

Grange Cottage Limited

Grange Cottage Residential Home

Inspection report

6 Grange Road
Sutton
Surrey
SM2 6RS

Tel: 02086422721

Website: www.grangecottage.wordpress.com

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 20 July 2017. At our previous inspection in April 2015 the service was rated as good. Grange Cottage now provides personal care and support for up to 33 people some of whom are living with dementia or mental health problems. Since the last inspection the provider increased their bed capacity from 19 people by extending the care home to the property next door. On the day of our inspection 19 people were using the service.

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

People felt safe and were supported by staff who knew how to keep them safe. Risks to people's health and safety were assessed and appropriately managed and people were supported by sufficient numbers of staff. Robust staff recruitment procedures helped to keep people safe. People received the support they needed to safely manage their medicines.

Staff had the knowledge and skills to care for people effectively and felt well supported by appropriate training and effective supervision. People were all able to make choices and decisions about their care sometimes with the support of their relatives. People received support where they needed it to access a range of healthcare services.

Relatives and professionals told us staff were consistently kind and caring and established positive relationships with people and their families. Staff valued people, treated them with respect and promoted their rights, choices and independence.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person and their relatives. People were encouraged to take part in activities and leisure pursuits of their choice.

People knew who to talk to if they had a complaint. Complaints were managed in accordance with the provider's complaints policy.

People spoke positively about the way the home was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

The registered manager was not aware of when notifications had to be sent to CQC and thought they should

be sent only to the local authorities. When we explained the purpose of these notifications the registered manager and the home's administrator acknowledged the need to do this and agreed to implement this requirement with immediate effect.

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. Staff were knowledgeable in recognising signs of potential abuse. Risks to people were understood and managed appropriately as part of their care plans.

There were enough staff employed to ensure people received the care they needed and in a safe way.

There were effective recruitment procedures and practices in place and being followed.

Medicines were safely stored and administered to people.

The environment was well maintained and designed in a way that helped people with dementia to be safe and comfortable in the home.

Good ●

Is the service effective?

The service was effective. Staff were provided with adequate support in terms of training and supervision to perform their roles effectively.

The service worked within the principles of the Mental Capacity Act to uphold people's rights.

People were assisted to have sufficient to eat and drink and to access healthcare services in order to maintain good health.

Good ●

Is the service caring?

The service was caring. Relatives told us staff were very caring towards their family members. They told us they were involved in the care planning process and people's views and preferences were taken into account in the process.

Staff demonstrated respect for people who used the service in the way they interacted with and spoke about people.

Staff took account of people's individual needs and supported them to maximise their independence. Staff provided support in ways that protected people's privacy and respected their dignity.

Good ●

Is the service responsive?

The service was responsive. People's needs were fully assessed with them before they moved to the home to make sure that the staff could meet their needs.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's support needs.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Good 

Is the service well-led?

The service was not always well-led. The provider had not always sent notifications to the Care Quality Commission as required by law. They put in place measures to ensure this was carried out with immediate effect when we pointed this out to them.

We found there was a positive and open culture in the home. Staff we spoke with described the registered manager as approachable and responsive to their own and to people's needs.

The provider had a range of checks and audits to monitor the quality of the service that we saw were effective in identifying areas for improvement.

Requires Improvement 

Grange Cottage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 20 July 2017. It was carried out by one inspector.

Before the inspection we looked at previous inspection reports about important events that had taken place in the home, which the provider is required to tell us by law.

At the inspection we spoke with five people, one relative, three members of staff, the activity coordinator, the chef and the registered manager. All of the people who used the service were able to communicate their views with us. We observed people's care and support in communal areas throughout our visit to help us understand the experiences people had. We looked at four people's care files and four staff files. We also looked at other records related to the running of the service. We also undertook a tour of the home and the garden.

After the inspection we spoke with three relatives and one local authority commissioner of services.

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "Oh goodness yes, I feel safe here". Relatives told us they thought their family members were safe in the home. One relative said, "My [family member] is safe and very well cared for actually". Another relative said, "Yes very safe. I would recommend the home to anyone, I have no concerns".

