

Bonneycourt Limited

The Grange Care Centre

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Grange Care Centre provides accommodation, personal care and nursing for up to 49 older people some of whom may be living with dementia or had a stroke. At the time of our inspection, 40 people were living at the service. The building was set over two floors. The home was in a village with access to the local community and had a garden wrapped around the building. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The home was previously inspected 7 April 2016 where it had been rated outstanding in 'Is the service responsive?' and 'Is the service well led?'. This unannounced inspection was carried out on 6 and 12 November 2018 where we found 'Is the service caring?', 'Is the service responsive?' and 'Is the service well led?' outstanding.

At this inspection we found the evidence continued to support the rating of outstanding.

There were two registered managers 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.

People living at the service and their relatives were extremely happy with the high standards of care they received. Feedback on the care and support staff provided was very positive. We observed extremely caring interactions between staff and people in the home.

The two registered managers promoted an inclusive and person-centred culture at the service. People knew the registered managers very well, said they were both visible at the service, and spent time with them. The registered managers and provider demonstrated excellent leadership and encouraged continuous learning and improvement to the care offered in the home. They encouraged the staff team to share ideas and to support each other.

The home continued to have a care award from the National Stroke Association and in 2017 had been nominated for the National Care Awards. The registered managers engaged with other organisations to learn new ways to be more imaginative when caring for people and forward thinking when managing the home.

The registered managers and staff team provided exceptional social activities and engagement for people using the service. The staff team had formed strong links with the community, in particular with the local school. People immensely enjoyed taking part in a variety of activities provided at the service and in the community. The registered managers engaged people to design creative activities in ways which enriched

each person's life. Staff supported people to live an active and full life that met their interests.

Staff had had ample time to support individuals in a meaningful way and to provide compassionate care. This was because of high staff numbers and a range of staff experiences to provide a holistic approach to care. People were supported with the things that were important to them, which were identified quickly when they moved into the home. Care records were current and reflected people's abilities and where they required help from the staff team.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. People received their medicines as prescribed.

The staff team worked well with other professionals to ensure people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including from the visiting GP and community home care support team. Health and social care professionals spoke highly of the home and confirmed there was exceptional leadership which filtered down to the staff team.

The environment was appropriately designed and adapted to meet people's needs. Plans were in place to make improvements to the building and garden in order to offer people more space to view the garden and further opportunities to take part in gardening projects.

People and their relatives, said food was of a very high quality with plenty of choices and we observed this during the inspection.

Staff worked as part of a highly trained team with good opportunities to develop their knowledge and skills. Ongoing support and training was provided for every member in the team. Staff understood their roles and responsibilities and were deployed to provide a person-centred approach to care and people's safety. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Many of the staff had worked for several years in the home and knew people's likes and dislikes very well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

There were systems in place to minimise the risk of infection.

People and their relatives knew how to make a complaint should they need to.

People were provided with the appropriate care and excellent compassionate support at the end of their life. Feedback demonstrated that staff were caring, respected people's wishes and ensured they were comfortable.

We found people, relatives and staff were at the centre of the home's quality assurance programme. The management team had a wide range of systems to gain their feedback. This included informal chats, meetings and through a variety of satisfaction questionnaires. Processes were in place to learn lessons from accidents and incidents. The provider and registered managers had remarkable oversight of care provision, service quality and people's safety.

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 ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service has improved to Outstanding

The service was exceptionally caring.

People and relatives repeatedly told us how extremely caring and kind the staff were.

Throughout the inspection we saw the positive and trusting relationships that had formed between staff and people and their relatives.

Staff were passionate about providing person-centred care to people that added value to their lives. Staff were inclusive of people's choices and beliefs and treated people with dignity and respect.

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Outstanding ☆

The service remains Outstanding.

The Grange Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 12 November 2018 and the first day was unannounced. The inspection team on day one consisted of two inspectors and one 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. One inspector visited on the second day of the inspection.

We requested and reviewed a Provider Information Return (PIR) prior to this inspection. 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 also looked at the information we held about the service, which included notifications about important events which the service is required to send us by law.

During the inspection we used observation to gain feedback on people's experience at the service, where they were unable to speak with us. We spoke with nine people who use the service, seven relatives, the two registered managers, the administrator, domestic services manager, the chef, clinical lead nurse, a nurse, one lifestyle assistant, one activities coordinator, one senior care worker and one care worker.

We reviewed four people's care files and associated records. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Following on from the inspection, we received feedback from a relative and four health and social care professionals.

The registered manager sent us further information, which included, audit reports, feedback on the service that they had gained from people and relatives and a sample of policies and procedures.

Is the service safe?

Our findings

At the previous 2016 inspection we rated the service Good in safe. At this inspection in November 2018 the service continued to be safe and is rated Good.

