

Orange Care - Grange Lea Limited

# Grange-Lea Residential Care Home

## Inspection report

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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?	Good ●

# Summary of findings

## Overall summary

This inspection of Grange-Lea was carried out on 29 and 30 August 2017 and was unannounced on the first day. Grange-Lea is a large detached property in a residential area of Paignton. The home is registered to provide accommodation for up to 32 people who require nursing or personal care. At the time of our visit, 30 people were resident at the home, some of whom were living with dementia.

The home had a registered manager that was also the registered provider. 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 and associated Regulations about how the service is run.

People told us they were extremely happy with the care and support being received. People enjoyed living at Grange-Lea and they considered it their home. We saw staff were extremely polite, friendly and caring in their approach to people and their relatives. People received care that enabled them to live their lives as they wished and people were supported to remain as independent as possible. Staff were aware of the importance of protecting and maintaining people's privacy and dignity. Staff knew the people they were supporting well. Relatives we spoke with described the staff as very good and caring.

People told us they felt safe at all times. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were systems in place to protect people from abuse. Policies and procedures were in place to manage safeguarding concerns.

The home had a robust recruitment process in place. Appropriate checks were carried out before staff began working at the home to ensure they were suitable to work with people. Staff had received appropriate induction, supervision, appraisal and training, which allowed them to fulfil their roles effectively and develop trusting relationships. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. There were sufficient numbers of staff to support people safely and staffing levels were adjusted to meet people's changing needs and wishes.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with personal care. 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 home supported this practice. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well. Where people may have restrictions on their liberty and freedom in order to keep them safe, applications had been made to the local authority to make sure people were not unlawfully restricted.

Staff were knowledgeable about people's needs and how to meet those needs and care records were detailed, person centred and accurately reflected the care people received. The care records showed the personalised care people required to help staff consistently meet people's needs and we saw staff followed

these.

We saw care plan documentation contained risks assessments which covered areas such as pressure area care, moving and handling, nutrition and mobility. Each risk assessment had a corresponding 'risk plan' which detailed how the risk was managed and any control measures that were in place.

Medicines were managed safely and in line with current regulations and guidance. Staff had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered and audited appropriately.

Staff were caring and respectful towards people with consideration for people's interests and life histories when chatting with people. People's right to private space and time to be alone with their relatives and friends was accepted and respected.

People were supported to have interesting and fun things to do. The home ensured staff practices promoted quality of life for all people by offering social opportunities on a daily basis.

People had access to healthcare services and received on-going healthcare support, for example, through their GP, hospital doctors and specialists. Referrals were made to other professionals such as community nurses and dieticians if the need arose.

People's nutritional needs had been assessed and people were supported to eat and drink as and when required. The menus provided a choice of meals and people were able to choose a meal that was different to the menu.

Quality assurance systems were in place to assess and monitor the service people received. Families were consulted so that their views could be gained. These views were acted upon with actions taken and improvements made.

People told us they could raise concerns or complaints if they needed to because the registered manager and staff were always available and approachable and people were confident they would be listened to.

## 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 was safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

### Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The environment was homely and supported people to move around independently.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

People were supported to access a range of healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and we observed

positive and respectful interactions between people and staff.

Staff supported people at their own pace and in an individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care and support needs were assessed and reviewed regularly and included people important in their care and support.

People's support and their care plans focused on them as individuals and were in line with their preferences.

People and their relatives knew how to make a complaint if they wanted to and could give feedback to the provider.

People had a variety of activities for them to take part in.

### **Is the service well-led?**

**Good** ●

The service was well led.

People we spoke with felt the registered manager was supportive and approachable and expressed confidence in them to address any concerns raised.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

# Grange-Lea Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 the 29 and 30 August 2017 and the first day was unannounced. The inspection team on the first day consisted of one adult social care inspector and an expert by experience. The second day of the inspection was conducted by one adult social care inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience and knowledge of caring for older people.

As part of the inspection we reviewed the information we held about the home. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the Quality and Improvement Team and Healthwatch Torbay who provided information about the home. We spoke with a visiting healthcare professional about their experience of the home. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people. During the inspection we met people living at the home and spoke with thirteen people. We also spoke with five relatives visiting the home. In addition, we spoke with the registered manager, head of care, the cook and six staff members.