The provider had taken steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff told us they would tell the registered manager of any safeguarding concerns they had and they said if those concerns were not appropriate to refer to the registered manager they would contact social services. Staff told us the registered manager would respond appropriately to any concerns. The local authority commissioner we spoke with confirmed the registered manager had worked with them co-operatively to identify and resolve any safeguarding concerns that arose.

We saw staff received safeguarding training from the training records we inspected. All staff completed safeguarding training within the last two years. They were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions of abuse that may occur.

Staff told us that they felt confident to use the whistleblowing procedure if they had any concerns. The home had up to date safeguarding and whistleblowing policies in place. These policies clearly detailed the information and action staff should take. This demonstrated the provider had systems and processes in place to help ensure the protection of people from abuse.

Staff we spoke with had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well and were able to describe how they would deal with difficult situations such as behaviours that challenge staff. We saw people were supported in accordance with their risk management plans. Staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned.

The care plans we inspected contained individual risk assessments for people in which risks to their safety were identified such as falls, mobility, diet, bed rails and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. This helped staff understand what was needed to help people to remain safe. People and their relatives confirmed that the risk assessments had been discussed with them.

Where people's needs changed, risk assessments were updated. For example, where people were identified as being at risk of falls, staff knew to monitor those people's movements more regularly and ensure any potential trip hazards were removed.

Staff maintained an up to date record of accidents and incidents, so any trends could be identified and

addressed.

We found there were suitable numbers of staff to care for people safely and meet their needs. We reviewed the staff duty rotas which evidenced there were sufficient staff on shift at all times. The registered manager told us that the rota was based on the needs of people and that staffing levels were adjusted depending on people's needs.

We saw there were safe recruitment processes in place. The provider undertook the necessary pre-employment checks to ensure people received care from staff suitable to work with them at the service. We looked at staff personnel files and found these contained all the appropriate recruitment checks such as criminal record checks, two references and other identification checks. This meant people could be confident that they were cared for by staff who were safe to work with them.

People were protected against unsafe medicines management. The provider demonstrated good practice in the administration, recording and safe storage of medicines. Staff told us, they were aware of the correct procedure in safely administering, storing and recording medicines. Staff told us they would speak with the registered manager if they had concerns. We looked at the medicines the service held and found these were stored in line with good practice. Medicines were recorded correctly on the medicines administration records (MARs). We undertook a stock take check to see if the remaining amount of medicines recorded by the service was correct, and found all medicines we checked, were accounted for. The registered manager told us medicines were always administered by staff who had competency assessments to ensure they were up to date with good practice. We saw documented evidence of this and only staff who were trained and assessed in this way were allowed to administer medicines to people.

People had personal emergency evacuation plans [PEEPs] which were reviewed regularly to reflect people's changing needs. PEEPs are person specific documents that give guidance to staff on how to safely evacuate people from the building in the event of an emergency, such as a fire. The fire safety procedures had been reviewed and the fire log folder showed that a fire risk assessment was recently reviewed in 2017. Fire equipment was checked weekly. Fire drills took place monthly; the records we saw evidenced this.

Maintenance records showed staff identified areas of work that required improvement as part of their routine checks of the premises. We saw work was completed to rectify issues that were identified.

Is the service effective?

Our findings

Relatives we spoke with told us that they were happy with the support their family members received from staff. One relative said, "The manager contacts us if there are any changes in our [family member's] health or if they think there is anything we need to know about." Another relative told us, "We are always kept informed by the home of any changes and other things we need to know."

