

Grange Cottage Limited

Grange Cottage Residential Home

Inspection report

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Date of inspection visit:

16 January 2020

20 January 2020

Date of publication:

03 March 2020

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

Grange Cottage Residential Home is a residential care home providing personal care for up to 33 people who are living with dementia. At the time of our inspection 29 people were using the service.

People's experience of using this service and what we found

People were happy living at Grange Cottage. Relatives told us they felt their family members were safe and well cared for. Staff knew how to keep people safe, they knew the risks people faced and how to manage those risks. Staff made sure people received their medicine in a safe way. There was enough staff to meet people's needs and the recruitment process checked staff to make sure they were safe to support people.

Staff had regular training to make sure their skills and knowledge were up to date. Staff supported people to see healthcare professionals when they needed to. People told us they enjoyed the food at Grange Cottage and could choose what they wanted to eat. People's likes, dislikes, cultural and religious needs were catered for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives thought staff were kind and caring. Staff helped people keep in contact with their family and friends. Care records helped staff know what was important to people and how they wanted to be supported. Information was available for people in a way they could understand.

Managers and staff made sure people were asked their views about how the service was run and what staff could do to make things better. Managers and staff knew how to record and report concerns, this included any safeguarding concerns. When an incident or accident happened, the reason was investigated and changes were made to make things better for people.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Grange Cottage 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had two manager's 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 first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with five people using the service and three visiting relatives about their experience of the care provided. We spoke with both registered managers and six staff members, this included the chef and the activities co-ordinator. We also spoke with one visiting healthcare professional. We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We looked at records which included three care plans, three staff files, medicine records and other records relating to the management of the service.

After the inspection

The registered manager sent us additional information such as meeting minutes, details of staff training and health and safety audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be relaxed and comfortable with their surroundings and the staff supporting them. One person told us, "I can't fault this place, staff are nice, food is nice, I wouldn't change a thing." A relative told us, "I feel [my relative] is quite safe here and I can trust all of the staff".
- Staff confirmed they had received training in safeguarding. They knew the action to take and who they should report concerns to if they needed to. Staff felt confident that managers would take appropriate action to keep the people using the service safe.
- Safeguarding procedures were displayed for people, their relatives and staff with clear details about what people should do if they have concerns and who they should contact.

Assessing risk, safety monitoring and management

- People's risk was assessed when they first started to use the service and then regularly updated when their care and support needs changed. Although we found one person's risk assessment had not been updated the registered manager confirmed a healthcare professional was coming the next day to offer advice and the risk assessment would be updated accordingly.
- Staff knew the risks people could face and gave examples of how to reduce the risk to people and keep them safe. For example, one staff member explained how they supported one person to mobilise and look out for potential trip hazards.
- Staff were able to contact the registered managers, out of normal working hours, if they needed advice or there was an emergency.
- Environmental risks were identified and improvements made when necessary to keep people safe.
- Health and safety and fire checks were routinely carried out at the service.

Staffing and recruitment

- There were enough staff on duty to keep people safe. The registered manager confirmed staffing numbers were based on people's needs. During our inspection staff were always visible and on hand to meet people's needs and requests. Duty rotas and shift planners confirmed staff numbers.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

Using medicines safely

- People received their prescribed medicines safely. People's medicines were kept securely and records gave staff the information they needed to make sure they knew how people liked to be supported with their medicine.
- We checked the medicine administration records (MAR) for four people and did not find any recording

errors. Additional information was provided for 'as required' or PRN medicine this gave information about the medicine including when it was needed and why.

- Staff knew about people's medicines. They told us they had received training in medicine management and competency checks were completed by the registered manager to ensure staff continued to have the skills and knowledge to keep people safe.
- Staff carried out daily checks on people's medicines to make sure the numbers were correct. The pharmacist visited yearly to make sure the service was up to date with their systems and processes in line with national guidance.

Preventing and controlling infection

- Staff had access to personal protective equipment when needed and staff had received training in infection control and food hygiene. Cleaning schedules were in place and all of the areas we looked at including bathrooms, toilets and communal areas were clean and free from unpleasant smells.

