

Grangemoor Care Homes

Grangemoor House Nursing 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:

Grangemoor House Nursing Home is a residential care home that provides personal and nursing care for up to 30 people who have a mental health condition. The accommodation is provided in a single building, arranged over two floors, with communal facilities including dining rooms and lounges on both floors. At the time of our inspection, 17 people were using the service.

People's experience of using this service:

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We found that any concerns were taken seriously and investigated thoroughly to ensure lessons were learnt.

Risks associated with people's care and support were managed safely. People received their prescribed medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs.

The service worked in partnership with other organisations and health and social care professionals were positive about the care and support people received. Staff received training and ongoing support to meet people's individual needs. People were supported to have a varied and healthy diet and to access other professionals to maintain good health.

Staff knew people well and promoted their dignity and independence at all times. There was a kind and caring, inclusive atmosphere. Staff had good relationships with people and ensured people's friends and families were made welcome at the service. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service underpin this practice.

People's support plans reflected their needs and preferences and were reviewed when things changed. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs. There was a strong emphasis on supporting people to take part in activities, follow their religious beliefs and maintain their cultural identity. Arrangements were in place to ensure people's end of life wishes were explored and respected.

The provider used management systems to identify and effectively manage risks to the quality of the service and drive continuous improvement. People and their relatives knew how to raise any concerns or complaints and felt confident they would be acted on. There were systems in place to capture people's views on how the service could be improved and these were acted on. Staff felt supported and valued by the management team.

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

Rating at last inspection: Good (report published 16 November 2016).

Why we inspected:

At the last inspection the service was rated Good overall, with Requires Improvement in the Well-led domain. This was because improvements were needed to the quality assurance systems to continually drive improvements. At this inspection, we found the provider had addressed the concerns identified and the service was rated as Good in each domain.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 ●

Grangemoor House Nursing 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:

One inspector carried out this inspection, supported by 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.

Service and service type:

Grangemoor House Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 service, which included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We reviewed the Provider Information Return. This is 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 also considered other information sent to us, for example from the local authority and members of the public. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and three relatives to ask about their experience of the care provided. Some of the people using the service were unable to give us their views in detail because of their complex needs. We therefore spent time observing how staff interacted with people and how they supported and cared for them.

We spoke with eight members of care staff, including two nurses, the registered manager, and the deputy manager. We also telephone two professionals after the inspection to gain their views on how the staff worked with them.

We reviewed a range of records. This included four people's care records and multiple medicines records. We also looked at records relating to the management of the home, including quality and safety audits and three staff recruitment records. After the inspection, we asked the registered manager to send us information in relation to staff training records and a recent pharmacy audit. We received all the information we requested.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living at the home and we observed people looked comfortable in the company of each other and the staff. One person told us, "I'm alright".
- Staff recognised the signs of potential abuse and knew how to protect people from harm. They were confident any concerns raised were taken seriously and acted on. We saw that the registered manager followed local safeguarding procedures and referred concerns for investigation when needed.
- Staff had access to safeguarding procedures and knew how to escalate concerns to external organisations such as the local authority and CQC, if they needed to.

Assessing risk, safety monitoring and management:

- Some people living at the service had complex needs and presented with behaviour that challenged others. We saw staff managed these situations in a positive way and involved other professionals to understand and reduce the causes to minimise the risk of harm.
- Staff understood the risks to people's health and wellbeing and how to manage them and were kept informed of any changes during daily handover meetings.
- We saw risk assessments and risk management plans were person-centred, kept under review and considered how restrictions could be minimised to give people as much freedom as possible whilst keeping them safe.
- Staff had clear procedures to follow to ensure people's safety was maintained in the event of an emergency, such as a fire. They told us about how the registered manager had used props such as a cardboard mock-up of a fire to reinforce safe exit routes.