People safely received their medicines. Any concerns identified were swiftly acted upon by the registered managers. This included putting in place protocols for medicines that were known as 'as required', (PRN), and ensuring medicines audits captured issues such as ensuring dates of opening were on liquid medicines.

Due to our observations and the action taken by the registered manager we were satisfied that people had received their medicines safely and as prescribed.

We observed positive interactions whilst the nurse was giving people their medicines. One person told us, "I get my medicines every day and they tell me what they're all for if I ask." We saw evidence that the nurse did this. We saw the nurse check a person's pulse, which was a requirement for people on this particular medicine.

People told us staff made them feel safe. One person commented, "There seems to be enough of them and I feel safe alright." A relative said, "I have every confidence [person using the service] is safe here. No reason to think otherwise." The home had a safeguarding champion who regularly checked with people that if they felt unsafe they knew who they could talk with. A safe survey had been carried out and we saw comments from this included, 'I don't feel unsafe at any time' and 'I feel very safe.'

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff told us, "I'd report concerns to manager and [safeguarding champion]" and "I'd report any (safeguarding concerns) to the senior, nurse or manager. We can go to Care Quality Commission (CQC) or head office, we've got numbers and emails." The registered manager kept records of any safeguarding concerns along with their outcomes.

Risk management plans detailing the support people required to keep them safe were in place. For example, where a person was at risk of skin damage there was guidance on how to minimise the risk of this occurring. This included having a toilet plan and regularly checking the person's skin. There were clear moving and handling risk assessments to inform staff on the equipment needed to mobilise the person safely. Personal emergency and evacuation plans (PEEPS) were in place so that staff knew how people responded in the event of a fire and how much, if any, assistance they needed to evacuate the building.

Health and safety checks continued to be carried out. Fire risk assessments and records of fire alarm tests were in place. These checks were both carried out by external companies and by the staff team to ensure everything was safe and in good working order.

People were supported by sufficient numbers of staff. We saw staff had time to chat with people and were

not in a rush to support people. Staff spent time checking people were comfortable and happy. The staff rota showed that agency staff were rarely used and this enabled people to feel at ease knowing they were cared for by a staff team who knew them. People and staff said there were enough staff working at any one time.

The provider continued to have safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults.

People told us that staff used personal protective equipment when carrying out personal care. Staff received infection control training and audits were carried out on this subject to ensure people lived in a clean environment.

The provider had a clear procedure for recording accidents and incidents. These were audited and analysed to look for patterns and allow learning from them. This ensured people continued to live in a safe place and that any points needing to be resolved were acted on quickly.

Is the service effective?

Our findings

At the previous 2016 inspection we rated the service Good in effective. At this inspection, the service continued to be Good in effective.

People's needs were assessed before they received support from The Grange Care Centre. The registered manager told us they aimed to obtain as much information about the person, both their personal histories, end of life wishes and their current needs. The assessment also enabled people to talk about relationships that were important to them. This contributed to the development of the care planning process and ensured staff could meet people's needs and expectations. The provider had measures in place to ensure there was no discrimination when making care and support decisions. For example, staff completed equality and diversity training and there was information on a notice board and in the staff October 2018 newsletter about the protected characteristics. Protected characteristics are the nine groups protected under the Equality Act 2010 and include, age, disability and sexual orientation which the staff team needed to be mindful of when supporting people in the home.

People's needs were met by staff that had the competencies, knowledge, qualifications, skills, experience, attitudes and behaviour to meet people's needs. The staff team had a good knowledge and understanding of the needs of the people they were supporting and spoke passionately about the people in the home. New staff received a thorough induction into the home when they first started working there and spent time shadowing experienced members of staff. A staff member confirmed this and said, "With new staff we ensure we have someone new and someone experienced working together." A new staff member confirmed the 12-week induction, "Prepared me well for the role." If staff did not have a nationally recognised qualification in health or social care they completed the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

The registered manager was very keen for staff to develop their knowledge and progress their careers. Training was supported at all levels to give staff the skills they needed to perform their roles. Training on subjects such as, person centred planning, pressure ulcer awareness and dignity and compassion all formed part of the training staff completed. In addition, the management ensured staff received stroke awareness training as several people living in the home had experienced a stroke. Staff were also trained to take a lead role in certain aspects of the service. For example, medicines, infection control and health and safety. This meant that staff took responsibility for specialist subjects to enable development and monitoring of these key areas. A staff member explained, "Everyone knows their role and what needs to happen on daily basis, communication is good." The staff member in charge of moving and handling training, showed us the moving and handling information that all staff received so that they followed best practice for themselves and the people using the service.

Staff team were supported through daily meetings, one to one or group supervision and by attending staff meetings.