We looked at the care plans, records, medicine administration records and daily notes for seven people with a range of needs. We looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at three staff files to check that the home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

## Is the service safe?

### Our findings

People told us they felt safe living at Grange-Lea. People said, "I think this is a safe to place to live. I've had no cause to use my bell for help, but I feel certain someone would come if they were able and not too busy helping someone else", "I don't choose to go outside that often, but I do feel safe living here" and "I feel really safe here." Relatives told us they thought their family members were safe in the home. One relative said, "I am completely satisfied that my relative is safe in this care home." Another relative said, "My relative doesn't necessarily want to be here in a care home, but we know it's for the best, and importantly it's safe and caring."

The provider had introduced a new electronic risk assessment and care planning system. Most of people's risk assessments and care planning records had been transferred to the new system at the time of our inspection. Electronic and paper risk assessments had been kept up to date and were reviewed each month to identify any changes in people's needs and make sure staff had up to date information on how to reduce risks to people's safety.

Risks relating to people's safety had been assessed. These included areas such as falls, helping people to move, skin care, choking and nutrition. The staff we spoke with were knowledgeable about how to protect people from the risk of harm. Staff had been suitably trained in safe moving and handling procedures. We observed staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

The risk of people developing skin damage had been identified and action had been taken to mitigate the risks. For example, people used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. People were weighed regularly and if their weight changed the mattress settings were adjusted accordingly. Guidance was available to staff about how to use the equipment correctly and checks were completed each day to make sure it was set at the correct level. This helped to make sure that people received safe care and treatment.

Risks in relation to the premises had also been assessed and regularly reviewed. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the home was safe. All staff employed to work at Grange-Lea had fire safety training specific to the home. There were personal emergency evacuation plans for each person which gave staff and emergency services information about help people would need to leave the premises. Fire exit routes were clear. This meant in the event of a fire, people could be safely evacuated.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

People were protected from the risk of abuse. Staff had knowledge of the types and signs of abuse and

understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the senior person on duty or the registered manager. One staff member said, "If I saw any abuse I would definitely speak to [Manager's name]." Another staff member told us what they would do if they were unhappy with the registered manager's response. They said, "If I was not happy, I would go to safeguarding helpdesk or CQC." Staff told us, and records showed, they had received safeguarding training. Staff said 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 people were protected from abuse.

People told us they thought there was enough skilled and experienced staff on duty to meet their needs. The provider told us in their provider information return (PIR), "Our high level of staff means staff have time to develop relationships, and have plenty of time to support individuals." Staff confirmed they thought there were enough staff on duty. One member of staff said, "We work well as a team. People get seen quickly and people don't wait for care." A relative told us, "I am very impressed with the availability of staff. There are always plenty available, and the ratio of staff to residents is much higher than the care home my relative previously occupied." On the first day of the inspection there were four care staff and four senior care workers on duty for 30 people. In addition the registered manager, kitchen, housekeeping and maintenance staff were working at the home. The second day of the inspection there were six care staff and three senior care staff. The registered manager and ancillary staff were joined by the new clinical lead. There were two night care staff on duty from 7.30pm to 7.30am. Rotas showed that these numbers were consistent.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) police checks.

Medicines were managed safely at Grange-Lea. People's medicine administration records (MARs) included a copy of their photograph and details of any known medicines allergies, to help reduce the risks associated with medicines administration. The MARs we reviewed showed that people had received their medicines each day as prescribed, and could also be accurately cross referenced with remaining medicines stocks to show that these were correct. People who were prescribed 'as required' medicines had protocols in place to guide staff when and how to administer these medicines safely.

Medicines were stored securely in a locked medicines cupboard which was only accessible to appropriately trained staff. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated refrigerator temperatures were consistently monitored. However, we found the provider did not monitor the temperature of the medicines storage area. This meant we were unable to determine whether the storage area remained within the appropriate temperature range for the safe storage of medicines. Medicines can become less effective or even harmful if they are kept at the wrong temperature. We brought this to the attention of the registered manager and they told us they would address this issue immediately.

Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had been prescribed creams. We saw staff had recorded on charts when they had been applied and each cream had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean and well maintained. One relative commented, "My relative's room is always immaculately clean." The home had achieved a five star food hygiene rating from the Foods Standards Agency. This is the highest score that can be achieved and demonstrated food was prepared within clean and hygienic surroundings. There was an on-going programme to re-decorate and make other upgrades to the premises when needed. Staff had access to personal protective equipment such as disposable gloves and aprons. We observed staff wearing these when providing personal care to people.

## Is the service effective?

### Our findings

Staff were knowledgeable about the people living at the home and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. One person said, "They (staff) know what to do." One relative said, "The staff are good, they know how to meet my relative's needs."

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the home, such as fire, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the home's policies and procedures and working practices. After the initial induction, new staff spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Staff new to care or who had not been working in the care sector for a long time, were enrolled on the Care Certificate, which is an industry recognised induction to give care staff an understanding of good working practice within the care sector. Staff told us and records showed that the registered manager met with new staff to discuss their progress and check their competence in key areas. One new member of staff told us they thought the induction was really comprehensive and said the support they had received was "fantastic."

Staff received suitable training to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. The training was a mixture of e-learning and face to face training and included moving and handling, first aid, health and safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, fire training and safeguarding. The home provided training specific to meet the needs of people living at the service such as dementia awareness, stroke awareness and diabetes. Staff had received training in how to provide care in a kind and compassionate way. We observed that staff put what they had learnt into practice giving people the time and reassurance they needed. The registered manager encouraged staff development and staff were able to gain additional qualifications. Twenty two care staff had either attained or were working towards a Diploma in Health and Social Care. The cook and cleaner had also completed National Vocational Qualifications appropriate to their roles.

Staff told us they felt supported by the registered manager and they received regular one-to-one supervision and appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the home.

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. We saw documentation in people's care plans to show when these decisions for people who lacked mental capacity had been taken. This had been done appropriately and in the person's best interests. People's relatives and relevant health professionals were consulted to ensure a positive outcome

for people.

Care plans we viewed had a number of mental capacity assessments relating to the different areas of people's care. For example, one person was refusing personal care and hygiene, the care plan showed a best interests meeting had taken place with the person's family as the person was assessed as not having the capacity to make this decision. We saw this resulted in an appropriate best interests decision being made on behalf of the person. The best interests decision explored the least restrictive option and how staff could achieve the desired outcome whilst supporting the person to have choice and control as far as possible.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). Staff demonstrated they had a good knowledge of the MCA and an understanding of the relevance to people in their care. One member of staff said, "It's there to protect people. People can choose what they want to do." Another member of staff said, "It's decision specific. A person might know what they want for dinner but not be able to manage their money safely."

Staff we spoke with demonstrated they understood their responsibilities in supporting people to make their own decisions. One member of staff told us, "I always ask people and give them choices. You can't just presume, they have the right to make their own decisions." We saw that staff explained to people what they were planning to do, for example when helping people to transfer from their chairs. Staff waited for people to give their consent before proceeding.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that appropriate applications had been made to the local authority. The registered manager had made three applications to restrict people's liberty. Due to a high number of applications received, none had been granted at the time of the inspection.

Most people told us they liked the food at the home. Their comments included, "The meals are good. I have a choice of what I want to eat", "We have plenty of access to tea, coffee, water and fruit juice throughout the day. If you don't like the food on offer they will always find you something else to eat instead" and "Excellent food, nothing wrong with the food." However, one person told us they would like more fresh food and another said they would like more variety in the menu, "Never very exciting and never a surprise, you know what's coming as the menu just repeats itself." Relative's comments included, "The food here is wonderful " and "I have eaten meals here with my relative, and found the quality to be good and the portion sizes appropriate."

We spoke with the registered manager and the cook about the menus and the availability of fresh produce. They told us that fresh ingredients were used for all meals and these were ordered on a weekly basis. They added that in response to requests and feedback from people about the menu choices, they were currently in the process of drafting new menus to make sure they reflected people's preferences.

