Coverage Care Services Limited

Innage Grange

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 took place on 29 June 2018 and was unannounced. At our last inspection in July 2017 we rated the service as good.

We undertook this inspection because we had received concerns about the safety of equipment available and staff competence to respond to health emergencies at the home. During our inspection we did not identify any risk relating to this.

Innage Grange is a 'care home' which is registered to provide nursing care. 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.

Innage Grange accommodates 83 people within seven separate units. Each unit has their own bathrooms, kitchenette, dining area and lounge. All but one of the units are the ground floor and are connected by a wide central corridor. There is a passenger lift to the first floor. The home accommodates older people who may be living with dementia. At the time of our inspection there were 79 people were living at the home.

A registered manager was in post but they were not present for this inspection. 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 were kept safe from avoidable harm and abuse. The provider had safeguarding procedures in place, which staff understood and followed. Risk assessments reflected how care should be provided to the person to minimise any risks to them; they were regularly reviewed to adapt the level of support needed in response to people's often rapidly changing needs.

People received their medicines when they needed them and these were managed safely. People were protected against the risk of infection. People were supported by sufficient numbers of staff who had been employed through safe recruitment processes.

People received care and support that was effective in meeting their needs. People's care and support needs were assessed and good practice guidance was followed. People were involved in the planning and review of their care and were encouraged to express their views, preferences and wishes regarding their care, support and treatment. This included any end of life wishes they had.

The training staff received was specific to people's individual needs. Staff practice was assessed and monitored to ensure they were competent to meet people's needs. People were supported in an environment which had been designed and adapted to meet their needs.

People were supported to eat and drink sufficient amounts and risks associated with their dietary intake were assessed and monitored to ensure people's safety. Staff worked in partnership with other professionals and people confirmed they received the support and treatment they needed to maintain their health.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. Staff supported people to make decisions about their care and treatment. Where people could not make their own decisions, the provider worked within the law to ensure their human rights were respected.

People had developed positive relationships with staff and agreed all staff were kind, caring and compassionate. Staff ensured people understood the information they received about their care.

People were treated with dignity and respect and staff supported people's independence.

People received care and support that was individual to them and considered their diversity. Staff understood people's routines and preferences and supported their social needs.

People understood how to make a complaint and there was a system in place to investigate these.

People, relatives and staff were all encouraged to be involved in how the home was run and to give feedback and suggestions for any improvements they felt could be done.

The provider had systems in place which supported managers to effectively monitor and review the quality of the service provided to people.

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 were protected against abuse and were supported to keep safe by sufficient numbers of staff who were aware of the risks associated with their needs and how to minimise these. The provider completed recruitment checks to ensure potential new staff were suitable to work with people in their own homes. The provider had systems in place to prevent the risk of infection and people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's care and support needs were assessed using good practice guidance. Staff received the training they needed to ensure they had the skills, knowledge and experience to deliver effective care. People had the support they needed to eat and drink enough. The provider worked with other organisations to ensure there was a joined up and effective approach to people's care and support. Staff sought people's consent before providing assistance to them. The home was designed and adapted to meet people's needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect and felt involved in their own care. Staff respected people's privacy and dignity when they supported them. People were supported to make choices in the way their care was provided.

Is the service responsive?

Good

The service was responsive.

People received care that was individual to them and respected their preferences. People were provided with opportunities to make comments or raise complaints about the care they received. People were asked about their end of life wishes and

care plans were developed to reflect these wishes.

Is the service well-led?

Good

The service was well-led.

People were cared for in an open and inclusive environment. People were encouraged to provide feedback on the quality of care they received. Staff felt supported in their roles and understood what was expected from them. The provider had systems in place which helped to monitor and improve the effectiveness of the care people received.

Innage Grange

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.

The inspection was prompted by information of concern we received. This was in relation to how health emergencies were managed and staff's competence to deal with them. We found no concerns in these areas at this inspection.

This inspection took place on 29 June 2018 and was unannounced.

The inspection team consisted of three 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.

Prior to our inspection we contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

We also analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 13 people who lived at the home and 11 relatives. We spoke with 13 staff which included nursing staff, care and support staff, including supervisors, the operations director, deputy manager, assistant manager, duty manager (nursing) and the home's receptionist. We viewed care records for eight people, medicine records, four staff recruitment records and records relating to how the service was managed.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our previous inspection in July 2017 we found the service was safe and had rated the safety of the service as good. The rating continues to be good.

