

Safequarter South Limited

Capel Grange Residential 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

About the service: Capel Grange is a residential care home that was providing personal care to 27 older people, some who were living with dementia, at the time of the inspection.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- One relative described the choice they made for their loved one to live at Capel Grange as 'the best decision they ever made'. They told us, "All the staff from the management to the domestic staff have been incredibly supportive of not only my relative but also of us. They have gone well above what we would have expected, the love and kindness they have given...is considerable. They made it her home and my relative made them self at home."
- The provider promoted a good quality of life for people in a homely and well-maintained environment.
- People were happy living at the home, were supported to remain healthy, active and independent and were well cared for.
- Care was person centred, achieved good outcomes and people were offered choice and involved wherever possible.
- All feedback from people, relatives and staff was positive.

Rating at last inspection: At the last inspection the service was rated Good (report published 2 March 2017).

Why we inspected: This was a comprehensive inspection. We brought this inspection forward due to information of concern from a safeguarding raised. This had been investigated by the local authority and any abuse had been discounted. We did not find anything at our inspection which raised any concerns.

Follow up: We will continue to monitor this home and plan to inspect in line with our reinspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Capel Grange Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, older people and dementia care.

Service and service type:

Capel Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Capel Grange accommodates up to 38 people in one adapted building.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the home. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider was not able to complete this Provider Information Return as we had not requested this. Therefore we looked at this information when we inspected the service and made the judgements in this report.

During inspection we looked at the following:

- The environment, including all the communal areas.
- We spoke to nine people living at the home and three relatives
- We spoke to four members of staff, the activity co-ordinator, the deputy manager and the registered manager
- Five people's care records
- Medicines records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Three staff recruitment files
- Staff supervision and training records
- Rotas

After inspection we contacted commissioners for feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection on 27 and 30 January 2017 we recommended the registered provider reviewed their safeguarding policy to ensure it reflected the requirements of the regulations, and this action had been completed.
- Systems were in place to protect people from abuse and avoidable harm. Policies were in place and staff could tell us where these were kept.
- Staff had received training in this area and told us it had taught them not to make assumptions.
- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "If I saw abuse I would report to the senior, if it's not actioned, then I would go higher."
- The provider had notified us of any concerns and worked in line with local safeguarding policies and procedures.
- We discussed the safeguarding concerns which prompted this inspection to be brought forward with the registered manager. These concerns were around neglect of people in relation to their medicines, infection control, falls, end of life care, recording and staffing. These allegations had been fully investigated by the local safeguarding authority who also held an unannounced visit to the home and concluded that abuse was discounted.

Assessing risk, safety monitoring and management

- People told us they felt safe. One relative said about their loved one, "When they're a bit wobbly, they'll [staff] help them into their wheelchair, if they think they need it."
- Individual risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff how to mitigate the risks to people and staff could tell us how they kept people safe. For example, risk assessments considered how well people could use a call bell.
- We observed how staff monitored one person who was constantly moving to ensure they kept safe.
- Where people were supported with behaviour that challenged there was detailed guidance for staff around positive approaches to take. Behaviour charts were used to identify triggers and action taken. This helped staff to identify the cause of the behaviour and to help the person effectively, for example, if the behaviour was due to pain.
- Environmental risk assessments were in place to ensure the environment was safe. Certificates and regular servicing was evident for fire safety, electrical and gas safety and equipment such as hoists and wheelchairs.
- All the necessary health and safety checks were completed around fire, window restrictors, water temperatures, fridge and freezer temperatures and legionella.
- Fire drills had been held and people had personalised emergency evacuation plans to provide guidance

on the support people needed in these circumstances.

Staffing and recruitment

- Staff were recruited safely and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- There were enough staff deployed to keep people safe and meet their needs. People and relatives told us they thought there were enough staff.
- Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team although some regular agency staff were used to cover staff sickness.
- Staff told us there were always enough staff available to keep people safe and meet their needs; and that agency staff were used to cover any shortages or senior staff stepped in and helped.

Using medicines safely

- At the last inspection on 27 and 30 January 2017 we recommended the registered provider reviewed their guidelines for administering 'as required' medicines, and this action had been completed.
- Guidelines were in place for all 'as required' medicines which ensured staff knew when the person needed these medicines and how to evaluate their effectiveness.
- Medicines were managed safely. Staff received training to administer medicines and their competency was checked regularly.
- People received their medicines as prescribed. There were appropriate systems in place to order, store, administer and dispose of medicines safely. For example, they were detailed body maps to guide staff where topical creams were applied for people.
- Regular checks were done, for example that medicines were stored at the right temperatures and audits were completed by the registered manager to ensure people received their medicines safely.
- A recent audit had been completed by the pharmacy and any advice given had been acted on. For example, the registered manager had ensured the practice of giving one person their medication covertly was reviewed with the GP.