Everybody reported the food was excellent, tasty and nutritious. Comments were very positive and included,

"The food is absolutely magnificent, it really is. What is so nice is staff come round and say, 'We've got so & so for dinner and you don't like fish do you?' They say they can do anything for me, I've had some wonderful omelettes" and "The food's good. They know I can't eat onions. The chef will come and say, 'There's a bit of onion in it but I've got so & so, so if you want to change it you can.'" This showed that staff knew people's preferences well and were flexible in changing what people had to eat.

In the kitchen the chef had details of people's dietary needs. The chef knew people's needs well, for example they told us, "[Person using the service] won't eat sausages," they knew one person does not like red meat. They said three people had pureed diet but had the same food as everyone else, just pureed. The chef said they normally cooked, "Eight or nine different meals daily as they all like something different."

People had access to a range of health and social care professionals. People's health needs were recorded on their care documents and a record was made of any appointments so that staff could follow up on any advice or concerns. People were weighed according to their needs and this was closely monitored so that if there were any changes appropriate referrals to the relevant professionals could be made. The GP told us, "I visit weekly to do a 'ward round' of any patients they [staff] or I are concerned about and have been doing this for around five years now so have got to know the team well. They always appear well organised and can provide the appropriate information such as basic observations of an unwell patient."

The premises were suitable to meet people's needs. Some people stayed in their bedrooms and these were personalised and contained items of their own furniture, ornaments and personal photographs which contributed to the homely feel. We saw the greenhouse where people had enjoyed gardening with staff and the children from the local school. There were plans for 2019 to make the gardens more accessible for people and have additional planters at the height suitable for people sitting in a wheelchair. Fresh flowers were by the entrance to the home, which people had arranged which made it an inviting area when visitors came to the home.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. DoLS and MCA training was provided for the staff team and staff were very clear that people had the right to make their own decisions about their care. Comments from staff included, "We provide care according to their wishes and what people want" and "We don't deprive someone of making choices. Decisions made must always be the least restrictive."

Is the service caring?

Our findings

At the previous 2016 inspection we rated the service Good in caring. At this inspection we saw further improvements and rated the service Outstanding in caring.

There was a homely and friendly atmosphere in the home. Easy listening music was playing in the background and staff responded to people if they called out to them and staff readily engaged with people, sitting and chatting with them. People were relaxed and smiled when they saw a member of staff. The ethos of the home was one of being caring and nurturing. Every person we spoke with confirmed staff supported them in an individual and caring manner. A healthcare professional told us, "The staff are all very caring and ensure the best care is provided. This I feel is mainly to very proactive and supportive management leads, whose aim is for excellent care." Staff confirmed that they felt supported by the management team and therefore staff morale was high in the home and enabled staff to be positive and cheerful with the people. We saw evidence of this throughout the inspection.

People were extremely positive about the support they received and commented, "They (staff) do anything I ask, always comb my hair right. I find them very good, I couldn't manage without them" and "Staff are absolutely fabulous. They're so quick and patient. They always ask me what I want to wear in the mornings. They always come when you press the bell. They turn your bed back, see that you're all comfortable before they go." Another person described how staff were helpful. They said, "If I've left something upstairs that I need, they say don't worry, I'll get it for you. It's helped me a lot because I can't get upstairs on my own."

Staff focused on building strong relationships with people and their families. One relative told us, "What is nice is when I walk around the village with [person using the service] and we bump into carers. They always stop and chat to us. They treat her like one of the family; call her by her name all the time. She jokes back a lot and they respond to her. They all seemed to know her name quickly, it makes such a difference to us. It's much, much nicer here than I ever thought it would be. I've no concerns."

Staff confirmed the caring culture of the home. They spoke in a professional and warm way about the care they provided for people. A staff member told us, "A caring nature comes from the heart, you treat people how you would want your family to be treated." A second staff member said, "You have to care to work here, everyone here really cares" and "Carers drive the caring nature." Staff spoke about the job being fulfilling. One third staff member explained, "Rewarding side of the role is you make people happy. I put myself in people's shoes and respect their choices."

Staff ensured there was regular communication between staff and people's relatives. This helped develop good and trusting relationships with people. A relative said, "I cannot sing their praises enough. I've come here at times between early mornings and late evenings and nothing is too much trouble for any of the staff". They also said, "The communication is 5 star. I can switch off and not worry because I know they will phone me if they need to. I can be out walking or anywhere and they phone me immediately if there's anything wrong."

Another relative told us, "Staff are outstanding, because if [person using the service] has got any needs, they are straight on the phone to me. Communication is excellent. If the Doctor's been out, they phone me straight away."

