

The Grange (Sandiacre) Limited

The Grange Residential Care Home

Inspection report

39 Bostocks Lane Date of inspection visit:
Sandiacre 04 April 2016
Nottingham
Nottinghamshire Date of publication:
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Tel: 01159399489

Ratings

Overall rating for this service Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

This inspection was unannounced and took place on 4 April 2016. The service was registered to provide accommodation for up to 36 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 34 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager did not understand their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We were told some people lacked capacity in certain areas but capacity assessments had not been completed to show how people were supported to make those decisions.

Staff understood what constituted abuse or poor practice. There were systems and processes in place to protect people from the risk of harm. The provider determined the staffing levels based on people's needs and the level of support they required. Medicines were managed safely and in accordance with good practice.

Staff received training to meet the needs of people living in the home and this was ongoing. Staff received training and support from experience staff as part of their induction in to the home.

People received food and drink that met their nutritional needs and were referred to other healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach, and offered support with aspects of people's needs. Staff we spoke with had a good understanding of people's support needs, and their previous life before coming to the home. People told us their dignity was respected.

Staff told us they felt supported and they received regular supervision, which enable them to identified areas of development or support. People felt confident they could raise any concerns with the registered manager and that they would be addressed.

There were processes in place for people to express their views and opinions about the home and we saw that their views and had been listen to and acted upon.

The home completed audits across all areas of the home and used these to reflect any trends or areas where improvements could be made. The provider worked towards awards to reflect good practice.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? Good

People told us they felt safe and staff knew how to recognise and report potential abuse. Risks to people were identified and managed in a way to keep them safe. There were enough staff available to meet the needs and the provider had recruitment practices in place to check staff's suitability to work with people. Medicines were managed and administered safely.

Is the service effective? Requires Improvement

The provider had not considered when people maybe being restricted unlawfully. The principles of the mental capacity Act were not always followed. Staff received training and an induction that helped them support people. People were encouraged to make choices about their food. Referrals were made to health professionals when needed

Is the service caring? Good

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. Staff supported people in their preferred way so that their personal preferences were met. People were supported to maintain relationships with their relatives and friends

Is the service responsive? Good

People's individual needs were met and they were supported to maintain their interests. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led? Good

People were encouraged to share their opinion about the quality of the service to enable the registered manager to identify where improvements were needed. Staff felt supported by the registered manager. Systems were in place to monitor the quality of the service provided and make improvements. The provider

worked towards awards to reflect good practice.

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 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.

Our inspection was unannounced and the team consisted of one 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 checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with ten people who use the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff, the cook, the registered manager and the provider. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how

staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Our findings

People told us they felt safe. One person said "I knew I'd feel safe here, that's why I came. I'd had a friend here so knew it was nice." A relative we spoke with told us, "[Name] is safe and enjoying the company." The staff had recently received training in safeguarding and knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "We have to make sure people are safe in their rooms or in the home and pass on any concerns to the manager." They also told us who they would contact if they had any concerns and that they felt confident it would be dealt with.

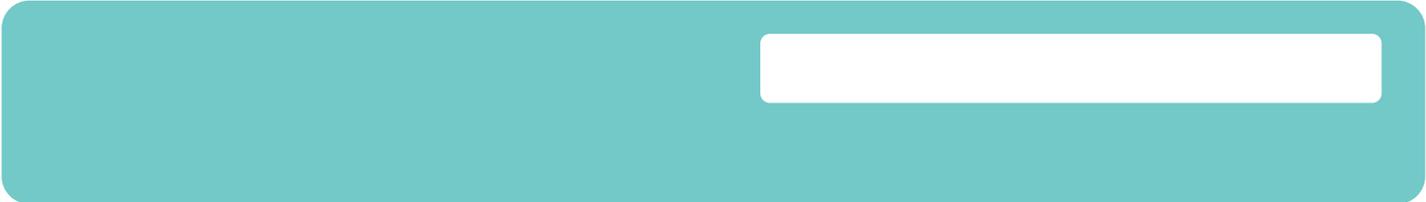
People told us they felt safe when being supported to move around the home. One person told us, "I use a frame now as I used to fall a lot." One relative we spoke with said, "My relative gets hoisted all the time and we've had no worries" Risks to people's safety were assessed and where risks were identified the care plans we looked at had plans in place to guide staff on how to minimise the risks. We observed staff supporting people to move with equipment and this was done in a way that showed us that people were supported safely. We saw that the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people to use. This demonstrated that the provider took appropriate actions to minimise risks related to the premises and equipment.

Plans were in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

People told us there were enough staff to support them. One person said, "They're good. You've only got to ask and they do it. They come quite quickly if I ring, even at night." Another person told us, "There's always someone around. I don't need to use my buzzer upstairs." Staff we spoke with felt there were enough staff. One staff member said, "There is enough staff, we all work hard as a team." The registered manager used a framework to identify the number of staff required in relation to people's needs. They told us, "I have the flexibility to increase the staff if needed."

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a DBS check and references. A DBS provides a check relating to any previous criminal records. One staff member told us, "I had all the checks done before I started."

