

St Philips Care Limited

# The Grange

## Inspection report

28 Leeds Road  
Selby  
North Yorkshire  
YO8 4HX

Tel: 01757210221  
Website: [www.stphilipscare.com](http://www.stphilipscare.com)

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26 November 2018

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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 20 and 26 November 2018. The first day of the inspection was unannounced.

The Grange is situated close to Selby town centre and is registered to provide residential care for up to 47 people some of whom may be living with a physical disability or dementia. The service 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. At the time of our inspection 23 people lived at the service.

The service comprises of a large detached house with an additional unit called The Mews which originally supported people living with dementia. At the time of our inspection the main house was undergoing significant renovation work and everybody resided within The Mews.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staffing levels were safe. There was a registered manager and consistent team of care staff supported by a team of ancillary workers.

We have made a recommendation for the provider to review staffing levels on a weekend.

Agency staff were used to ensure safe staffing levels. Recruitment practices continued to be safe. Staff received safeguarding training and understood potential signs of abuse. Staff recorded accidents and incidents and these were monitored by the registered manager and provider. Risk assessments were completed for areas of identified risk. Staff understood the support people may require if they were distressed or anxious. Actions were taken to help control the spread of infection and to maintain the cleanliness of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought before providing care. There was plentiful access to food and drink throughout the day and people spoke positively about the meals. Staff undertook training and received regular supervisions and appraisals to support them in their role. People told us staff were skilled at their jobs. Efforts had been made to assist with people's orientation around the service.

People said staff were kind and caring. Staff were patient and reassuring in their approach to people. Staff supported people to use their skills and promoted their independence. Information was available about how people communicated their needs and wishes and staff encouraged their decision making. People had

access to advocacy support if they needed support to make decisions or to express their views.

Detailed and person-centred care plans were in place and these were reviewed. A timetable of activities was in place for people to participate in should they have wished to. Staff were mindful to ensure people were not socially isolated. People's end of life wishes were documented if they had chosen to share this information.

The registered manager and provider completed a series of audits to monitor the quality and safety of the service provided to people. Staff told us they felt well supported and happy in their roles. Staff meetings were held and were an opportunity to discuss learning from the checks of the service. People's feedback was sought on the running of the service. Statutory notifications had been sent appropriately to the Commission.

Further information is in the detailed findings below.

## 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 remains Good.

Good ●

### Is the service effective?

The service remains Good.

Good ●

### Is the service caring?

The service remains Good.

Good ●

### Is the service responsive?

The service remains Good.

Good ●

### Is the service well-led?

The service remains Good.

Good ●

# The 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 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.

The inspection took place on 20 and 26 November 2018. The first day of the inspection was unannounced. The first day of the inspection was carried out by an inspector and an 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. The Expert by Experience who assisted with this inspection had a background of supporting older people. The second day of the inspection was undertaken by one inspector.

Before our inspection we reviewed information we had received about the service since the last inspection such as notifications they had made to us about important events. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We asked the local authority and Healthwatch for feedback. Healthwatch is an independent consumer group who share the views and experiences of people using health and social care services in England. We used all of this information to plan our inspection.

We spoke with five people who used the service and seven visitors. We spoke with eight members of staff, which included the regional manager, registered manager, deputy manager, activities coordinator, kitchen assistants and care assistants. We received feedback from three health and social care professionals. We had a tour of the building and, with their permission, looked into people's bedrooms. We spent time observing interactions in communal areas which included observing the lunchtime experience and people receiving their medicines.

We reviewed the documentation relating to recruitment for two members of staff and information about training, supervisions and appraisals for the staff team. We looked at documentation for three people who used the service, which included care plans, risk assessments and daily records. We reviewed the medicines management systems and a variety of documentation relating to the running of the service.

We spoke with two social care professionals during our inspection and one healthcare professional following our inspection.

# Is the service safe?

## Our findings

At our last inspection, we found the service was safe and awarded a rating of Good. At this inspection, the service continued to be safe.