People's choices were honoured by staff and respect for people's views was at the heart of the home's culture. People could decide who cared for them, and they had a choice of staff from a range of backgrounds and gender. One staff member described how a person had become unwell but did not want to go into hospital. The staff member listened to the person's wishes, assessed their current needs and liaised with the out of hours emergency services including the on-call GP who prescribed stronger pain relief. A staff member, who was not working on shift, then went in their own time to the pharmacist to pick up the medicines so that the person was made comfortable and avoided going into hospital. This was all done with the agreement of the person and their relatives. This demonstrated that staff knew people's personal preferences, understood what action to take to alleviate a person being in pain and responded in a caring and empathic way to ensure their needs were met.

People's fears and hopes of moving in the home were acknowledged and all staff showed a commitment to be caring and patient. One social care professional gave us an example of where a person had struggled where they previously resided, had become depressed and needed to find an alternative place to live. The person had refused to consider moving to a different home until they met staff from the Grange Care Centre. They went on to tell us when they had met the staff, "With her [staff] skills and experience she soon bonded with the client, identified the problems and listened to her anxieties. Following this encounter the client agreed to go to The Grange for a trial period and after four weeks there the client settled."

Staff were exceptional at understanding people's preferences. They spent time getting to know people's individual needs and knowing how to offer the right amount of support. People said they were encouraged to do things for themselves. One person said, "The carers care for me well, they trim the hairs on my face and put [brand name of cream] on it because they know I like that." Another person commented that they liked the home because, "I can do my own shave and wash my top half. The carers do the rest of the things but only what I want them to do." One person told us, "Regular carers are excellent. They check people every hour. I get up early every day, they know I like to wash myself as much as I can. Staff knock on my door and offer to wash my back, put my smellies on and then my clothes." This demonstrated that staff knew the right level of support to give to people and where to encourage people to do things for themselves.

One example of just how the person-centred care people received had a positive impact on them was given to us from a relative. They explained that the person had been very anxious to move into the home. However, the relative said via email, 'In all honesty we were absolutely stunned by the overwhelming positive effect that The Grange had upon her. Her need for social interaction with genuinely caring people was fulfilled to a level, where one could say, we had never seen it before. Gone was her anxiety and worry and in it's place was a positive, happy, engaged and fulfilled person.'

Staff were very sensitive to the times people needed caring and compassionate support. For example, when a person was going through a bereavement a staff member accompanied them to attend a funeral and transport was arranged by staff. A relative said that the staff member was respectful and very diplomatic throughout the service. They confirmed that the staff member had asked the right questions kindly, for example, "Do you want me to stay out of the crematorium or accompany [person using the service]."

Healthcare professionals gave us very positive feedback about the service. One confirmed that the staff team were "Compassionate and reflective." They went on to say the staff team soaked up information, used their imagination when supporting people, were always smiling and that if they needed to, they would be

happy to put a relative of theirs into the home. They gave us an example of where the staff team worked hard to develop positive and meaningful relationships with a person's relatives as the family dynamics were complex. They told us that through the staff supporting the person living in the home and their relatives they enabled the person to be less worried and were helped to settle into the home. The culture within the home was not just to support the person but also those people important to the person living in the home.

Staff encouraged people to explore their support needs and helped them look at different ways of managing their health and care needs. For example, a healthcare professional told us about one person who had developed an obsessive habit that impacted on their day to day life. They explained that staff persevered in offering alternatives to the person and spent time getting to know them so that the person would feel more relaxed. Over a period of time the person then spent less time going through their daily rituals and instead spent time with others in the home. This also helped them feel less isolated and instead feel part of the community within the home.

The registered managers responded quickly when people contacted them directly. People with different communication needs were supported. One person used an iPad to communicate to the staff team. They told us this helped them feel listened to and their views acknowledged. Often their emails were to the registered managers and we saw their emails always got a reply. This helped the person feel their views were acknowledged and they were empowered to use the computer to express their ideas and give feedback on the service. We saw email exchanges where the person had asked for certain items in their room to be moved about so that they could use their iPad more effectively and that this was addressed.

We observed staff knock on peoples' doors before entering and speaking with people appropriately, in a friendly and warm manner. One person commented, "Staff are absolutely fabulous, they say 'If you want any help, I'll come.' They let me do as much as possible for myself. They shut the doors when I'm getting ready, they are very respectful when talking to me." Another person described how staff pull the curtain round them when they were having a shower. They confirmed staff then waited until the person had finished and would then help them to wash and dry their legs and feet. They told us, "They [staff] always shut the door."

People were helped to look after themselves independent of staff. One person told us they shared their worries about losing their independence with a staff member. They went on to say the staff member then reassured them by saying "Don't worry we'll look after you." A relative told us, "[Person using the service] makes her own decisions but if there's anything extra staff need to ask, they phone my sister who is the named relative."