Learning lessons when things go wrong

- Staff were supported to report concerns and incidents and knew they would be listened to by the registered manager.
- The registered manager reviewed all accidents, incidents and safeguarding concerns. Although learning was shared and discussed during staff meetings the registered manager spoke about further plans to specifically identify lessons learned and how the service could make improvements.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and choices were assessed to identify all of the support they required. Staff thought about how to develop people's skills and used evidence-based guidance to achieve good outcomes for people. For example, the registered manager had worked with the Alzheimer's society when they made adaptations to the service to help people orientate themselves.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to provide people with the care and support they needed. Staff thought the training provided focused on the needs of people living at the service.
- The provider monitored staff training and reminders were sent to staff when their refresher training was due.
- Staff felt they were supported by their managers. Regular supervision, team meetings and yearly appraisals gave staff opportunities to discuss any issues including learning and development.

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

- People said they liked the food and mealtimes were an important part of people's day. Staff knew people's likes and dislikes and the chef explained how they catered for people's different needs including any dietary, religious or cultural needs.
- People were offered a choice of meals and alternatives were provided for those people who wanted something different. We observed lunchtime. The food was well presented and smelt and looked nutritious. The chef explained food was cooked from fresh produce every day and they had pride in the meals they made for people.
- Drinks were available to people throughout the day and staff told us snacks and finger food was available outside of the set mealtimes for those people who wanted something to eat.
- When people's health was at risk from their diet this was noted in people's care records and staff monitored them appropriately. Healthcare professionals were involved when people needed additional support with their dietary needs.

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

- People were supported to access the healthcare services they required. Care records confirmed there were good links with local health services and the GP. There was evidence of regular visits from healthcare professionals, together with the advice given and action taken.
- Staff worked closely with healthcare professionals to make sure people received the treatment they

needed. For example, a dentist gave staff regular training to staff about oral healthcare. This gave guidance on denture care and good teeth brushing techniques for those people that needed staff assistance. A visiting healthcare professional told us staff always listened and acted on advice given. They told us they had no concerns.

- When people went to hospital, staff made sure important information about their health care needs were sent with them. This included information about their medical condition and medicines. This helped ambulance and hospital staff decide on the best treatment for that person.

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

- The service consisted of two converted houses, joined together by a wide accessible corridor. Both houses had their own dining and living rooms. People were free to access and sit in their preferred area. For example, some people liked to watch sport in one lounge while others joined in with activities in another. All rooms had their own toilet and sink with many having their own shower facilities. Communal bathrooms were on both floors with hoisting equipment for those people who required assistance.

- The registered manager had worked with the Alzheimer's society to make sure they used the best design for furniture and signage for people living with dementia. Doors leading to people's rooms were one colour and doors to the toilet were another allowing people to navigate more easily. Toilet seats were a contrasting colour to the walls making it easier to see for people with visual impairment.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff confirmed they had received training in MCA and DoLS and understood they needed to seek people's consent and involve them in decisions about their care.

- Both registered managers understood the roles and responsibilities in relations to MCA and DoLS and knew when an application to deprive a person of their liberty should be made. Records were kept to make sure applications and authorisations were properly made and kept up to date.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff. Comments included, "The staff are nice" and "The staff are very good, they are very patient." Relatives told us they thought staff were caring and they always felt welcome at the service. One relative told us, "Staff are very nice people, they are always helping. They know you by name, you can come at any time and you always feel welcome." Another relative told us, "The staff are great. I watch them with other people, they couldn't be better, very caring."
- Staff told us they had time to get to know people well and understand their care and support needs. They gave examples of how they enjoyed supporting people to learn new skills or trying new activities.
- We observed people with staff. Conversations were happy and relaxed, staff knew people well and gave people time to speak with them.
- People's equality and diversity was respected. People were asked about their religious and cultural beliefs and staff worked with people and families to respect these in line with their wishes. The registered manager told us about their connections with the local religious community and gave examples of how they helped meet people's needs in this area. For example, they moved one person's bed so it was easier for them to pray.