People told us they felt safe living at The Grange. A person who used the service stated, "I feel very safe here. It's all very nice." A person's relative told us, "I know [Name] is safe and well looked after twenty-four seven and they contact me if anything is wrong."

On the first day of our inspection we noted an odour particularly in some of the communal parts of the service. The regional manager explained why and the actions taken to address this. On the second day of our inspection the service smelt clean and fresh. Cleaning schedules were in place to ensure each area of the service was regularly and thoroughly cleaned. Staff completed infection control training and wore gloves and aprons to help control the spread of infection. People who used the service and their relatives were positive about the cleanliness of the building. One person stated, "Everything is clean and tidy and there are no dirty toilets. It's always nice and warm."

Staffing levels were safe. People said staff were busy, but that they were visible and responded to their requests for assistance. Ancillary staff, which included laundry and domestic assistants and an activities coordinator were available on weekdays. Staff told us staffing levels were safe, but described feeling stretched at the weekends without the support of ancillary staff. We discussed weekend staffing levels with the area manager and registered manager who agreed to review this.

We recommend the provider review the current staffing levels to ensure optimum person-centred care is provided over a seven-day period.

Recruitment practices continued to be safe and included a check with the Disclosure and Barring Service (DBS). DBS checks return information from the police national database and help employers make safer recruitment decisions.

Agency staff were used to ensure safe staffing levels. The registered manager advised the same staff were used to promote continuity. The registered manager advised inductions were completed with agency staff and their identification was checked but these had not been recorded. The regional manager advised induction documentation was available and would be introduced following our inspection.

Staff undertook safeguarding training and were aware of potential signs of abuse and how to report their concerns.

People told us they received their medicines on time and medicine administration records confirmed this. Staff undertook medication training and had their competency assessed to ensure they had the required skills and knowledge.

Staff recorded information about any accidents and incidents. The registered manager and provider reviewed these records to ensure necessary actions had been taken and to monitor for any patterns or trends.

Staff undertook training to understand ways to support people who may experience periods of distress or anxiety. Information was recorded on care plans about how people exhibited their feelings along with guidance about how to approach them. We discussed with the registered manager and regional manager about further developing this information.

Risk assessments were in place for identified risks. This included falls, moving and handling and skin integrity. For one person, who was identified as being at risk of choking a risk assessment was completed, but this, along with their care plan, lacked detail about the level of support required. Staff did, however, have a good understanding of the support this person required and guided the agency staff. We discussed this with the registered manager who agreed to address this recording issue.

Checks of equipment and the environment were completed to ensure the safety of the people who lived in the service.

# Is the service effective?

## Our findings

At our last inspection, we found the service was effective and awarded a rating of Good. At this inspection, the service continued to be effective.

People who used the service and their relatives told us staff were well trained and competent and one person stated, "Staff are excellent."

Staff received supervisions and annual appraisals of their performance. Staff undertook training the provider considered mandatory and this was refreshed to support staff development. New staff received inductions to ensure they were familiar with the needs of the people who lived in the service along with agreed procedures and protocols. For staff new to the care sector, inductions were in line with the care certificate. The Care Certificate sets out learning outcomes, competencies and the standards of care expected and is completed over a 12-week period.

Pre-admission assessments were completed to understand the support a person required and to ensure their needs could be met.

Information was available about people's medical conditions. Staff sought the advice of health and social care professionals if a person's needs changed or if they would benefit from professional input. This information was then recorded to guide the support provided.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Mental capacity assessments and associated best interest decisions were completed when required. We spoke with the registered manager and regional manager about developing these records to ensure they contained sufficient detail about the decision-making process. Applications to deprive people of their liberty had been sought appropriately.

Staff understood the importance of seeking people's consent before providing care to people. People signed consent forms to demonstrate their agreement to the support they received.