Using medicines safely:

- People received their medicines as prescribed and staff encouraged people to be as independent as possible when taking their medicines. For example, some people chose to go to the clinic room to take their medicines which meant they took some responsibility for managing their needs.
- When people received their medicines on an 'as required basis', also known as PRN, staff were clear when they should offer the medicine. Staff reviewed these medicines regularly with prescribers to ensure they remained appropriate for people.
- Medicines were stored and disposed of safely and staff kept accurate records.

Staffing and recruitment:

- People and their relatives had no concerns about staffing levels at the home. A relative told us, "There seem to be plenty of staff".

- We saw that staff were always visible in communal areas and responded promptly when people called for assistance in their bedroom. One person told us, "Staff are always there without fail".
- Staffing numbers were kept under review and people receive support from a consistent staff team who provided cover for short notice absences when needed. One member of staff told us, "We don't use agency staff as there's lots of goodwill among the staff to cover".
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. The provider also monitored nurses' registration with the National Midwifery Council. These checks assist employers in making safer recruitment decisions.

Preventing and controlling infection:

- People were protected by the prevention and control of infection. We saw that the home was clean and personal protective equipment was available when needed.
- Staff had received training and understood their role and responsibilities for maintaining a high standard of cleanliness and hygiene at the home.

Learning lessons when things go wrong:

- Staff were clear about their responsibilities to raise concerns and we saw that accidents and incidents were reported and a thorough investigation was carried out. A member of staff told us, "The registered manager is always saying, 'If you don't write it down, it didn't happen'".
- The registered manager ensured any learning to minimise reoccurrence was shared widely through regular Team Brief sessions.

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

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

Staff support: induction, training, skills and experience:

- Staff we spoke with were competent, knowledgeable and felt supported by the management team to carry out their role.
- Staff had completed a range of mandatory training to ensure they were competent to support people and their practice was monitored and reviewed during three monthly supervision sessions and an annual appraisal.
- The provider required staff administering medicines to undertake training and have their practice observed annually to check their competence. Whilst we found no concerns with medicines administration and staff had completed their medicines training, there was no formal record of a competence check being carried out. The registered manager told us they would put this in place immediately.
- New staff completed a three-month probationary period, which included undertaking mandatory training and shadowing more experienced staff. One member of staff told us, "It's very much about getting to know people's needs".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care:

- The provider completed a comprehensive needs assessment before people moved to the service to ensure they could meet their needs. A professional we spoke with was positive about the outcomes people achieved at the service. They said, "A social worker has recently told me how fantastically well it's worked out for a person we placed at the service. Hands on care is really, really good, and what they've achieved is fantastic".
- The registered manager and staff referred people to external services and worked closely with them to ensure people's care was delivered in line with best practice. A mental health professional told us, "The registered manager and I worked alongside each other and I can only sing their praises".
- Outcomes were clearly identified and people's care was reviewed to ensure the service continued to meet their needs.

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).

- 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.
- Staff had received training in the MCA and understood what they should do to make sure decisions were taken in people's best interests. We saw that when required, decisions were recorded and involved family members and professionals when needed.
- The registered manager and staff demonstrated they recognised when people were potentially being deprived of their liberty and applications had been made for legal authorisation. We saw these were monitored and updated to reflect any changes in people's needs. Approvals were notified to us as required and any conditions were included in people's care plans to ensure they were complied with.

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

- People and their relatives were happy with the food provided. One person said, "It's very nice; it's hot and we get a choice". People could choose where they ate their meals from a number of small dining rooms, located throughout the home and some areas were equipped with a kettle and microwave to encourage people to make themselves drinks and snacks.
- People's individual dietary needs were assessed and met. We saw guidance was in place from the speech and language therapist where people had swallowing difficulties. We saw staff followed this to keep people safe.
- People's ethical and cultural dietary preferences were considered and met. For example, staff had liaised with a person's family to ensure the recipes they produced were authentic. The person's relative told us staff made food followed the person's culture.
- Staff monitored people's weights and where needed, advice from other professionals such as the GP and dietician was acted on.