Staff spoke about promoting people's independence and not doing things to people but for people. They told us, "If a person says I can do some part of personal care, we give them a sponge so they can do it." When we asked a relative how staff supported people, they said, "With affection. Staff treat [person using the service] with kindness and respect." They told us they saw staff walk around the home and adjust people's clothing to ensure their dignity.

We saw visitors coming to see people throughout the two days of the inspection. Relatives were made to feel welcomed and one relative told us that staff were accommodating as they required a quiet space every few months with the person to go over their finances and a private room was always provided for them. They said, "Nothing is a problem."

The registered manager confirmed that every person living in the home had a relative, friend or person who could advocate for them if they required this type of support. The majority of people could vocalise their views and were encouraged to do so through informal chats with the management team, talking at their

review meetings or by attending the meetings held in the home for them.

We saw lots of information available for people, their relatives and staff on stroke awareness and what to expect and what support was available for people. The home cared for many people who had experienced a stroke and they wanted to ensure staff were equipped and informed on what this might mean for a person who has had a stroke.

There continued to be a scheme called, 'People Like Me.' This was developed to help staff and people living in the home make deeper connections with each other. We saw information on a wall in the home with a photograph of staff and people in the home noting details of their likes and interests. The registered manager wanted to encourage staff to identify where they might form a strong bond with a person if they could share common experiences with each other. A staff member told us, "When we chat to people we find out a lot about their history so we can deliver care in a way they really want."

Is the service responsive?

Our findings

At the previous 2016 inspection we rated the service Outstanding in responsive. At this inspection we continued to rate responsive as Outstanding.

People and their relatives were involved in the development of the care plans. The registered managers had introduced a new electronic system for recording people's care plans, risk assessments and any other document relating to supporting the person. This meant records were live and up to date and the registered managers could also easily monitor the care and support being provided. Information was in the process of being transferred over from the previous recording systems and the staff team were being helped to feel confident to use the new system.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify, record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We saw at the pre-admission stage this was considered to identify if the person would require information in a more accessible format, for example, in a braille format or by developing a communication booklet, if the person had a speech impairment.

Relatives spoke about staff knowing people's likes and dislikes. One relative said, "The staff know [person using the service] alright, they know he likes mashed potato not roast, they know he likes fruit and custard so he gets that most times. They know he likes sport and will chat about snooker, cricket, horse racing, anything he loves." This relative also said: "If something's not right, staff go out of their way to put it right."

Staff we spoke with had a 'can do' attitude and were positive about working in the home. They knew what people liked to do prior to moving into the home and where possible ensured people continued to do the things they enjoyed. One person talked with staff about football and staff confirmed they had taken this person to a football match which they had not done in a while. They now had photographs in their bedroom and a match programme to show others. This helped them be part of a community event, see a sport that they liked and do something outside of the home with staff supporting them.

The staff also encouraged people to build relationships with each other so that they had regular social interactions. This then helped decrease the chances of people becoming low in mood and feeling alone. A staff member told us, "We promote a real community approach to encourage people to form friendships between themselves because no one understands them better than other residents who are in the same position."

There was a huge commitment and effort that went into organising the wide range of the social and community based activities people enjoyed. Staff adapted the activities based on feedback from people. As a result of feedback from people wanting more exercise sessions, new activities were introduced. For example, wake up, shake up and yoga. External groups and entertainers continued to visit the home. This included, animals and providing live music. There was a weekly activities board to inform people what was

on offer. Staff were clear that people could choose what they wanted to do with their free time. One staff member who arranged many of the activities said, "We've got flexibility and the ability to adjust the activities to suit people's wishes and preferences." A second staff member said, "We offer the opportunities for people to join with meaningful activities." Attention was paid to each person to find out what they enjoyed doing. One person liked feeding the birds and staff bought the bird food and they helped the person go into the garden to feed the birds. This was an activity they used to do when they lived in their own home.

People spoke positively about the activities and told us, "I like the entertainment. We have good sing songs, exercises, little bands come in. We do cooking, cake making and arts/crafts. We use the table in the lounge for the different activities. I also like gardening, I go outside and water the plants" "Staff are lovely and easy going. One girl brought in some coloured pencils and a book for me to colour in" and "Staff are all fine. They very often sit and chat, and they come and help me with my jigsaw." Another person said, "The activities are great, a lady came in and asked if I would like to join in with some painting or yoga and I love the bingo."

The home continued to access activities and support through the 'Ladder to the Moon' organisation. Staff gained ideas from this organisation and support as they could attend workshops, training and meetings in order to continue being creative and thinking of new ways to engage with people. The aim continued to be to create 'Vibrant Communities' focused on innovative approaches to open up a creative culture. A few months prior to the inspection, the staff had helped people plan, prepare and be a part of a musical event. This was the Sound of Music, where people learnt the songs and helped prepare the stage props. This was filmed so that people could look back on this event and see what they had achieved. This event had also proved a success for one person who previously had stayed in their bedroom and had not taken part with group activities. However, they were helped to take part in getting this music event ready for filming and since then always sat in the lounge chatting with other people.

