal was a sociable occasion with most people eating in the dining area. People had plenty to drink and their drinks were replenished throughout our visit. Each person needed support from staff to eat their meals and this was provided. We spoke with the chef who explained how a system was in place which ensured people who had special diets due to cultural, religious or health reasons received the correct meal. Information had been taken from the care plans of each individual and a list was kept in the kitchen. We saw all food was stored in the correct manner and that food and fridge temperatures were correct. We saw that residents were weighed monthly (MUST – Malnutrition Universal Screening Tool - score calculated) and any weight change is discussed with the GP and relevant action taken (e.g. weekly monitoring, increase food intake).

The provider had an agreement with the local GP where the GP visited the home when required, but also every two weeks, when he saw all the people who used the service. This resulted in a pro-active attitude to health care which meant the provider was ensuring any health issues were identified early and managed appropriately. The registered manager told us this had led to less hospital admissions.

Records further confirmed that people were referred to healthcare professionals appropriately such as district nurses, GPs, dieticians, and speech and language therapists. For example, we saw that some people had been referred to dieticians and chiropodists where appropriate. This meant the home had liaised with other care professionals to make sure people had the necessary knowledge and equipment.

Whist we saw that effort has been made to maintain the atmosphere of a home, rather than an institution and residents said this is what they liked about The Grange.

Good

Is the service effective?

Some residents had decorated their rooms and filled them with personal items, others were very bare. There was a lack of any stimulating colours, pictures or objects in any of the communal areas, other than a few paintings. The majority of residents had dementia but there was no evidence of any adaptations or efforts to provide the kind of familiarity or stimulation that many people with dementia find helpful. For example, there was a lack of signage and labelling throughout the home which meant some residents may get confused about where they were and where they were going. We discussed this with registered manager who assured us that this would be addressed as part of the ongoing refurbishment programme.

Good

Is the service caring?

Our findings

People were supported by caring, compassionate staff at the service. Comments included, "The carers are so kind to us, they look after us so well. They're always so bright and cheerful." And, "It's wonderful, wonderful; there couldn't be a nicer care home."

Another person told us "They're clever with the people they employ. They're very good."

Staff understood what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity. For example, one person often expressed a wish for personal space and we saw that this was handled sensitively and appropriately. We saw and heard staff interact with people in a caring and respectful way. Staff treated people with kindness and compassion. The atmosphere in the service was calm and relaxed. Staff addressed people by their preferred name, and chatted with them about everyday things. People appeared happy to see and interact with staff.

A healthcare professional who had worked with the home for many years told us, he was very happy with care and support at this home and that it was "one of the better homes in the area."

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. One staff member told us, "It's important to talk to people, I treat people like they are my own family, I love working with old people." We heard staff saying words of encouragement to people.

The manager and staff told us people were generally able to make daily decisions about their own care and, during our observations; we saw that people chose how to spend their time. A relative told us, "They let me come whenever I want to, I come every day."

People's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food and the drinks that were available. We also saw staff respected people's dignity by knocking on doors before entering rooms and closing doors when supporting people with their personal care. For example, we also saw that when assisting a person to the toilet, a care worker stopped to make sure the resident's skirt was straightened and covered her properly before proceeding down the corridor Records showed us that dignity and respect was discussed regularly at staff meetings. A care worker told us "you must respect people and look at their mood if they refuse care you must respect that and come back later."

Good

Is the service responsive?

Our findings

People spoke highly of the care provided to them and responsiveness of staff. Relatives told us that the home was good at contacting them about any changes in their family member's care needs, one relative told us, "The more she stays here, the more I like it because of the staff. they're all very friendly." And this relative said that after watching carers interact with residents for some months, they had concluded that staff were, "genuinely caring."

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "It's important to know about people's lives." Staff told us that they worked with a regular group of people which meant they got to know people well and that there was continuity in care.

. We saw that people's health was monitored and appropriate action was taken if they needed to be seen by other health professionals. All visits were documented; this showed staff were proactive in seeking visits and advice when necessary. Care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Appropriate records were in place to record and monitor people's care provision. There were communication books between staff members, handover charts, and task checklists. We observed turning charts being completed for people at risk of pressure ulcers, and food/fluid charts in place for people at risk of dehydration or poor nutrition.

People told us they enjoyed the activities on offer. One person told us, "[My relative] gets her hair done at the hairdressers downstairs" and another person said, "There is always something to keep us busy."

Along with management, activities were organised primarily by a part-time administrator, part of whose job, was to spend time chatting with residents, and to engage them in an activity. An occupational therapist came in weekly to also run activities and exercises. On occasion staff would play music and dance with the residents. Once a month an external singer or pianist would visit to entertain, and a hairdresser also visited weekly. However on the day of our visit there was no weekly activity schedule available, The registered manager told us he would address this issue as soon as possible.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "There are occasionally things (problems/concerns) but when I mention it they're taken care of." We saw there had been no complaints in the last year.

Good

Is the service well-led?

Our findings

A healthcare professional who visited the home on a regular basis gave positive feedback about the service. They told us that the home is dealing with people with high needs and the staff manage them well, and they follow guidance given to them. People and their relatives praised the registered manager and said he was approachable and visible. A relative told us "he does an amazing job and so do his staff, they really care, it's not just a job to them." Another person told us "I've always been happy here because it's the best run care home."

The registered manager had been in post since 2001 and was also the owner of the home. He told us that he had over twenty years' experience of owning and managing residential and nursing care homes and he had obtained the Registered Managers Award Level 4(A nationally recognised management qualification). He told us that he had a very stable staff team who in many cases had worked at The Grange for several years. He told us "it's important to give people a good warm home with the right staff, somewhere I would use for my own family." Observations and feedback from staff, relatives and professionals showed us that he had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service to us. Staff member told us, "our manager is very good he listens and sorts things out." Staff we spoke with said that they enjoyed their jobs and described the manager as supportive. A number of staff told us they had been supported to go for promotion. Staff confirmed they were able to raise issues and that the manager was 'hands on." A relative commented "I like the fact that the manager is visible and out on the floor. "The registered manager told us "I have a vested interest to make sure people are well cared for, the relatives all know me well."

The home sought the views of relatives, staff and residents in different ways. People we spoke with told us that regular relatives' meetings took place. Records showed that activities, food, staff changes and suggestions for improvements were discussed. The manager told us that yearly surveys were undertaken of people living in the home and their relatives. The last survey which had taken place in January 2015 showed positive results with excellent feedback especially in relation to attitude of staff. Comments included "we have total confidence in the care and attention our mother receives, we could not ask for better".

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with him and our observations it was clear that he was familiar with all of the people in the home. A resident told us "The manager always has time for a chat."

The registered manager also undertook a number of checks to review the quality of the service provided. These included checks on hospital admissions, falls, occupancy, safeguarding and unannounced night and weekend inspections.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included monthly audits of medicines, staff records, care plans, health and safety and infection control.

The provider worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority provider forum and networking with other registered managers in the area.