We observed the lunchtime experience for people who lived at the home. The tables were set nicely with mats, cutlery, condiments and flowers before people were seated. There was good interaction between staff and people at lunchtime in order to make it a social occasion. Staff chatted to people and their relatives throughout the lunch period. Staff encouraged people to sit at the dining tables and offered support appropriately. People were offered a choice of food and drink and where they did not want the choices offered, alternative choices were available. A list of people needing food supplements or special menu's was

provided by care staff and retained in the kitchen.

We saw that drinks were always available in the communal areas and that staff encouraged and supported people to drink frequently. Hot drinks and snacks were provided both mid-morning and mid-afternoon, but staff were happy to make people a hot drink at any time. Care records included nutrition assessments and associated eating and drinking care plans. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk of them not eating or drinking enough. This provided detailed information on what they had consumed. Where required, appropriate referrals had been made to the GP, dietician and Speech and Language Therapists (SALT) for advice on how to support people effectively with their nutrition.

People's health needs were managed and they had access to appropriate health care professionals. Care records demonstrated the home liaised with external health care professionals such as opticians, community nurses and physiotherapists to help ensure people's needs were met whilst they were living at the home. Their advice was used to formulate plans of care. Staff supported people to maintain good health and told us they had a good relationship with the community nurses. We spoke with one community nurse who was very complimentary about the home and said it provided good effective care that met people's individual needs. They told us that staff identified changes in people's health quickly and called them out at the correct time.

People told us staff contacted their GP when they felt unwell. One person told us, "Yes they [staff] get the doctor if I need them." One relative we spoke with told us when their relation had been acutely ill the staff had acted very quickly and were very supportive, "I was able to stay with her overnight and the night staff came in every half hour to check on her."

Grange-Lea provided a homely atmosphere. People told us they were happy with their bedrooms. Many bedrooms on the ground floor had direct access to the gardens. Each bedroom was redecorated and furnished with new carpets and curtains before a person moved into the home. The decoration was discussed with the person and they were involved in the decisions. People were able to bring their own belongings if they wanted to. The provider purchased all of the required equipment and ensured it was in place to meet people's needs.

## Is the service caring?

### Our findings

People told us they were extremely happy with the care and support being received. Some of the comments from people included, "The staff here are very caring people", "I can't fault anything about it. The staff here are perfect", "You couldn't ask for a better place to live. Everyone here is so caring and kind" and "I'm happy here and think that [registered manager's name] and the staff are very caring." Relatives told us that Grange-Lea was a caring place, and staff treated people with kindness and compassion. One relative said, "I have a real sense of peace knowing my relative is being cared for here. It's bright, clean, happy and always very welcoming." Another relative told us, "I visit regularly, up to five times a week. The care here always appears consistent."

People looked well cared for and appeared relaxed with each other and staff. We saw staff were extremely polite, friendly and caring in their approach to people and their relatives. They carried out their tasks in an unhurried manner. Before care was completed they talked with people and explained what they needed to do, and got their agreement. We saw, for example when moving people from one place to another in their wheelchair or when using the hoist and made sure that at all times people consented to their care and treatment. The atmosphere at the home was calm, relaxed and unhurried.

Staff knew people well and understood their likes and dislikes and people were comfortable and happy to approach staff and ask for their support and help. Staff were aware of people's preferences and were able to share with us how people liked to be supported. For example, one staff member told us that some people liked to have a shower, while others preferred a bath. Staff encouraged people to be independent where possible and encouraged people to do as much as they could for themselves. Equipment and aids and adaptations were provided to enable people to remain independent with walking: these included grab rails and rails in corridors for people to hold onto. One staff member told us, "One lady wanted to increase her mobility, so to help her I encouraged her to walk short distances and we increased the distance gradually. In the end she walked from the lounge to the dining room, which is what she wanted to achieve."

Staff were aware of the importance of protecting and maintaining people's privacy and dignity. They described how they actively protected people's privacy. For example, asking if people wanted staff there with them or waiting close by, and how they made sure curtains were drawn and kept people covered while assisting with personal care. As a result of recent feedback from people, the provider had introduced 'Do not disturb' signs for each person's doors to ensure privacy and dignity was maintained. The registered manager told us these were put on people's doors when personal care was being delivered by staff or if people wished to have time alone. We saw this was respected by staff. People told us they thought it was a "brilliant idea" and they felt more comfortable knowing that people were not going to walk in on them whilst they received personal care.