Preventing and controlling infection

- The home was clean. One relative told us how the staff were always cleaning. We observed the lounge was having a 'deep clean' including carpets when we arrived.
- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons. One staff said, "We always wear gloves and aprons, there is plenty all around the home."
- Information about how to prevent the spread of infection was present in the home and personal protective equipment was available for all staff to use.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Most accidents were falls and people's individual needs had been identified and acted on. For example, people had alarm mats in place to inform staff they had moved when on their own in their bedroom, and care plans were reviewed following a fall.
- The provider had monitored falls and analysed these for any trends for the person to identify any learning. For example, if there were more falls at certain times of the day. People were moved to a downstairs bedroom as their mobility had deteriorated to enable closer monitoring by staff and reduce the risk of them falling.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed, to ensure the home could provide the care required to meet their needs. Additional assessments were completed around people's individual needs, for example for people at risk of choking.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion and sexuality.
- Care records included a summary of people's care needs which highlighted any risks and provided guidance for staff.
- Effective outcomes were achieved, for example at the time of the inspection there was no-one who had developed a pressure wound as people received good care to prevent this.
- People were supported to maintain their mobility where possible. For example, we observed people were supported to use walking frames to move freely around the home.

Staff support: induction, training, skills and experience

- Staff and agency staff had received an induction to their role. New starters worked alongside experienced staff to learn the role and to get to know people. New staff told us their induction gave them the skills and knowledge to fulfil their role. One staff said, "I was told I could shadow staff as long as I want to, until I am comfortable to work on my own."
- Staff told us they had received training and were asked if they had any additional training needs. Staff received training around people's needs, for example on dementia. One staff told us the training was very informative as it was around individuals.
- Staff demonstrated their knowledge and experience of people's needs when we spoke to them. Staff said they received supervision. Staff told us they were supported in their role and could ask for help and raise any concerns with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was good and they were given a choice of their meal. One person said, "When I don't like what's on the menu, they will give me something else. I don't much like pork or fish pie so they gave me a cheese and ham omelette today. It was very good." One relative said, "The food always looks and smells very appetising."
- We observed the lunchtime experience to be an enjoyable event for people. People were shown their food and told what was on their plates; were given any support needed and there was a lively atmosphere in the dining room.
- People's dietary needs and preferences were met and staff were aware of people's needs in relation to

risks associated with eating and drinking. Staff followed guidance from healthcare professionals such as dietitians.

- There was a picture menu in the dining room showing the choices of meals for the day.
- Staff gave people time to enjoy their meals and people had a choice of where they ate.
- People had constant access to cold and hot drinks and snacks.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised to their taste and had their own belongings.
- The environment was accessible, comfortable and met people's needs. There were various communal areas where people could watch TV, relax or engage in activities. There was an accessible garden people used in the summer.
- The home was accessible for people living with dementia. For example, people's bedroom doors had pictures of them so they knew it was their room. Rooms had signs to show their purpose such as the bathrooms or dining room. There was a separate quieter space where some people spent time as part of their care plan.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us they received support to access the healthcare they needed. One relative described how the optician visited the home and how good the links were with the local hospice.
- People were supported to maintain their health and were referred to appropriate health professionals as required, for example a continence nurse.
- The staff worked with other healthcare professionals to ensure people were supported with their health care needs. For example, GP's and records were kept of any contact with health care professionals.
- Staff could tell us how they monitored people's health and what they would do if they became unwell.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- At the last inspection on 27 and 30 January 2017 we recommended the registered provider reviewed their documentation of MCA assessments to ensure they related to a specific decision, and this action had been completed.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Mental capacity assessments had been completed and where people were deprived of their liberty, the registered manager had sought authorisation from the local authority. Where DoLS had been authorised, all conditions were being met. For example, the need to make a best interest decision for one person around the use of bed rails.
- People were encouraged to make day to day decisions such as what they wanted to eat and drink or if they wanted to do an activity. People had consented to their care plans and staff understood and followed the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were friendly and caring. One relative said, "One day when I turned up and they were ill, the staff were giving them a cuddle, and comforting them." Another relative said, "We were going to move (name) to the hospice, but the staff are so lovely and attentive, and (name) knows them and they (name), so they will stay here now."
- Staff were patient and caring with people and showed compassion when appropriate. We viewed positive, calm and respectful interactions throughout the inspection. For example, whenever staff passed through a room, they always acknowledged people by their name; and staff would position themselves at the same level as the person they were talking to.
- Where identified, people needs around equality and diversity were met, for example, the activity coordinator arranged communion for one person to enable them to practice their faith. Staff completed training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in decisions about their care. People's relatives were involved with the care where the person wanted. One relative described how they were always told when their loved one was unwell or if they needed anything.
- Staff showed a good understanding of people's needs and preferences. They would ask the person's permission before doing something, such as sitting next to them. People were engaged in everything they did and staff supported people to express their views.
- No-one was using advocacy services at the time of our inspection but the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People could have visitors whenever they wanted and visitors were made to feel welcome. People were supported to maintain relationships that were important to them.
- Staff respected people's privacy, listened to people, respected their choices and upheld their dignity when providing personal care. One staff member said, "I cover people up and keep the curtains shut."
- People's confidentiality was supported and information about people was held securely. Staff described how they protected people's privacy by knocking on their bedroom doors before entering and not talking about them in front of other people.
- People were encouraged to maintain their independence where possible. For example, staff encouraged people to walk to the toilet with support rather than using their wheelchair; and people were given the time to choose if they wanted to wear an apron at lunchtime and time to put these on themselves. One staff