Prior to our inspection we had received information which raised concern about the equipment used during health emergencies not working. During our inspection we looked at how the provider maintained the equipment staff used for the care of people. We focused on emergency equipment and found these were working, regularly checked, serviced and safely maintained. Nursing staff, shift leaders and managers had received training and been assessed as competent to use the emergency equipment within the home, which included suction equipment and a portable defibrillator. This meant staff could respond safely to health emergencies because the equipment was in good working order.

People had emergency evacuation plans in place. These plans detailed the impact the individual person's disability had on their abilities and informed staff on how to support people to evacuate the home safely, in the event of an emergency. This helped to ensure people would be kept as safe as practicable during an emergency evacuation of the home.

Risks to people's safety and wellbeing had been identified and assessed and plans were in place to minimise these risks. Assessments took into consideration key areas of risk, such as people's long-term health conditions, their mobility, nutrition, and any specialist care equipment they used. Documented plans were in place to manage identified risks and keep people as safe as possible. We saw where people had poor mobility their care plans provided clear details for staff to follow. These detailed the equipment staff should use and how many staff were required to support the person with their mobility, to keep them safe. Staff were aware of risks associated with people's care and we saw they followed people's care plans to help keep them safe. This helped to ensure risks were managed to help keep people safe from avoidable harm.

People told us they felt safe and secure living at the home and when staff supported them. Some people spoke about checks staff did during the night to make sure they were ok. One person told us they were not disturbed if they were asleep, but if they were awake, "a friendly word from a member of staff makes me feel better." We saw information was displayed around the home for people, visitors and staff, about what to do if they saw or heard something affecting a person they did not think was right. Staff were reminded of their responsibilities and encouraged to raise any concerns they may have. One staff member said, "When we have supervisions, we get asked if we have any concerns about abuse. It's really drummed into us." All staff received safeguarding training and the staff we spoke with understood their roles in keeping people safe. One staff member said, "I would report anything straight away. I wouldn't hesitate and I know it will be dealt with." This helped to ensure people were protected against the risk of abuse and discrimination.

There were enough staff on duty to meet people's needs in a timely way and to keep people safe. People told us and we saw staff were quick to respond to people's requests for help. Staff confirmed there were enough staff to ensure people's needs were met safely and there were enough staff for them to have the time to get to know the people they supported. Each unit was staffed with a range of skill mixes in order to

meet the needs of the people who lived there. This included care assistants, senior care staff, nurses, support staff, shift leaders and managers. This helped to ensure that there were sufficient staff available to meet people's individual needs.

Before prospective staff started work at Innage Grange, they were subject to reference checks and checks with the Disclosure and Barring Service ("DBS"). DBS checks are used to vet staff to prevent unsuitable people from working in care. Registration details for nursing staff were checked with the Nursing and Midwifery Council to ensure these were valid and current. This meant people were supported by staff who had received appropriate checks prior to starting work with them.

People were supported by staff to take their medicines when they needed them. Nursing staff kept people's use of medicines under review to ensure they were effective and appropriate in meeting their needs. We saw staff administered medicine individually to people. They told them what the medicine was and gave them a drink if needed. Staff checked each person's medicines with their individual records before administering them, which made sure people got the right medicines. When not attended, the medicine trolley was kept locked and secure to help prevent people accessing medicines that were not theirs. Staff were trained to safely administer and manage people medicines. We saw checks were completed to ensure staff were competent to support people with their medicines. Some people had medicine given to them only when they needed it, such as pain relief. Information in people's records gave staff clear instruction on why and when people might need these medicines. The provider had systems in place to ensure information relating to people's medicines was recorded appropriately. This meant people received their medicines as prescribed and systems were in place to safely manage medicines.

The provider had systems in place to prevent the risk of infection. We saw staff used gloves and aprons as required and there were hand washing facilities and hand sanitisers throughout the home. We spoke with the support supervisor who confirmed they were part of the infection prevention and control team within the home. They, along with the assistant manager completed observations on staff to ensure they adhered to the required standards for infection control. An infection control link person was in place, who attended the local Clinical Commissioning Group (CCG) infection control meetings. Cleaning schedules were in place, and adhered to, and infection control checks were carried out routinely to monitor the cleanliness of the home. This helped to ensure people were cared for in a clean environment and they were protected from the risk of infection.