Supporting people to live healthier lives, access healthcare services and support:

- People told us they accessed health professionals including the GP, optician and dentist. Staff worked collaboratively with them and recorded any advice to ensure people's needs were met. The registered manager had introduced a mouth care assessment and care plan to support people with mouth care and to encourage them to seek regular dental treatment.
- Smoking cessation information was promoted at the service to help people to stop or reduce smoking if they wished to.

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

- The home had a number of different areas where people could choose to spend their time and people had access to outside space that was safe.
- People were encouraged to decorate their bedrooms to reflect their individual preferences, for example one person had lots of Elvis memorabilia and another person had disco lights.

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

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 we spoke with felt staff treated them well. One person said, "Staff are nice and kind". We saw staff were warm and respectful towards people and were attentive to their needs. One member of staff told us, "I think of here as like home and treat people in the same way as I do my parents".
- Relatives we spoke with were positive about the relationships they had with staff. One said, "The staff are just lovely. I count them as my friends now".
- Staff knew people well and recognised their diverse needs in relation to their faith and cultural background, which were important in promoting their mental health wellness. For example, a person was supported to practice their faith at the home when they were unable to attend the local church. Another person was supported to enjoy music in their room which was representative of their Caribbean background.

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

- We saw that people and their relatives were involved in planning and reviewing their care and support. On the day of our inspection, a member of staff accompanied a person and their family member to a review with a professional involved in their care. The registered manager told us, "[Name of person's] relative is fully involved and can help support them in the review process".
- Advocacy services were sought for people who needed support to communicate their views. The registered manager told us about a person who had difficulty with verbal communication who had received support from an advocate in reaching a decision about purchasing specialist equipment. They added, "[Name of person] loves the chair, it's given them quality of life".
- The registered manager had recognised the need to support people's families to be involved

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was promoted at all times. We saw that staff were discreet and supported people to go to their bedrooms when providing personal care. A member of staff told us they chatted to people and made sure they were comfortable before supporting them. They said, "A bit of gentle humour helps".
- Staff supported people to maintain their appearance to promote their dignity. At lunchtime, a person became upset. Staff spoke quietly to the person and took them to their bedroom to change. We saw they came back to the dining room later and a member of staff ensured they had their meal.
- People's right to privacy and confidentiality was respected. One member of staff told us they ensured people's records were kept locked away. They said, "Other residents could read things so we are careful not to leave things lying around".

- People were encouraged to be as independent as possible. We saw some people moved freely around the home and could access a kitchen area to make drinks and snacks. One member of staff said, "We encourage them to do as much for themselves as possible".

Is the service responsive?

Our findings

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

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:

- There was a strong emphasis on supporting people to take part in activities that promoted their independence. One person told us, "There's plenty to do". People were supported to go into town and during our inspection, we heard people asking staff to take them to the local shops. One person told us staff supported them to go out when they wished. They said, "I like playing pool in the pub and I'm free to do what I want". At the time of our inspection, six people were away from the service being supported to have a five-day holiday at Butlins.
- People were consulted about their preferences and supported by an activities co-ordinator, who organised a varied programme for people. Regular outings were arranged, for example the working men's club next door held regular over 50's lunches and future outings were planned at Blackpool Circus and Birmingham Thinktank.
- There was a regular programme of events at the home, with photographs of recent events displayed in the entrance hall. On the day of our inspection, we saw people enjoyed a gardening activity, supported on a one to one basis to plant-up pots ready for the garden. The activities co-ordinator told us people had previously had gardens and wanted to be able to cook and eat the produce they were growing and the provider had recently purchased a poly tunnel.
- Professionals were positive about the person-centred approach of staff in meeting people's needs. One told us about a person they had placed at the service. They said, "It was evidential that the staff within the home worked in a holistic and person-centred/strength based approach, which in turn was beneficial to the life of the person".
- Care plans we looked at detailed people's life history, interests and preferences in addition to their mental health and physical conditions. We saw that this included exploring people's protected characteristics, for example their sexuality, to ensure staff could understand how this may influence how they wished to receive care and support.
- People's care was reviewed regularly, including 'Resident of the Day', which gave each person an opportunity to discuss all areas of their care and support. The registered manager monitored this to ensure any concerns were acted on.
- The provider complied with the Accessible Information Standards by identifying and meeting the needs of people with a disability or sensory loss. For example, one person had a hearing impairment and had difficulty with verbal communication. We saw staff were patient and maintained eye contact whilst supporting them and when needed, wrote things down for the person to ensure they could make their wishes known. In addition, the registered manager was working with an external contractor to develop a pager system to alert the person to the fire alarm, to promote their independence.
- The registered manager recognised the need to offer information in other languages to enable relatives to