One activity was a winning entry for the Autumn 2018 Evidence of Outstanding Activities Competition. This was where, the home was sent a kit to make bath bombs from the 'Ladder to the Moon'. This prompted discussions around whether people preferred showers or baths. This activity also became playful for people as two visiting children started to engage with making the bath bombs which in turn prompted people to get more involved. This helped people comment on what they had made with each other and share them with people, who could not have a bath due to their needs, but could enjoy a hand bath with the crushed bath bombs. People enjoyed the smells the activity had generated around the home and made lavender bags with the leftovers. Everyone had become involved in various ways so that no-one was excluded. The operations manager from 'Ladder to the Moon' commented that the activity, "Demonstrates all the hall marks of accomplished improvisation and investment in process, in causing positive emotions and enjoyable experiences without worrying at all about the outcome!"

Staff received ongoing support from 'Ladder to the Moon' and met with others from different care services to share experiences and to continue to learn about being creative, innovative and inspire people living in the Grange Care Centre.

Staff helped people support events such as the hundred year anniversary of the First World War. During the first inspection day we saw some children visit people and chat happily with them. People smiled and appeared to enjoy the contact with the children. We saw the children made poppies with people and stories were shared with the children and others about people's childhood and wartime experiences. This helped many people recall their family history, feel valued have the space and time to communicate what it was like for them living through a war.

The regular engagement with children encouraged people to socialise and develop relationships with young

people. We saw correspondence from the headteacher of the school where the children were educated. They had sent a letter to the registered managers commenting favourably on the relationships that had been built over the years between the children and people living in the home. They referred to the activities the children and people in the home had taken part in, such as the gardening projects. They referred to the 'strong links' that had been built through the children coming to do gardening with the people in the home which had been a part of the Royal Horticultural Society school gardening campaign. This feedback highlighted the strong community links the school and home had developed and that it had a positive effect on both the children and people in the home.

Other ways the registered managers had encouraged people to forge social relationships with people in the wider community was with a different school for older children. Via this school the children had started to write to people who wanted to be a part of a pen pal scheme. One person who had not always engaged in activities did take part and this helped them feel less isolated as they enjoyed receiving letters from the children. Both parties involved shared their backgrounds, what they liked to do with their time and ask questions of each other. This had only recently started but had so far been a success.

When the home was entered in 2017 for the National Care Awards, people gave their written feedback on the home. We saw evidence of the comments and these included, '[Registered manager] always encourages us all to try new activities. I have recently started knitting again, something I haven't been able to do since I lost movement in one of my arms, due to my stroke. I love that both [registered managers] push us to try new things!' and 'They [registered managers] both make the time to come and chat to me and see how my puzzles are going or ask about the greenhouse. The greenhouse is such a source of comfort to me, I call it my 'magical corner', and this safe haven wouldn't be possible without their support. I feel like they really take an interest in my hobbies.' This person also confirmed that since they moved into the home they, 'Feel like my identity has been maintained.' They also commented on the links with the children who visit and commented, 'I particularly enjoy the weekly visits from the local primary school as they allow me to interact with the children, which I love! I also particularly enjoyed when they visited us and we had a sports day, I even won the egg and spoon race, although I think they may have let me win.'

A social care professional gave us an example of where a person who had not long been living in the home had started sleeping better and engaged more with others through the encouragement and support of the staff team. They saw that the staff, "Managed to get the client involved in activities and they have located a suitable chair for them to sit, so reducing their time in a wheel chair." Therefore, this reduced the person feeling isolated and ensured they were comfortable.

Not every person wanted to take part in group sessions. One person spent time in their bedroom and told us the staff always asked if they wanted to join in with the activities but they did not want to. They went on to say, "The carers, especially [name of staff member] know me and know I've always got sport on the TV. They always pop in and see what I'm watching and talk about the sport."

Staff helped one person send a blanket that they had crocheted for the royal baby and the registered manager sent it to the Royal Palace on their behalf. The person had been delighted to receive an email in response to their present, which the registered manager had forwarded onto them via their IPAD that the person used to communicate with others.

People's spiritual and religious needs were met. One person attended a church service in the village the home was located in. Visits from people from different religious faiths also ensured that those people wanting to attend a service could do so.

People were encouraged to give feedback on the home. One person said they had been given postcards by the management to note down any incidents where people were happy or unhappy with staff. They explained how they wrote on one postcard about their experience of the night they couldn't get their leg on to the bed. They rang the bell and "[Name of staff member] came in and said, 'don't worry'. He gently lifted my leg carefully onto the bed so it didn't hurt me. He was wonderful, I was so grateful. If it wasn't for having my bell on me and him carefully helping, I would have spent the night with one leg in and one leg out."