People were given choices as to how they spent their day, what time they wished to retire to bed and get up in the mornings as well as choices around what they liked to eat. People's choices were clearly recorded in their care plans.

Staff we spoke with were compassionate about the people they cared for and had built up a good rapport with the people living in the home in an extremely caring way, which extended to their relatives and visitors too. A relative showed us a photograph of a recent event in which staff had supported an individual to celebrate a birthday with their family and people living in the home. People told us staff always celebrated people's birthdays and the cook made a cake for them. This showed staff recognised and celebrated important events in people's lives in an inclusive, compassionate and caring way.

There were records of regular monthly residents meetings. These included discussions around food, people's opinions about the care they received, activities and any house news that needed to be shared. People were encouraged to bring issues up and discuss them. The registered manager also held a weekly 'coffee and catch up' which gave people the opportunity discuss issues informally. The registered manager told us they made sure they visited people in their rooms if they could not or did not want to take part in resident's meetings or weekly catch up.

People were provided with appropriate information about the home in the form of a "Service user guide". This guide ensured people were aware of the standard of care to expect, access to health care professionals, complaints procedure and the services and facilities provided at the home.

People's confidential information was kept private and secure and their records were stored appropriately at the office. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

Relatives said that they were able to visit when they wanted to and were always welcomed by the home. One relative told us that they could visit, "Twenty four seven" if they wanted to. Throughout the inspection we observed family and friends visiting and taking people out. Staff knew each visitor by name and stopped to chat with them. We saw that visitors were offered tea and coffee.

People were able to personalise their rooms as they wished. They were able to choose the décor for their rooms and could bring personal items with them. One person told us, "My room is lovely. I can have the things I want around me." Another person showed us the ornaments and pictures they had brought in to the home. However, one person told us, "I wish I could have a room next to my partner. We are separated across the building. I have asked for this on several occasions, but nothing has happened about it." We discussed this with the registered manager who was aware of this request and plans were in place for them to have rooms near each other as soon as availability allowed.

People's end of life wishes were sought and detailed in full in the person's care file. Staff were able to describe how they supported someone on end of life care. All staff underwent training in supporting people and families at this time. The home was supported with end of life care by a local hospice and the community nurse team.

## Is the service responsive?

### Our findings

People said that they felt the staff knew them as individuals and how to meet their individual needs. One relative also told us that staff knew their family member and what care they needed to meet their needs. A relative told us, "My relative's needs are fully met and I am involved in discussing the care plan."

People had received an initial assessment of their care and support needs before they moved in to Grange-Lea which ensured their needs could be met at the time of admission and in the future. Since they were last inspected, Grange-Lea had introduced an electronic mobile care monitoring system, person centred software. All care plans were held electronically and staff had individual hand held devices to record all aspects of care. This allowed staff to record care as it was given and alerted the registered manager and staff of any care needs that were required, such as a person requiring their position changing or how much food and fluid they had during that day.

People's care plans were based on their initial assessment, and were comprehensive and detailed, providing staff with relevant and appropriate guidance in how to support each person. There was personal information in people's care plans describing how the person wanted to spend their time, their likes and dislikes and other preferences. For example, one person liked to have all their drinks in a plastic beaker with two handles as they found this lighter and easier for them to hold. This was put into their care plan so that staff would know this was important for them. Another care plan told staff that a person liked to eat their breakfast in their room looking at the view of the sea. This meant that people received care that was totally individualised, person centred and based on how they wanted to be treated and looked after.

Care plan's also included information about what people could do for themselves and the choices they could make. This included how they wanted to spend their time or if they had preferences about how to receive their care, such as, their preferred wake up time and daily routines. Care plans were updated when people's needs changed and we noted that plans included guidance for staff on the level of support each person required. Staff knew people well, who they were and how they liked to be cared for. For example, staff were able to tell us what time each person preferred to get up in the morning and what time they went to bed. They could tell us about people's dietary preferences and what they liked to drink. Staff told us they knew how to look after people because they had consulted their care plans.

Records showed care plans were reviewed regularly including, for example, reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. People and/or their relatives were involved in reviews according to each person's wishes or best interests decision.