provide effective support when their family member stayed with them. For example, information about their medicines and their daily routine. This showed us people were supported to maintain important relationships.

Improving care quality in response to complaints or concerns:

- People and their relatives felt able to raise any concerns and complaints and were confident the registered manager and staff would listen and resolve them.
- There was a complaints policy and a procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

End of life care and support:

- Although the provider was not supporting people with end of life care at the time of our inspection, some people had made advanced decisions and had arranged funeral plans. The registered manager had recorded their wishes to ensure they would be respected.

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

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, improvements were needed to ensure the quality assurance systems were effective in ensuring the safety of the service and driving improvements. At this inspection, we found the required improvements had been made.
- There was a comprehensive quality assurance system which was effective in identifying shortfalls and ensuring swift action was taken to make the improvements needed. The registered manager had clear oversight of the service and was committed to ensuring people received good quality care. Staff had confidence in the way the service was managed. One member of staff said, "The manager is very diligent, if there are any concerns, they don't let it lie".
- The registered manager understood the requirements of registration with us and a copy of the latest inspection rating and report was on display at the home as required. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

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

- The registered manager and staff promoted a positive, inclusive culture at the service. A relative told us, "The atmosphere is light hearted and there is a good rapport between carers and residents". Staff wore ordinary clothes, rather than a uniform, and there were ongoing improvements to the décor to help promote a homelier environment.
- We observed a cohesive staff team who were committed to providing high quality care. The registered manager told us, "I'm very lucky to have these staff. Some have been here for many years; they go the extra mile for people and are a pleasure to be around".
- There was a whistleblowing policy and staff told us they would not hesitate to raise any concerns with the registered manager. Whistleblowing is when staff raise concerns about poor practice or wrongdoing at their workplace.

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

- People and their relatives were encouraged to give their views on the quality of the service through meetings and an annual satisfaction survey. We saw that the provider had acted on comments made at the last survey, for example there were ongoing improvements to the décor and people had been supported to decorate their rooms to reflect their personal taste.

- The registered manager was developing a forum to involve people's families and friends, and had invited people to attend the first meeting in July 2019. We saw written feedback from a family member in response to this. They said, "It is good to know the home is constantly endeavouring to improve on its service and welcomes feedback from relatives and friends".
- Staff felt valued and involved in the running of the home. They told us they met regularly with the management team, who sought their opinions on how the service could be improved. A member of staff told us, "The manager is a good boss who listens, for example forms have been changed to ease completion and other, little things, happen quickly when we raise them".

Continuous learning and improving care; Working in partnership with others:

- The registered manager was committed to continually improving the service. They had membership of organisations such as the Skills for Care Network, which gave them access to training courses and information to keep up to date with adult social care practice.
- The service worked in partnership with another of the provider's services offering 'step-down' flats. This is where people move to a flat where they are supported to gain the life skills needed to return to living in the community. A professional told us, "The registered manager has taken the initiative in helping people to move on to this accommodation".