Staff told us they were provided with good induction training as part of their probationary period. One member of staff said, "I found it very helpful in getting to know the home's policies and procedures as well as understanding about the people living here and what I would need to do to help them." Another member of staff confirmed they had completed the induction process when they started work at this home. We saw from our inspection of the home's records that all new staff had an induction which they worked through during their probationary period. Staff were confident that by the end of their induction period they had attained the skills and knowledge to be able to care for the people living in the home.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with dementia. Staff told us they were supported to attend relevant training courses to maintain and extend their knowledge. These courses included nutrition, the Mental Capacity Act 2005, pressure ulcer care and continence promotion. This meant that people could be confident staff knew how to provide them with appropriate care. Other staff had completed national vocational qualifications in health and social care such as The Care Certificate. These are work based awards that are achieved through on site assessment of their work as well as training. Staff also received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. This showed staff were provided with support to enhance their relevant skills and knowledge to effectively meet people's needs.

Staff told us they received opportunities to meet with their line manager to discuss their work and performance. One staff member said, "I have regular supervision meetings with my line manager." Another staff member told us, "I feel well supported by the manager, I have regular supervision every four to six weeks and I can discuss anything else I want to with them when necessary, so there's no problem there." Supervision records we viewed confirmed this.

Yearly appraisals were carried out and reviewed during one to one supervision. Staff's development & training needs were identified at the annual appraisals as well as any other work necessary to be carried out including timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the registered manager.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had all received training in MCA and DoLS and understood their responsibilities under this legislation. If people were unable to give their consent about certain decisions then a meeting was called with their relatives and other relevant healthcare professionals to ensure the decision was made in their best interests. We saw that where a decision involved a possible deprivation of the person's liberty, then a DoLS application was made and assessed by the appropriate local authority. This helped to ensure that people were only having their liberty deprived after following the correct procedures to ensure they were cared for using the least restrictive practices. The registered manager understood their responsibilities in relation to the MCA and DoLS and ensured these were fulfilled appropriately.

The risks to people from dehydration and malnutrition were assessed so they were supported to eat and drink enough to meet their needs. For example one person had problems swallowing without choking and they were provided with a specialised diet to ensure they were supported appropriate with their needs. Staff also helped them while eating to ensure risks of choking were reduced. This was recorded in their care plans relating to nutrition and social needs and the staff were aware of these requirements. People who had been identified as at risk had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's GP, specialist nurses and dieticians.

Relatives were very positive about the quality of the food, choice and portions people received. We observed lunch in the dining room where all the people were offered a choice. The food looked and smelt appetising and the portions were generous. Staff worked with the chef to ensure meals were delivered to people quickly and hot. Special requests and special dietary requirements were plated up separately. Other options were immediately available should anyone change their mind or want something not on the menu. There was a pleasant atmosphere in the dining room and it was evident that people enjoyed the food. The chef was aware of the dietary requirements of people. Diabetic desserts were available for those with diabetes. The chef told us that they provided at least two meal choices for people and if someone requested something else such as egg and chips this would be provided for them.

Staff told us how they encouraged people to eat and drink. The chef said, "If someone did not want to eat the food they had previously chosen I would always go back and offer them something different." A member of staff said, "People do get plenty of food and they are offered snacks and at other times." We observed that people were offered drinks and snacks during the course of our inspection.

Our inspection of people's care records showed that people had good access to appropriate health care professionals as needed. We saw there was a good working relationship with the local GP and other healthcare professionals. Staff told us that maintaining good health for people was essential and they ensured people saw health professionals as necessary.

Each person had a health action plan that contained all their necessary health information. People had their own diary of all the medical appointments they had attended. This demonstrated people had regular check-ups and were able to see these professionals as they needed to do so. The recording of this information helped to identify any trends or patterns of illness or issues that could need action to be taken for people. Every person also had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

Relatives confirmed that staff supported their family members to visit their GP, dentists and opticians. Records showed people were supported to attend annual healthcare reviews with their GPs. Records also evidenced visits people had by other health professionals. This meant that people at the home received healthcare and support appropriate to their needs.

Relatives told us they were happy with the recent refurbishment and extension of the premises. One relative said, "I love it and my family member is so happy too." Another relative told us, "It has been so well thought out. It has helped people get around safely and in comfort. My family member loves their room, as do I."