We saw safety concerns, accidents and incidents were recorded, reviewed and investigated. The deputy manager told us the registered manager had oversight of all reported incidents. We saw they looked at the actions staff had taken to ensure all necessary steps had been taken to prevent re-occurrence, for example if people had a number of falls. They would also look for any trends and points of learning. Incidents were discussed at management meetings and themes looked at across all the provider's homes. This demonstrated the registered manager and provider analysed incidents and took action to ensure people were safe from harm.

Good

Is the service effective?

Our findings

At our previous inspection in July 2017 we found the service was effective and had rated the effectiveness of the service as good. The rating continues to be good.

Before our inspection we had received information which raised concern about staff's competence to manage emergency situations. We looked at the training staff received to be able to cope with these situations. Day staff completed fire safety training every six months and night staff every three months. All staff received emergency first aid training which was up to date for all but one staff member. They were booked onto the next available training day. On top of this, nurses completed basic life support and verification of death training. The home had a portable defibrillator which shift leaders and managers were trained to use. A shift leader or manager worked on every shift, so there was always someone competent to use this. Nursing staff also completed competency books which they were assessed to before being signed off as competent. These competencies included using equipment and medical devices safely. This demonstrated the provider ensured staff had the skills and knowledge needed to cope with emergency situations.

People and their relatives told us they felt staff were well trained and knew how to do their job. One person said of the staff, "They are excellent in everything that they do." One relative said, "The staff are excellent here and very good. I would give them top marks."

All staff received induction training when they first started working at the home. We spoke with two new staff members, who told us they had completed a "considerable" amount of training since they had started. They felt even though they had worked in care previously, they were happy to have done training they had completed in their previous jobs and thought it enhanced their roles by learning "the Coverage Care way". All staff received training deemed to be relevant to their roles with nursing staff being supported to keep their clinical practice up to date. We spoke with the support staff supervisor who told us even though the support staff did not provide personal care they received the same training as care staff. This was because they completed their housekeeping and support roles alongside the people who lived at the home. Two staff members spoke enthusiastically about some dementia awareness training they had completed. As part of their training they completed role playing where they learnt to see the world through the eyes of someone living with dementia. One said, "It was excellent, it really made me think about how I support them and how they must feel." Staff received regular one to one meetings with their line managers to ensure they were supported in their roles. One staff member told us, "They (manager) ask you how you would like to develop, it is really good"

People's care needs were assessed to help ensure effective outcomes. Care plans were detailed, with internal and external specialist support utilised to help ensure care plans were of good quality and followed best practice guidance. One person, who stayed at the home for respite care told us, "This is my favourite place, it is always the same. You are immediately made to feel welcome and immediately one of the family. They have my care plan and prepare everything the way it should be."

People's holistic needs were assessed prior to admission to the home and this information fed through into their care plans. We saw equality, diversity and human rights (EDHR) had been explored or discussed with people to find out if they had, for example, any specific cultural, religious or social needs. Plans were in place for areas such as pressure area care which were kept up to date to show the action taken and improvements made. Staff completed daily records which showed the care given to people and their well-being. Evidence was seen of staff working with community mental health teams and visits and their outcomes from people's GP, community nursing teams, hospital and other health appointments. This information helped staff to review the effectiveness of people's care plans and ensure effective care was planned to meet those needs.

People were supported to have enough to eat and drink and maintain a healthy diet. People told us they enjoyed the food they received and had access to snacks if they wanted them. It was hot on the day of our inspection and staff ensured people kept hydrated. Drinks were plentiful throughout the day and staff encouraged people to drink. The home had a number of water dispensers which people, visitors and staff had access to.

Staff knew the special diets people needed, such as thickened fluids, pureed and soft food and those at risk of choking. Pureed and soft diets looked appetising and staff took care to ensure they were nicely presented on the plate. One person who had pureed food told us, "It is very good and nicely presented, looks appetising and tastes good." Risks associated with people's ability to eat and drink had been assessed. Eating and drinking care plans were in place which had input from Speech and Language Therapy (SALT) services, where people had difficulties with swallowing.

The premises were designed and adapted to meet people's needs. The home had a wide central corridor which was designed to look like a street. The 'street' had benches, plants, a post box, a tuck shop which all helped to give the feeling of being on an outside street, whilst being in a safe environment. There was plenty of space for people to walk around and communal areas offered a choice for people and their relatives to spend time in. Throughout the day people, staff and visitors were seen to make good use of these spaces. This meant peoples individual needs were provided for with the design, decoration and adaptation of the premises.