People told us they received their medicines when they needed them. One person we spoke with said, "I'm happy with the way they do her medication" Another person said, "I get my paracetamol at bedtime regularly." Relatives we spoke with also confirmed the support people received. One relative told us, "The staff manage my relatives medicines well and tell me if there's any changes." We observed a medicines administration round and saw that people received their medicines as prescribed. The member of staff administering medicines explained to people what the medicine was for and checked that they had swallowed their medicine before moving on to the next person. We observed staff followed protocols for administering medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too



little, or too much medicine. Staff told us and records confirmed they had received training to administer medicines and had their competence checked periodically by the registered manager.

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. The registered manager and staff told us some people living in the home were unable to make decisions about their care and support. We saw that where people were unable to consent, mental capacity assessments and best interest decisions had not been completed in accordance with the Act. The registered manager confirmed that no one within the home had a capacity assessments or when required a best interest assessment to support the decisions being made. This meant these people's rights had not been protected.

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We asked the registered manager and staff if any people living at the home were being restricted within the home's environment in their best interest under the DoLS. We were informed that no one had or required a DoLS authorisation because no restrictions were in place. Staff and the registered manager told us the majority of the people within the home were subject to continuous supervision and control and would not be safe to leave the home without support. This demonstrated that the provider had not always considered if people were being restricted unlawfully and had not made the relevant requests for an assessment in relation to a DoLS.

This is a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us they received training that was on going to help them to support people. One staff member told us, "The training here is good and you can request other training if you need it." The registered manager told us that training was provided through DVD's and face to face training, however they were sourcing more hands on' training to provide staff with more skills when supporting people with more complex needs.



Staff told us there was a structured approach when they started at the service. One staff member said, "There was no rush for me to learn and I was supported." People who used the service also commented on the induction, one person said, "When they're new, they get lots of training with the older ones." Records

confirmed that new staff had completed the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People told us staff sought their consent before providing them with support. One person told us, "They'll always ask me or make suggestions on what to do." Staff we spoke with understood the importance of giving people choice and asking their consent. One staff member said, "We must ask people what they want and take their options not do things for my sake." We observed people being asked their permission before being supported and during the day observed people had choices in their daily routine.

People told us they enjoyed the food and that they had choices. One person said, "The food is very good. I enjoy different things like chilli and curry, so they have them in just for me. I can help myself to drinks or a snack any time and I keep my fruit juice in the fridge." Another person said, "I'm delighted with it. It's good and hot too. They come and ask us what we'd like. And they offer me extra things at other times too." Relatives also confirmed that the food met people's preferences. One relative told us, "Its nice food, my relative has to keep to a diet so it doesn't upset their tum." We saw that people were asked what they would like to eat and we saw preferences were noted in their care plans. For example on the menu was fish fingers, one person asked for haddock and another for smoked fish and we saw these were provided.

The cook had a planned menu which reflected people's choice. We saw that during a residence meeting there had been a request for croissants and petit pastries and these had been provided. The cook told us, "I always ask people, don't stick to the script as people change their minds." The cook felt supported by the registered manager and the provider and felt able to request any additional funds to support people's nutritional needs or preferences.

Where assessments identified people were at nutritional risk the care plans provided clear instructions to staff on how to support people. We saw referrals had been made to the speech and language service and the cook told us and records confirmed she supported these assessments to ensure the information provided was delivered from the kitchen and passed on to the staff. This showed the provider supported people to maintain their nutritional needs

People were supported to maintain their health and wellbeing. One person told us, "I use my own dentist and optician and get my hair done here with the hairdresser and staff do my nails if I want." Another person said, "The eye person has visited. My feet and hair are both in the diary for regular dates." Relatives confirmed people received the support they required and we saw that referrals had been made to healthcare professionals when needed across a range of health needs. One health care professional we spoke with said, "Staff are responsive to people's needs and contact us appropriately."

Our findings

People and their relative's told us they were treated with kindness and compassion. One person told us, "Everyone's very nice. They get a lot of hassle but they're all caring and come and say hello when they come on duty." People were supported to maintain their independence. For example we saw that people used specialist cups for drinks so they could remain independent. We also saw that people used a range of walking aids and when needed they were supported or encouraged to be independent when moving around the home.

We saw staff knew people well and were attentive to their needs. For example we saw that people had their own belongs with them like handbags or blankets in their preferred chair. People made decisions about their daily routine such as what time they got up and went to bed, and what they wanted to wear. One person told us, "Oh yes, I can do what I want, last Sunday my family took me out for lunch. I have bedtimes to suit me and when I get up, they help me set my clothes out that I want." We saw that some of the ladies that lived at the home wore accessories to demonstrate their style and preference. This demonstrated that staff encouraged people to maintain their sense of self and individuality.

People and their relatives told us there were no restrictions on visiting. One relative told us, "I can visit anytime." Relationships that mattered to people were encouraged. We saw the staff greeted visitors and welcomed them, provided seating and refreshments to enable them to be with their relative.