The registered managers had a robust complaints process in place that was accessible and complaints were dealt with effectively. There was a suggestions and comments box by the entrance of the home so throughout the year people could give their feedback. People and relatives knew who the two registered managers were and felt they could raise any concerns if they had any to them. A relative said, "I know I can go to the office if I have any query." A second relative told us, "Everyone listens to you. If I got something to say I will say it."

We overwhelmingly received positive feedback on how people were supported towards the end of their life. The staff team were passionate about providing quality end of life care for people. A GP told us "We have had several patients who have spent their final days at the Grange and the staff are very competent at handling this and I have had good feedback from relatives about the communication and care given at this stage."

One person living in the home said their husband had previously lived in the home and had died there. They told us they knew the staff and management well. They chose to move into the home and said, "I have chosen to end my days in here, I couldn't be in a better place."

Another relative described how they were very happy with the end of life care and support their family member had recently received. They spoke highly of how one of the registered managers helped them with their family member's end of life final wishes. They told us, "I found the Grange staff incredibly approachable, receptive, professional and supportive. I cannot think of anything to fault them, I felt they were constantly there for [person using the service] and myself." The relative described how the person moving into the home had ensured they were appropriately cared for during their last few weeks. The relative told us, "The nursing staff adapted well to the person's changing ability to take the medicines and when they were unable to swallow the tablets, staff immediately contacted the GP."

The relative also explained how for their family member it was important to look good. They said, "She liked her makeup and also to dress smartly, so the staff team went through the wardrobe to find tops that they could put on her and comfortable skirts and also applied lipstick, mascara and blusher." Thus, ensuring the person continued to feel well groomed. Staff also took into account other things the person liked and although, due to their needs, they could not be taken outside into the garden, they had the window open so they could see outside which the relative confirmed the person enjoyed.

Is the service well-led?

Our findings

At the previous 2016 inspection we had rated is the service well led outstanding. At this inspection we continued to rate this domain as outstanding.

The Grange Care Centre was a member with the Centre for Creativity and Innovation in Care. This was an organisation for like-minded care providers in order to share information and learn from each other. This encouraged the staff team to continue to consider ways of making the experience of living in a care home playful and creating new possibilities for people. By being a member, the staff team were supported to keep being forward thinking and reflecting on their practice. The home also continued to have an award with the National Stroke Association. At the last 2016 inspection, the home was the first care home to achieve this award and they continued to maintain this award through high standards of care and were visited by the organisation to ensure they continued to follow best practice.

Feedback from people and relatives on the management of the service was very complimentary. One person told us, "The managers are very good, always say 'are you alright?' Last time she said to me somebody had told her I'd lost weight, and asked me if I was feeling alright." A second person said, "The boss always walks the floor. When we put on a show (The Sound Of Music), the boss was here, joining in." During the inspection, we saw the two registered managers walking about the home, chatting with people and checking they were fine. Another person commented, "The managers are very good when I have got a problem, they are very approachable and supportive." We saw evidence that this person emailed the registered managers with comments about the home and the care they received. It was evident that the communication was regular and the person received responses from the registered managers.

Other comments from relatives included, "I see staff all the time, the registered manager comes and has a word regularly and asks what's going on. I know I can go to the office if I have any query," "I know from [person using the service] that she liked [registered manager] immensely and he had a wonderfully calming personality in a time of great stress" and "I don't think you can better it. I can't think of anything missing or could be improved."

There were consistently high levels of engagement with people using the service and staff. The registered managers listened to people's feedback and we saw a board with 'You said, we did'. From this we saw there were more exercises and a daily update on activities with a new notice board in the reception area added. People had asked for rolls with their meals and the chef confirmed this had been provided so that people could enjoy particular foods. A relative commented, "Management promotes transparency through care review meetings and residents' and relatives' meetings. Residents and relatives are asked for feedback in the form of questionnaires about the quality of the service. Results of surveys and any action points are freely available."

Staff spoke highly of the management team. Comments were all positive and included, "Management gives us a lot of encouragement and gives forms to fill before appraisals, how we can improve things," "We talk how we can improve things," "Management are so involved with the care," "There is a caring approach here,

managers lead by example. In the six years working here I have never had any concerns" and "Amazing team, we all work well as a team." A staff member also spoke about the support they received from the registered managers when they had personal problems. They confirmed they were "very understanding."

Several staff spoke about the family feel of the home. They said it was warm and welcoming, which we also found. One staff member said, "It is individual (the home). Not your usual, it has got soul and passion." They also were extremely impressed with the registered managers and told us, "I don't think you could ever find managers that are so warm and accommodating."