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 make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People confirmed staff asked their permission before they completed any care or support. Staff we spoke with understood the MCA and the impact this had on obtaining people's consent. People's capacity to make decisions for themselves was assessed and clear and detailed capacity assessments were put in place. We saw families, where necessary, were involved in all decision making and in making best interest decisions for people where they could not agree to their own care. The service was acting within the legal framework of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The provider had assessed the restrictions placed upon people and made Deprivation of Liberty Safeguards (DoLS) applications where required, due to people's lack of capacity and the level of supervision they needed at the home. This ensured that people's rights were protected and their best interests considered when decisions were made

on their behalf.

Good

Is the service caring?

Our findings

At our previous inspection in July 2017 we found the service was caring and had rated the service as good. The rating continues to be good.

People were treated with kindness and compassion by staff at the home. However, when we observed lunchtime across the home we found people on two units were sat at dining tables with no napkins, condiments or drinks. The dining tables had not been laid prior to people's lunch arriving, which meant people were not given visual prompts to know it was a meal time. Photographic menus were available in one unit although on another unit we saw the only menus visible were from a different day. This meant people did not always receive support from staff that demonstrated respect. We spoke with the deputy manager about what we had seen. They told us they were disappointed but would speak with staff to ensure this practice did not continue.

People told us staff had a caring approach towards them and they felt they had positive relationships with them. One person told us staff were just, "marvellous, marvellous, marvellous". They added, "I can't say better than that and they can't be better than that."

People were supported by staff in a way that was caring, friendly and kind and we observed gentle, kind and thoughtful interactions between staff and people. Staff sat with people and had time to talk to and have meaningful interactions with them. We saw one care staff sat chatting with a person about what flowers to buy, to plant out in the home's garden. We later saw people and care staff outside potting these plants. Staff sat with some people to assist them to eat their meals. This support was given in an unhurried manner with people's dignity maintained throughout.

People told us they had choice and staff involved them in making decisions about their care. They agreed that they could voice their opinions and were asked about their wishes and preferences. One person told us, "They always ask me what I want and give me choices, especially if I'm not sure." We saw people made choices throughout the day about where they wanted to go, what they wanted to drink and what they wanted to do. Care plans contained 'This is me' documents, which recorded information about people's lives, their social history, hobbies and interests. This helped staff to know the person they cared for and understand their backgrounds.

Staff demonstrated they knew people and their personalities well. The home had a calm atmosphere but there was laughter and smiles between people, relatives and staff. One member of staff was seen dancing with a person in the indoor 'street'. They were both clearly enjoying it. One staff member said, "Happy staff, happy management, happy residents, that's all that matters. We are here to help make their life as happy as possible."

Staff respected people's wellbeing. Two people spoke about a recent fire alarm which had gone off during the evening. They told us a member of staff had come to their rooms to ensure they were alright. One said, "They (the staff member) asked if it had upset me and was I alright. They had come to check if I wanted my

door left closed or slightly open and if I wanted a coffee."

People told us that staff respected their privacy and dignity, especially when supporting them with their care. One staff member told us, "Our residents have rights and will always be treated with respect. We respect them and their choices."

Relatives told us they were always made to feel welcomed by staff and they could call to see their family member at any time. One relative said of the home, "There are plenty of places to walk around. The atmosphere and the staff are great. There are plenty of areas for privacy."

Good

Is the service responsive?

Our findings

At our previous inspection in July 2017 we found the service was responsive and had rated the service as good. The rating continues to be good.

People were happy with the care and support they received. One person told us, "I wish everyone in my position could have a place like this." One relative said, "I think it is wonderful here. I feel confident that the care and respect they give everyone when I leave here is the same as when I am here."

We saw staff provided care to people that was person-centred. One person used to teach French and we saw staff talk to them about this and exchange words in French. People were supported at their own pace and were not rushed by staff. Where people required mobility aids, staff made sure these were used and were used appropriately by people. Staff understood how to support people and followed people's care plans to help manage and respond to any anxieties. Staff told us one person did not like noisy environments and this made them anxious. We saw staff ensured the person was not sat in crowded areas and followed the strategies identified in their care plan. Staff were quick to recognise when other people started to become unsettled or anxious and went and sat with them or took them for walks in the garden.