People told us staff respected their privacy, one person said, "They knock and wait then come in, they always shut my curtains when I have help." Another person told us, "I've got new blinds in my bedroom today I was asked if I'd like curtains or blinds, so I said blinds." One relative told us, "The staff speak to [name] as a person, always giving." They also added, "They knew my relative personally, nothing is too much trouble." We saw staff acknowledged people when they went into a room and engaged them in conversation. For example we heard people discussing the weekend activities and family links.

Our findings

People told us staff knew how to support them. One person said, "I think they know my routines, very much so." Relatives we spoke with also felt the staff knew people well. One relative said, "I think they know my relative and what they prefer to do." Staff understood how people wanted their care to be delivered. We saw information in people's files about their preferences. One staff member said, "Everyone is an individual and we need to support them just so." We saw that call bells were responded to and we observed people did not have to wait to be supported with their personal needs.

People had been encouraged to be part of the care planning and when requested they had the support of relatives. One relative said, "I have been involved in the care planning, we went through all my relative's needs." Each care plan was personal to the individual and covered all aspects of their life history and their daily living. The registered manager told us that each person with support was completing a, 'This is my Life' book so that they could understand about people's lives. ,

People were encouraged to follow their hobbies. One person told us, "They get singers in and I just like to watch TV. I used to do a lot of painting as a hobby and they bought me lots of stuff here,." Other people told us they were encouraged to join in, one person said, "The activities person is fantastic and I help her out sometimes. I also do the flowers and arrangements in the public rooms here plus I take the newspapers round to residents' rooms. I like to keep busy." We observed this person arranging the flowers and giving people their requested newspaper.

There were activities to stimulate people within the home. We saw the home had a monthly newsletter with planned visits by entertainers, musicians and singers. One person told us, "I get a monthly newsletter which is useful." People told us they also attended the local hall once a month for bingo and people from the bingo were invited for afternoon tea regularly at the home. The home displayed lots of crafts that had been created by the people along with personalised name plates for their bedroom doors. The people in the home had produced a recipe book which was currently being printed so each resident and relative could have a copy.

People and their relatives told us they felt able to raise any concerns and if they had a complaint, they felt confident it would be dealt with. The registered manager had not received any formal complaints, however expressed an open approach to resolving people's concerns. We saw on display in the reception several cards of thanks. One read, 'My relative enjoyed being at the Grange and called it home.'

Our findings

People felt the home had a warm friendly feel and they told us it was always clean. One person said, "There's no question it's clean. And the toilets are always spot on." In the residents questionnaire people had commented that there had been a huge difference since the introduction of the evening domestic staff.

We saw that both the provider and registered manager was approachable and accessible to people. One person told us, "When I first came, the owner was here. He's here all the time now too, he's easy to talk to and quite jokey." In relation to the registered manager one person said, "Her door is never closed. She's wonderful." Staff also felt supported by the registered manager, one staff member said, "She is a strong registered manager and makes sure everyone works properly and she is supportive." Another staff

member commented, "Brilliant support and issues or concerns both personal and work." Staff told us and records confirmed that supervision had been provided and all staff had recently received their annual appraisal.

Staff understood about the whistle blowing (WB) policy and all those we spoke with felt confident to raise any concerns and that it would be dealt with in confidence. The WB policy protects staff if they have information of concern.

The provider told us he was accessible whenever required to support the home and visited at least three times a week. He said, "I know all the residents, I would worry if I didn't." The provider supported the communal events at the home and regularly took people to the local hall for bingo. The registered manager confirmed that they received regular support from the owner who had supported many changes to the home since they had taken up their post last April. For example the downstairs bathroom and the kitchen had been refurbished, along with flooring in a bedroom. The registered manager had also promoted a staff member to assistant manager, in the survey people felt confident this would enable the team to be well led.

The provider asked people for their views regarding the running of the home, through a satisfaction survey and meetings for people who use the service and their relatives. One person told us, "You can talk to anyone and they'll deal with it." A relative told us, "We had a paper survey quite recently." The registered manager shared the results from the survey and the actions she had taken to resolve anything that had been raised. For example there was a request for the upstairs bathroom to be modernised, the registered manager had acquired a quote and this was to be discussed with the provider as part of further refurbishment plans to the home. Other smaller items had been actioned straight away through the regular monthly meeting held for people who use the service. One person told us, "It came up about the food, I said that I'd like more curries and they got some in for me specially."

Regular audits were undertaken to check that people received good quality care. The registered manager conducted regular checks on the completion of medicine records, this enabled them to analyse and identify any trends in errors. We saw evidence to show that the management team undertook spot checks on staff practice and additional support provided to people. Audits were undertaken on the assessments and support plans in place to ensure accurate records were maintained.

The provider and registered manager were continually looking to develop the home. The local authority had developed some areas of achievement awards which required assessments and evaluation. The home had recently achieved the 'Dignity in Care' award and had completed the assessment for the 'Dementia' award. This demonstrated that the provider was continually developing the staff skills and support on offer to people who use the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 for consent | Regulation 11 HSCA RA Regulations 2014 Need Consent to care was not sought in line with legislation and guidance. This meant people could not be assured that decisions were being made in |

their best interest when they were unable to make decisions themselves.