Staff emphasised to us that there were no divisions or issues between nursing staff and the care staff team. Although carrying out slightly different roles everyone worked well together. One staff member said there was, "Good leadership from nurses and mutual respect." The provider gave positive recognition to staff recommended by other staff, people and their relatives. This was known as the 'Shining Star Award'. This boosted staff morale and showed that staff were appreciated for being hard working and creative when supporting people using the service.

The two registered managers had worked in the home for over thirty years and were registered nurses. They knew their roles and responsibilities and continued to seek ways to improve the quality of the care being provided. Staff spoke about the registered managers also knowing people's needs exceptionally well. One staff member told us, "They make it their job to know people's needs." We observed the two registered managers walking around the home and chatting with people and checking that everything was fine.

There was a strong emphasis on continuously learning new ways of doing things in order to not stand still and become complacent. The registered managers had regular contact with other registered managers through the provider, local authority and Skills For Care. This is an organisation that supports and advises those staff working in adults' social care. The provider also encouraged the staff team to continue to work hard in people's interests and the registered manager confirmed they were working through the provider's accreditation and accomplishment framework book which would provide evidence as to how the home continued to provide excellent care.

The registered managers had a clear vision for the home and reached out to other organisations in order to keep being imaginative and ensuring people were central to the decisions made about the home. Innovation was celebrated and staff were supported to be creative when supporting people and providing stimulation and occupation to their days. Staff were also kept informed of important issues, for example, we saw evidence that the registered managers had discussed sepsis with the staff team, giving them details of what to look for, review current practice and staff received a sepsis information pack to ensure they understood how to support people appropriately.

We found the registered managers and staff promoted a very strong person-centred culture and had developed a service that strongly maintained people's independence and went the extra mile to enhance people's enjoyment of life. Excellent staffing levels with many long service staff meant these values could be passed on to new staff. Since the last inspection, the registered managers had employed 'Lifestyle staff members' who mainly spent time chatting with people, giving them drinks, taking part in activities and ensuring people were happy. We saw this freed up other care staff to carry out different duties and helped people have the right support they needed at all times.

The registered manager had completed an exceptionally detailed Provider Information Return (PIR). This included clear details of what the home does very well, giving examples of good care being offered to people and the impact this had on them. It also noted planned future improvements in order for the staff team to

continuously offer a high standard of care. We commended the registered manager who completed the PIR as it showed that they recognised what was working well and what changes had been made since the last inspection for the benefit of the people living in the home. It also demonstrated their knowledge of meeting the standards we expected them to follow in order to meet the regulations. They were competent in knowing the type of information we would need to see in order to understand how the home operated and met people's needs. The registered managers were receptive to the inspection, keen to show us improvements made to the service since the last inspection and share examples of where staff input had made a difference to people's lives.

One of the registered managers was a mentor and visited other services offering their experience and support. They worked alongside educational facilities and welcomed nursing students and there was a possibility for the future that paramedic students would also have placements in the home. This not only assisted the learning for students but staff working with students would also be developing skills in nurturing and advising students. The staff team worked in a collaborative way, sharing ideas and helping each other to get the best out of each other. There were high levels of satisfaction across the staff team which helped with the atmosphere in the home which was friendly and warm.

The team continued to demonstrate commitment to helping others including sending donations to various causes. We noted letters that had been received from Children in Need charity, Macmillan Cancer Support or Comic Relief to thank The Grange Care Centre for their donation. This was done in conjunction with people and relatives and showed the registered managers wanted to help people feel a part of events that they might have contributed to when living in their own homes.

The provider had systems in place to also check aspects of the service in order to make sure people were receiving an exceptional service. We saw there were a number of effective and regular audits in place which we saw evidence of throughout the inspection. Audits covered a range of areas, for example, medicines, health and safety, infection control and people's care plans. Staff were clear who was in charge of carrying out checks on the home and they understood the framework for accountability.

The management and staff team worked closely with the various health and social care professionals who visited the home to ensure people's needs were being met. One healthcare professional told us, "This is a very good care home, run with exceptional leadership." Another told us, "The grange is a wonderful home, the staff are all very caring and ensure the best care is provided. This I feel is mainly to a very proactive and supportive management leads, whose aim is for excellent care." A third healthcare professional commented, "[One of the registered managers] is very proactive and knows about all of her residents. They always contact our team whenever needed."

A GP confirmed, "I have six monthly clinical governance meetings with the manager and one of the nurses where we discuss all admissions over the previous 6 months, any deaths, significant events, local initiatives, for example, flu vaccines. The manager produces an agenda for this and types up minutes afterwards and these are done to a high standard."

The registered manager and staff team also worked with the home care support team, where various professionals visited people in the home if they required their specialised input. This included supporting a person with their mental health needs. A healthcare professional working in this team told us, "The staff are so easy to work with."