We undertook a tour of the premises together with the registered manager. We found the premises to be clean and free from mal odours. With regards to the two new extensions and the refurbished part of the original house, we saw it provided a high level of good quality and purpose designed accommodation. We found there was an environment which enabled staff to provide improved levels of care because it was spacious, well decorated and had been suitably maintained. Corridors were well lit and there were well placed and personalised signs around the home. We saw evidence that the Alzheimer's Society had provided advice and guidance for the provider as to the best design for furniture, the signs used and the general layout of the new premises. We saw that this all helped those people with dementia to make sense of their environment and be safe and comfortable in it.

Is the service caring?

Our findings

A relative we spoke with told us staff were very caring in the way they looked after their family member living at Grange Cottage. They said, "The manager knows our relative and we are happy with the care they receive. They are well looked after." Another relative told us, "Staff are really caring and I am delighted with the way my [family member] is looked after."

We saw people were treated with kindness and compassion. Staff had a good knowledge and understanding of the people they were supporting. Throughout the inspection we observed people received one to one attention from caring and patient staff who were able and prepared to spend time supporting people as and when they needed it. Staff told us they really enjoyed their work with people.

Staff took account of people's individual needs and supported them to maximise their independence. People were able to express their views and make decisions about their care and support where they were able to. For those people who were not able, their relatives helped by making these decisions based on their knowledge of the person. We saw people's wishes and preferences were recorded in their care plans. We saw that staff listened to what people said they wanted and respected their wishes. We were told by a relative this helped people to feel that they mattered and were understood by staff. The registered manager was on duty at the time of our inspection and we saw that they interacted with people in a kind, respectful and professional manner.

We saw people had the privacy they needed and they were treated with dignity and respect at all times. Staff knocked on people's bedroom doors before they went in. We observed that staff asked people what they wanted to eat and what they wanted to watch on television. People told us staff gave them the opportunity to decide how they wanted to be supported.

A relative we spoke with told us they were given appropriate information regarding the care and support their family member received, they said they thought this illustrated the caring side of the service. They told us they had copies of their relative's care plan and they were always invited to care plan reviews so they could represent their relative appropriately and ensure care and support being given was appropriate.

The relative we spoke with said they were always made welcome when they visited the home. Records evidenced that people were supported and encouraged to keep in contact with their relatives and friends. The social care professional told us how special events, such as birthdays, were celebrated, and families and friends were invited. From our discussions with staff we could see they were welcoming and supportive to relatives who wanted to make a visit. Another relative said, "Actually we are encouraged to keep in contact by phone, visits, meals and birthday celebrations."

Is the service responsive?

Our findings

From our inspection of people's care files we saw individualised support plans were in place for each person that provided clear information and guidance for staff on how to deliver people's care. We saw that relatives of people as well as health and social care professionals who knew people well had contributed to these plans. Records included information about people's social backgrounds and relationships that were important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. A relative told us, "We are kept informed by the home and we are asked about care plans and invited to all the reviews.". Another relative said, "I am involved in their care and I get invited to the reviews."

We saw each person's physical, medical and social needs were assessed before they moved into the home and communicated to staff. Pre-admission assessment of needs included information about people's life history, likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about people's individual needs from the start of their care.

People's care plans included risk assessments with clear management strategies for staff to follow about how to reduce the risks that were identified. A person who experienced falls was provided with equipment that alerted staff when they stepped out of bed so they could provide help and reassurance. People were placed under closer observation following a fall and their progress was recorded. A person who was at risk of skin damage was provided with a specialised mattress and staff ensured they were repositioned regularly as recommended in their care plan and risk assessment. Care plans were reviewed monthly or as soon as people's needs changed and were updated to reflect these changes to ensure continuity of their care and support. For example, a care plan had been updated to reflect a change of medicines following a G.P.'s visit and a review of their care. This showed that management and staff responded to people's changing needs whenever required.