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

- People were involved with choices about their day to day care and support. This included food choices, what to wear and how to spend their time. One person was in their room watching a collection of their DVD's and another person told us they enjoyed visits to the local day centre.
- Staff supported people to express their views. Staff told us they had the time to get to know people well. One staff member told us, "We try to make people happy with some music or we talk with them if they want to talk. Sometimes people just want to remember a phase of their life." Our observations confirmed staff knew people well and had time to have a meaningful conversation with people when it mattered. Regular meetings were held, inviting people to give their views about the service and what they would like to do, what they liked and anything the service could do better.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and made sure they gave people choice in their everyday decisions. We observed staff asked people what they wanted to eat and what they wanted to watch on television. People told us staff gave them the opportunity to decide how they wanted to be supported.
- We observed staff speaking to people respectfully and ensuring people's privacy by knocking on people's doors before entering.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. People and their family members were involved in the care planning process. One person's family member told us, "At the start they asked about [my relatives] likes and dislikes, her history and important events." They went on to explain how staff were now able to engage their family member in conversations about certain things that happened in the past.
- Care records were regularly reviewed and reflected any changes in people's care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and clearly recorded. Care records noted when people had poor eyesight or hearing difficulties. Information was available for people in alternative formats such as pictorial or larger, easier to read documents. Signage around the service was clear and positioned so people could easily see and recognise the signs and symbols.
- The registered manager explained they were always looking at new ways to improve communication for people, especially those with advanced dementia and showed us a new pictorial menu they had introduced to help people make meal choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they liked the activities available to them. One person told us they enjoyed playing cards and dominoes and showed us the books they had read from the visiting mobile library. One relative told us, "I am here every day and there is always something going on."
- The activities coordinator knew people well and worked hard to make sure activities were age appropriate and related to people as individuals. We heard about various activities such as silent discos, quizzes, bingo and visits from the local nursery.
- People were asked about their goals and aspirations. One person said they wanted to improve their spelling so staff encouraged them to do word searches. When we spoke with the person they were very happy with their progress.
- Relatives told us they were invited to events at the service. This included themed days, such as 'Italian day' when people and their family members could taste food and watch films linked to Italy.

Improving care quality in response to complaints or concerns

- Relative's told us they knew who to make a complaint to if they were unhappy but had not needed to do this. They told us they had total confidence that they would be listened to and changes would be made when they spoke to the registered manager about their family member's care.
- The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Peoples wishes were recorded in their care records to make sure staff knew what people wanted when the time came.
- The registered manager told us they worked well with the local hospice and hospital when a person was approaching end of life and told us how supportive they were to make sure people received the care they needed at that time.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

At our last inspection we found the registered manager had not always fulfilled their regulatory requirements and had failed to notify us about a significant event. During this inspection we found improvements had been made.

- The service was family run and the two registered managers were also the providers. The registered managers had met legal and regulatory requirements and had reported notifiable events to the CQC in line with the legislation.
- Systems were in place to regularly review people's care records. We found one person's records had not been updated in one area but a satisfactory explanation was given on this occasion. The registered manager explained they were moving to a new computerised system and they felt confident this new system would enable them to make sure people's records were complete, person centred and regularly updated. We will look at this again during our next inspection.
- Regular checks were in place to make sure people received quality care and support and environmental risks were managed to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us they thought the service was well led. They spoke positively about the registered managers. One relative told us, "This was the best place I looked at and [registered manager] is very good he is always here." Another relative told us, "The experience has been great. They [registered managers] couldn't have been more helpful, they always ring me if there are any problems".
- Staff told us they felt supported in their jobs and worked as a team. They told us they would speak to either of the registered manager's if they had any concerns. One staff member told us, "He [registered manager] always helps us in any way. He is very good with the residents, he will remove his coat and come and give us a hand. He is very good. We can phone him anytime if we have an emergency and he will come in."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- During our conversations with the registered manager we discussed what the service did well and where there was room for improvement. The registered manager was open with us about the changes they wanted

to make going forward and how they were always looking for ways to improve the care and support people received.

- When things went wrong the registered manager explained they shared lessons with staff to help reduce risk and improve people's care and told us of their plans to form a staff group to review accidents, incidents and complaints, the lessons learnt and the improvements to be made at the service to make things better for people.

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

- People knew the registered managers and we observed people approaching and speaking with them during our inspection.
- People, their relatives and staff were encouraged to comment on their experiences and share their views through surveys and regular meetings. A comment book at reception and a suggestions box allowed people to share their thoughts and experiences, anonymously, if they wanted to.
- The registered manager and staff actively encouraged the sharing of information and learning. For example, relatives had been invited to attend a dementia awareness evening at the service with a guest speaker from the Alzheimer's society. The registered manager explained families needed a lot of support when their loved one was diagnosed with dementia and they wanted this event to help share knowledge but to also to provide a support network for families.

Working in partnership with others

- The service worked with other agencies such as health care professionals and the local authority to make sure people had the care they needed.
- The registered manager engaged with charities and experts in their field to improve experiences for people.