The environment for people living with dementia had been considered to try and make this more stimulating and to aid people's orientation around the service. People's bedrooms were personalised and their names were on the door along with a box containing memorable items, to support them to locate their bedroom. There was also signage on the doors for bathrooms and different pictures and displays on the corridor walls. We did not see people who were lost or unable to find their way so the efforts to support people with signage worked.

People were complimentary about the quality of the food. Comments included, "The food is beautiful,

there's always choice of food and drink and there are plenty of cups of tea" and "I love my food, always plenty to eat; three courses if you want." The mealtime experience was positive; people were encouraged to eat at their own pace and there was gentle hum of conversation between people. The food was hot and smelt delicious. The needs of people with specialist dietary requirements were accommodated for.

## Is the service caring?

### Our findings

At our last inspection, we found the service was caring and awarded a rating of Good. At this inspection, the service continued to be caring.

People and their relatives told us staff treated them kindly. Comments included, "Staff here all very kind and I am sure they care about me" and "I can't knock the carers for anything, they are excellent. Ask them to look at things and they are in there." A social care professional stated, "For us the staff are always very accommodating and are nice and friendly. They will address anything you ask them to."

We observed warm and kind interactions between staff and people who used the service. For example, we heard a person thank the staff for being kind to them and the staff member responded, "You don't have to thank me for anything." Staff were patient in their approach and understood the importance of offering people emotional support. For example, a staff member told us, "You get certain people who will wait until everyone has gone to bed and will have chat with you, they open up to you, you reassure them and they go away happy."

Staff respected people's privacy. A relative told us, "Not one person walks into a person's room without knocking, which is respect for them instead of just barging in." We observed staff close people's doors before providing care to people, discreetly asking people whether they required any support and lowering themselves to enable them to speak at eye level with people. People's relatives commented on how staff demonstrated their respect for people by not patronising them and by recognising them as adults who want control over their day to day lives.

People's care plans contained information about their communication abilities and needs to enable staff to support them to express their views. For example, one person's care plan stated, '[Name] is able to understand what is being said however they wish to be spoken to slowly and clearly as they say they can process the information given to them better.' Staff encouraged people to make their own day to day decisions including what they wanted and where they wanted to eat and whether they wanted to join in with the activities. People who used the service had access to the support of independent advocacy organisations to assist them with their decision making and to speak up about matters important to them.

Staff promoted people's independence. The registered manager explained how two of the people who lived at the service had chosen to assist with some of the maintenance of the service including painting fences. People's care plans also provided guided to staff about how to promote and maintain people's independence.

People's relatives and friends told us they were warmly welcomed when they visited. A person's relative told us, "Staff know us and make us welcome. There is open visiting and they always offer us a drink." Most people's relatives felt they were kept informed of any changes, however some people commented that they would like more regular updates.

Information was displayed about dignity in care. This initiative from the 'Dignity in Care' campaign reminds staff about ways to ensure people receive dignified care. This includes supporting people to express their needs and wants, for staff to ensure they respect people's privacy and support people as they would want their family to be.

People's confidential information was stored securely.

## Is the service responsive?

### Our findings

At our last inspection, we found the service was responsive and awarded a rating of Good. At this inspection, the service continued to be responsive.

Detailed and person-centred care plans were in place which generally contained accurate and up to date information. Care plans were reviewed on a regularly basis.

The registered manager had recently introduced 'Resident of the Day' and this was currently being embedded into staff practice. On these days the activities focused on what the person enjoyed, their bedroom was thoroughly cleaned and their documentation was reviewed. This registered manager felt this was a positive step towards developing their person-centred support.

Staff were familiar with people's interests, preferences and routines. For example, staff described one person who enjoyed a lie in on a morning and liked breakfast in bed. For another person, reluctant to have assistance with their personal care, staff explained their approach towards them.