We found that staff worked in a variety of ways to ensure people received the support they needed. Equality and diversity was covered in people's care plans and it detailed people's preferences and individuality. Religious and cultural needs were also taken into consideration, for example in one person's care plan it said the person liked to attend church on a Sunday. We noted they were enabled to do so by staff. This showed that staff supported people based on the person's choices and preferences.

We saw activities took place daily. We spoke with the activities coordinator who told us they consulted people and took their preferences and suggestions in consideration before planning the activities programme. There were group activities and one to one sessions for people who preferred or who remained in their room. Activities included card games, identification of photographs and reminiscence, physical exercises, music, dancing and arts and craft.

During our visit we saw there was a reminiscence group meeting to discuss people's experiences in the war.

This was led by someone from outside the home and we saw people were fully engaged in this activity. The activities coordinator told us, "It is really rewarding to see how we can contribute to people's enjoyment and play a part in keeping them stimulated and interested". People were able to express their wishes and choices through their interests.

People and relatives we spoke with told us they knew how and who to raise a concern or complaint with. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or with staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative told us, "If I had a concern or a complaint I would talk with the manager and I am sure this would be sorted straight away".

Is the service well-led?

Our findings

Relatives told us that the registered manager was very approachable and responsive. One relative said, "The manager and the staff provide good care for my [family member] and that's what we wanted for them. If ever we have had a problem the manager has responded positively." Another relative said, "I am really happy with this home and I'd recommend the home to anyone."

We saw that the registered manager set good standards of practice for staff to follow. There were comprehensive policies and procedures in place. All the paper work we inspected was in good order, clear to follow and easily accessible.

In preparation for this inspection we were made aware by the local authority that there was a recent safeguarding concern that we found we had not been informed about. We raised this with the registered manager. They told us that the local authority safeguarding team (L.B.Sutton) were informed immediately when the concerns were raised. The registered manager said the outcome of those investigations were that the concerns were unsubstantiated. This was confirmed in our subsequent conversation with the appropriate officers at the L.B.Sutton. However the registered manager was not aware of when statutory notifications had to be sent to CQC and thought they should be sent only to the local authorities. We explained these notifications informed us about important events or incidents that happen in the home and formed an integral part of our monitoring of the home's performance. The registered manager and the home's administrator acknowledged the need to do this and agreed to implement this requirement with immediate effect. We can confirm that after the inspection we received an appropriate notification to do with the safeguarding concerns referred to above.

Staff told us, "The manager is very approachable and supportive; I can go to her at any time". Another member of staff said, "We have progressed a good deal over the last few years. The service has improved and that's down to the good leadership provided by the manager."

Our observations at this inspection were that staff understood the service's values and implemented them in their actual practice. This meant that these values were successfully cascaded to the staff who worked in the home. Staff demonstrated these values by meeting people's needs based on their assessed needs.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities with supporting people.

The staffing and management structure ensured that staff knew who they were accountable to.

In order to ensure that the new buildings and extensions to the home were safe, appropriate and comfortable for people living with dementia, the registered manager told us they engaged the services of the Alzheimer's Society. This meant that their overall knowledge and expertise was brought to bear in the design and planning of the new extensions to the home. People and their relatives told us they were very happy with the new accommodation at this home. One person said, "My new room is so lovely. I'm really happy it is mine!" A relative told us, "When I heard there was to be new accommodation at the home I

applied straight away for one of them for my [family member]. My relative is really pleased and I am absolutely delighted I did that." This initiative has enabled staff to promote inclusion and quality of life for people with dementia.

The provider and registered manager had quality assurance processes in place. We saw evidence that a regular audit was carried out by the registered manager that included checks on the general cleanliness of the premises, health and safety checks and an audit of medicines and the administration of medicines. We saw that all of this was part of the overall quality assurance process. Any concerns highlighted by these audit checks were actioned appropriately by the registered manager.

We saw evidence of the annual 2017 feedback questionnaires that were sent to relatives, visiting professionals and staff. The registered manager told us this was an important part of their quality assurance process and that the next step would be to evaluate the feedback because it provided valuable insight into where improvements could be made.

All the records that we inspected in the home were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run care home.