People were supported to follow their interests and take part in activities they enjoyed. Activities at Grange-Lea were tailored to people's hobbies and interests. The home had recently appointed a member of care staff as an 'activities champion'. The role was in the early stages of development. The activities champion was extremely enthusiastic about their role and how it could be developed. They demonstrated a very person centred approach and told us they tried to engage people in whatever was meaningful to them and

tailored the activities and one to one sessions to what people wanted to do. We saw that each person's care plan contained details about their hobbies and interests. For example, one person's care plan said they had a lovely garden in their home, and loved gardening and spending time outside. Staff encouraged this interest when they moved into Grange-Lea by helping them tend to their pots and flowers outside of their room. Some people liked to keep busy and feel useful. Staff encouraged one person to help with laying the tables in the dining room for meals. We saw them doing this during the inspection, they told us, "It keeps me active and I like doing it." Another person enjoyed making their own bed and tidying their own room. Staff supported them to do this.

Each person had an activity record that detailed what activities they had taken part in and enjoyed. For example, one person's care plan said they liked to look at books with old photographs and read the daily newspaper. We saw staff sitting with them looking at books and discussing the news from the newspaper at various times during the inspection.

As well as individual activities people were also encouraged to take part in arranged activities in larger groups. Sessions included bingo, ball games, arts and craft projects, quizzes and memory games. All around the home, people's arts and crafts were proudly displayed. During our inspection we observed an entertainment session, "Stop the Bus" where people got points for naming items with the same initial. We saw people enjoyed the game, there was lots of laughter and fun. The people taking part and those who watched, benefitted from this not only cognitively and physically, their social skills were exercised when they interacted with one another and discussed their respective answers.

The registered manager and staff were always looking for new ways to enrich the lives of people living at the home. The activity champion and registered manager told us about another project they were in the early stages of developing, 'The Three Wishes Campaign'. People were asked to write down three things they would like to achieve over a year. Staff then worked hard to make sure at least one if not all of the wishes comes true. One person said they wanted to watch someone performing Frank Sinatra songs. The registered manager arranged for a local singer to come into the home and perform Sinatra songs. Another person wanted to go back to where they grew up and feed the ducks. A day trip out was arranged for them and other people enjoyed the trip with them.

The home also arranged for regular entertainers to come into the home and perform, these included singers, musicians, performers and animal visits. People were supported to go out when they wished and also go on a variety of arranged trips. Recent trips included, the seaside for fish and chips, trips to local towns and attractions and visits to local hotels for meals or afternoon teas. The home also held social events and we were told about a recent barbecue held in the home's garden. People told us. "There's plenty to do. Sometimes a gentleman singer comes in, and there's a lady who plays a stringed instrument" and "There is a reasonable amount to do every day, [manager's name] sees to that. The barbecue at the weekend was really very good."

For people who preferred to remain in their rooms or could not go into the communal rooms due to their health conditions, the activities champion told us they would visit them in their rooms and encourage them to participate in any activity they chose including reading with them and sharing photographs and memories.

Some people had their own phones, laptops or tablets connected to the homes Wi-Fi. There were newspapers, magazines, books and games all around the home for people to look at and use.

All of these examples showed us that staff worked hard to facilitate activities that were very individual and

meaningful for people.

People and their relatives told us they knew how to make a complaint and that they had every confidence that it would be addressed to their satisfaction. The complaints policy was available and in the service users guide that each resident received. We were told by the registered manager they had an open door policy and everyone was encouraged to keep an open dialogue and discuss any issues or complaints as they occurred. The home had not had a formal complaint since the last inspection. We saw any concerns received from feedback, were investigated and actions from these were implemented. Records showed any concerns or complaints had been addressed in full. For example, some people had complained about the choice of meals. The registered manager responded immediately by speaking to people at the residents' meeting and arranged a meeting with the cook to look at changing menus to respond to people's preferences and choices.