member said, "I always ask people if they can wash their own face and encourage people when they can do something."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care in line with their needs and preferences. People's care plans were person centred and detailed, for example how many pillows the person liked to sleep with. Records held clear information about what was important to the person, what they can do for themselves and what care they needed.
- Care records were updated regularly to include any new information they had learnt about the person and to ensure they reflected people's current needs. One relative said, "They are always aware of what they can do to help and make things better for (name). They need plenty of time to respond when staff talk to them, and they are very patient.
- Staff knew people well and described how they spent time getting to know people by chatting to them about their interests. One staff member said, "I know every resident's needs. You get to know some more than others, I find out more from them and I read the information in their care plans." Staff promoted choice, for example asking people what they wanted to drink.
- Care records included assessing people's wellbeing and regular monitoring of this.
- Staff were attentive to all people's day to day needs, for example people were asked if they wanted the curtains closed if the sun was shining on them, if they wanted a blanket in case they felt cold and if they wanted to join in an activity.
- People told us they enjoyed participating in activities. One person said, "I do join in on some of the things they organise, such as the entertainers. They arranged a big tea for the royal wedding and I went to that. They also have a pantomime, children's choirs, a garden party and fireworks."
- Activities were planned for the whole week and carried out by the staff team, activities co-ordinator and external entertainers. On the morning of our inspection people had one to one reminiscence sessions with the activity co-ordinator and other staff completed puzzles with people. In the afternoon people choose to have a group sing along to music.
- People's needs around their communication were met. The home identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Communication boards with accessible information were visible round the home. People's communication needs were identified, recorded and highlighted in care plans. For example, staff would read information for one person who was partially sighted.

Improving care quality in response to complaints or concerns

- At the last inspection on 27 and 30 January 2017 we recommended the results of surveys completed with people and action taken were shared with people and relatives and this action has been completed.
- Survey results with updated action plans were available in the reception area of the home.

- People and relatives told us they would speak to the registered manager if they had a complaint. One relative said, "I know how to make a complaint, the information was in the folder they provided."
- A suggestion box was used and a complaints procedure was displayed for people, relatives and visitors. Complaints were recorded, tracked and responded to appropriately. For example, the registered manager told us they had received complaints from relatives around people's laundry and they were recruiting a laundry assistant to improve this.

End of life care and support

- The home was not supporting anyone who was receiving end of life care at the time of our inspection. However, some people were under hospice care and anticipatory medicines were available for the person if they needed them. The staff worked closely with the local hospice team.
- People's wishes, where they were happy to discuss, were recorded around their end of life plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. The registered manager reported regularly to ensure the provider had good oversight of the quality of the home.
- Quality assurance systems, such as audits, checks and daily monitoring were used. For example, audits were completed on care plans, safeguarding's, infection control, home security and accidents. Actions were identified as a result and used to make improvements. For example, equipment was purchased and used to keep food warm so that it could be served in the dining room so people could see the choices.
- There was learning from incidents, falls analysis and feedback received to support improvements. For example, new measures were put in place for people to prevent falls and improvements were made to the laundry service as a result of feedback from people and relatives.
- Staff were knowledgeable in their roles and had easy access to the providers policies at all times.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the last inspection on 27 and 30 January 2017 we recommended that people's care plans were reviewed to ensure all information staff knew about people had been included, and this action had been completed.
- There was a caring culture in the home and people and staff were positive about the registered manager and said they were supportive and approachable. Staff described the values as, "Making everyone at home, with no restrictions, for example, they can have tea and chocolate when they want it."
- The registered manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and was responsive to feedback during our inspection. Their duty of candour was demonstrated in the way they kept relatives informed of any incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- Regular resident's meetings were held around themes such as 'food' or 'feeling safe'. This enabled the provider to learn from feedback to make improvements.
- Annual quality surveys were completed with people and relatives which showed action had been taken to address any concerns or ideas raised, for example the introduction of colour coded laundry baskets and changing the layout of the lounge.
- Staff told us they felt involved, worked as a team and had staff meetings where they felt listened to. Comments included, "I travel a great distance to work here because it's such a great service to work in. They are very flexible and supportive to their staff" and, "This is a great place to work. I love it here" and, "When I came to my interview, I was told it's like one big happy family and I thought, 'yes, right!' But it really is like one big happy family."
- The staff team worked in partnership with other agencies, for example their local church and community pharmacists to ensure people's needs were met in a timely way. Relatives were complimentary with how closely the home worked with the local hospice.
- The registered manager was part of a local registered managers forum to keep up to date and share best practice, for example around the changes to recent data protection laws.