People were encouraged to participate in activities. A timetable of activities was in place which included flower arranging, making pizzas and crafts. Activities were flexible dependent on the needs and wishes of people who used the service. During our visit staff were supporting people to make Christmas wreaths and cards, which people enjoyed. Knitted poppies were displayed in the entrance to the service, for Remembrance Sunday, which had been knitted by the registered manager, staff and people who used the service. A staff member advised a gardening group was formed during the previous summer. People who used the service, some of whom didn't like to engage in activities, had got involved and shared their knowledge on horticulture. Parties were arranged for special occasions and people's family members were invited to join. Staff supported people to access the community, if they needed to attend the bank or wanted to visit a local café. Faith based services were not held in the home but people's faith leaders visited them and others went with family members or friends to church.

The staff team were mindful to ensure people were not socially isolated. On the second day of our inspection, a staff member had spent time with a person, who was cared for in bed, making Christmas decorations together. The staff member described how the person enjoyed having a hand massage and painting glassware, which they would hang up in their bedroom to catch the light. Staff spent time with people outside of planned care activities. We observed staff playing dominos and relatives commented how staff spent time looking at photograph albums with people and knitting together. Some staff felt the lack of ancillary staff on a weekend impacted on their ability to spend time with people which we have referred to further within the 'Safe' domain.

Information relating to people's end of life wishes was recorded within their care files, if people had chosen to share this information. At the time of our inspection, there was nobody in receipt of end of life care.

People understood they had the right to complain and were generally aware of how to do this. A person who

used the service commented, "Any complaints, I would speak to the manager. Here, everyone can speak to each other." A relative told us, "[Registered manager] would deal with any issues straight away, as would have any of them." Information about how to make a complaint was displayed within the service. The provider had a complaints policy in place and complaints were responded to in accordance with this.

# Is the service well-led?

## Our findings

At our last inspection, we found the service was well-led and awarded a rating of Good. At this inspection, the service continued to be well-led.

A registered manager was in post who assisted us throughout the inspection. They had managed the service since 2015. 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.

The registered manager and regional manager were open and transparent with us throughout the inspection. They responded positively to points we raised, demonstrating a willingness to develop the service for the benefit of the people living there.

The registered manager had been employed in the role since February 2015 and were familiar with the needs of the people who used the service. The regional manager visited on a regular basis and the registered manager told us they felt supported.

People who used the service and their relatives were generally positive about the running of the service. Staff felt the service was well managed. A member of staff told us, "I adore [the registered manager]. You can go and talk to them any time. I don't feel scared to go up to them. They are a friend and a boss as well." Another staff member stated, "We are well managed. There is lots of support and if there is an issue, where something isn't quite right, you can speak to the manager and they will listen and think of a solution."

Staff spoke positively about working at The Grange. A staff member stated, "It's a lovely place to work, from the manager to the cleaning staff; we all get on well. I feel a valued member of staff, appreciated by residents and staff for what we do."

We looked at the procedures in place for quality assurance and governance. These enable registered managers and providers to monitor the quality and safety of the service and to drive improvement.

The regional manager and registered manager completed a series of audits throughout the year in areas such as infection control, care plans and medicines. The registered manager addressed identified actions with the ongoing support of the regional manager. The senior management team met on a regular basis to review accidents and incidents and safeguarding concerns and discussed the support being provided to people identified as having lost weight or experienced a deterioration in their skin. This aided the provider in monitoring the safety and responsiveness of the support provided.

People's feedback was sought on the running of the service through questionnaires and residents' meetings. Feedback from the most recent questionnaire was positive with people complimenting the food, activities and environment. Comments included, '[Name] is very happy at The Grange. The staff know her very well,

even the newer members of staff. She is well looked after by all the staff. The staff obviously care a lot about [all the residents. Everyone is always very helpful.'

Staff meetings were held on a regular basis and were an opportunity for the registered manager to share learning from checks of the service and discuss any issues amongst the staff team.

The registered manager understood local procedures and systems and worked alongside professionals in their support of people.

Statutory notifications had been sent to the Commission appropriately and the provider understood in what circumstances these were required.