## Is the service well-led?

### Our findings

Relatives felt the home was very well led and spoke highly of the registered manager and all the staff at the home. One relative, when describing the registered manager said "[manager's name]'s fantastic, so friendly and on top of everything. She is really good with the residents. And yes I think the home is really well led." Another relative added, "We were a bit concerned when we found out about the new owners but we needn't have worried as the standard of care hasn't changed." Other comments include "It's all down to the manager, she's a very caring woman", "The management seem to be quite efficient here" and "Staff demonstrate [manager's name] vision and values. I think it's wonderful." External health and social care professionals said the home was very well led and they received a good response from all staff who knew people very well. A visiting nurse told us, "The management are very good at making sure staff support us on our visits. Staff always seem to know what is expected of them and work efficiently as a team."

The registered manager was committed to a culture of openness and transparency and it was evident that the registered manager led by example. One staff member told us, "It really helps that [manager's name] has worked from the ground up, gives her an understanding and empathy for staff and residents." Another said, "[manager's name] is really lovely. She is so dedicated to the home." The registered manager had good oversight and direction of the service; they said they felt well supported by the provider.

Throughout the inspection it was evident that the registered manager was passionate about providing a well led service to the people living at Grange-Lea. Time and thought went into planning and ensuring each person received care and support that fully met their needs. The registered manager demonstrated a clear knowledge and understanding of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff worked well as a team and had designated roles and responsibilities and knew what was expected of them.

The registered manager encouraged people, relatives and staff to talk to them with any concerns or issues they had. They said they operated an 'open door' policy so anyone could come in and speak to the management team when they needed to. The home's vision, values and commitment to creating a caring environment where people felt safe, respected, important and received the highest level of care, was evident and demonstrated by each and everyone one during the inspection.

The provider was committed to support and develop the staff team and staff excellence and achievements were celebrated. The provider had a voucher scheme in place to recognise and celebrate staffs' contributions and reward staff when they went above and beyond or received positive feedback. Staff told us they felt motivated and valued in their roles, and that staff morale was high. One member of staff told us, "I love working here, it's so rewarding. [Manager's name] is brilliant, best manager we've had. You can talk to all the managers about anything, and it gets sorted. We all trust each other and work well as a team."

The provider's PIR described how they had identified and planned on continuing to build the capabilities of key staff members as champions in specific areas of importance, for example equality and diversity, activities and end of life care. These staff members would be supported to develop their role with training to

help them to raise standards and embed what they had learnt into daily practice.

Staff had the opportunity to discuss new ideas and receive information from the management team through regular meetings. Staff were supported through regular supervision and mentoring. There was a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

Throughout all our discussions it was evident that the management team and staff had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care. It was clear they had worked very hard to improve care planning processes to ensure that people received care that was totally person centred and tailored to each person's individual needs, wishes and choices.

With the introduction of the electronic care planning system, the registered manager was able to ensure that every aspect of people's care was assessed, reviewed and evaluated on a daily basis. There were systems in place to review the quality of service in the home. Monthly audits were carried out to monitor areas such as care plans, accidents and incidents, and medication. Monthly development plans, based on quality assurance and observations, were completed to drive improvement. From these plans improvements had been made, such as, new armchairs and new carpets for both of the lounges and bright new crockery with bold designs to help people with sensory difficulties. The registered manager also conducted health and safety reviews of the home including for example, workplace safety, health and safety, electrical equipment, infection control and safety in food preparation.

Records relating to aspects of the running of the home such as health and safety maintenance records were accurate and up-to-date. The registered manager had put in place a large number of policies to underpin service quality and safety. These include procedures related to environmental safety, staffing and care practices.

The registered manager told us they kept their knowledge of care management and legislation up to date by attending training courses, using the CQC intranet and reading health and social care publications. They also ensured that people were encouraged to maintain community links. They arranged transport for people to attend activities at local groups and had arranged for people's spiritual needs to be met by the clergy. The home was very much part of the community and regularly invited people in to the home. For example, supporting the local health centre by holding flu injection clinics.

People and their relatives were asked for their views of the home and the quality of the care delivered at the home. The last survey showed people were very happy with the care delivery at the home. Health care professional's were very positive about the response they received from staff when visiting and the care people received. Comments included, "They do everything, they're wonderful", "I feel very well looked after and staff are very good" and "Staff have a good attitude to their job and there is clearly good leadership contributing to this."

The registered manager was aware of when notifications had to be sent to CQC and had submitted these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.