People's care plans were person-centred and showed consideration had been given to people's wishes and preferences, even down to their favourite 'tipple'. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person. People were supported to take part in social activities of their choice. We saw people and staff in communal areas of the home sitting and chatting, playing games or helping in the garden.

Where people's care needs changed staff responded quickly and where necessary, acted as the person's advocate to ensure appropriate action was taken. Relatives of one person told us their family member had become unsettled and agitated when they were previously settled at the home. Staff suspected the person's agitation was linked to pain. Staff arranged for a medical professional to visit the person at the home, but were not satisfied when they were told nothing could be done for the person. Staff arranged for the medical professional to visit again and treatment was given to the person to alleviate their pain. The relatives told us the person was once again settled, with no agitation. They told us they were overwhelmed by the kindness shown by staff towards their family member.

Information was provided in an accessible format for the people who lived at the home. During assessment of people's needs staff identified any communication or sensory impairments people had and discussed the best way to ensure they could access information. The operations director told us all information about the home could be produced in large print or other accessible formats, such as different languages or in picture form. All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The provider was able to demonstrate they could meet this standard.

People and relatives told us they knew who to complain to, should the need arise. One person told us, "I have no complaints, I couldn't be in a better place." People and visitors were encouraged to comment on the service. We saw the reception area of the home contained complaints and comments cards. There was also a post box for these to be posted into. This helped to ensure complaints and comments were captured and could remain confidential if the person wanted this. The provider's complaints process was followed and we saw two complaints had been received since our last inspection. Both had been investigated and responded to in line with the provider's process.

At the time of our visit no one was receiving end of life care. We saw people had care plans in place for their end of life care and had spoken with staff to identify and record their wishes before and following their death, where appropriate people's families were involved in these discussions. Staff had received training and could also access help from other agencies to support people with their end of life care. The provider had procedures in place to identify people's wishes for their end-of-life care, with the input of their relatives, at the appropriate time.

Good

Is the service well-led?

Our findings

At our previous inspection in July 2017 we found the service was well-led and had rated the service as good. The rating continues to be good.

People and relatives told us the management were respected by them, willing to listen and were open about the way the service was run. People praised the staff at the home and frequently likened staff at the home to being "one big family". One person told us staff were thorough in what they did. They said, "If you ask them something they always follow it through. If they can't do it right away, they tell you and then come back to you when then can. They always complete the request." We saw staff, including managers were always available for people and relatives when they needed them. The deputy manager told us, "The culture here is always that we have an open door." People and their relatives were involved and asked for their feedback about the way the service was run, any ideas for improvements, including the décor of the home or social activities. At a recent meeting, it had also been used as an opportunity for staff to remind people they had access to their care plans whenever they wished. This helped to ensure people were cared for in an environment which was open and inclusive.

The provider had systems in place to monitor the quality and safety of care people received. In response to the concerns that prompted our inspection, the provider had investigated and shared their findings with us and the local authority. They had also reviewed staff competencies and were taking action to ensure staff understood emergency procedures. The management team at the home had responsibility for carrying out regular checks in areas such as staff practice, the completion of care records, health and safety, the environment and medicines. The provider's quality performance manager also completed audits at the home. Any recommendations or areas for improvement were identified and actions taken to ensure the improvements were made. The provider also used managers from their other homes to complete 'peer audits' across all their homes. The deputy manager told us this helped to ensure a consistency of practice across the homes with regards to policy and procedure being followed.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the home. They felt supported by the management and their colleagues and said they felt they were provided with training that helped them provide care and support to a high standard. One staff member said, "There are always plenty of seniors and managers about for us to speak with." They said they were asked what they thought about the service and felt their views were listened to. Although only 21% of staff responded to the last staff satisfaction survey it showed staff were positive about their roles. Staff attended regular meetings within the home where best practice advice was shared and policies and procedures discussed. The deputy manager told us the head of HR conducted HR clinics at the home for staff. This was an opportunity for staff to ask questions or raise any concerns associated with their employment. This all helped to ensure staff were involved in developing the service provided.

The provider had ensured the CQC rating for Innage Grange's last inspection was displayed conspicuously at the home. We confirmed this was also displayed on the provider's website. Providers are required by law to display this rating visibly at the home.

Where required statutory notifications have been sent to us to keep us informed of specific events that have happened at the service. The registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our ongoing monitoring of services.