

The Grange (Sandiacre) Limited

# The Grange Residential Care Home

## Inspection report

39 Bostocks Lane  
Sandiacre  
Nottingham  
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Date of inspection visit:  
10 September 2019  
12 September 2019

Date of publication:  
09 October 2019

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

The Grange Residential Care Home is a care home that was providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 36 people. The home accommodates people across two separate floors, each of which has separate adapted facilities and a lift. Some of the people living in the home had a diagnosis of early stage dementia. The home is situated in the village of Sandiacre in Nottinghamshire.

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

The provider had a system to ensure staff documented any accidents or incidents which had taken place. However, sometimes it was not clear what action the registered manager had taken on some of these instances. In addition, the registered manager had not informed CQC of two important incidents as required under current regulations. We have made a recommendations about this that can be seen in the 'Well-led' section of this report.

Staff told us they received good support from senior staff and the registered and deputy manager. We did note that most of the checks and audits at the home were completed by the registered and deputy managers and had not been effective in identifying the issues found during this inspection. There was an absence of documented input of any checks by the provider. We have made a recommendation about this that can be seen in the 'Well-led' section of this report.

People told us they were well cared for and felt safe in the home. We found staff had been safely recruited. In addition, they had completed the provider's mandatory training and annual updates to ensure their knowledge and skills were up to date.

People were happy with the level of staff in the home and we observed a good staff presence at the inspection.

Staff received safeguarding training and had a good understanding of the principals involved in acting when abuse was suspected.

Medicines were managed and administered safely and this meant that people received their medicines as prescribed by healthcare professionals.

People's needs were met through assessments and support planning. The service worked well with healthcare and social professionals to achieve positive outcomes for people. Staff had good knowledge and skills and this ensured people's needs were met.

We saw good examples of when people had been supported to maintain a healthy and balanced diet.

People told us carers and staff were compassionate and kind and during the inspection, we observed this to be the case. Management and staff knew people well. 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 received care and support that was person-centred. We saw examples of how the care and support people received enriched their lives through meaningful activities. The service had a robust complaints policy and people said that they could raise issues with staff and the management team.

The values and culture embedded in the service ensured people were safe and at the heart of the care and support they received. The registered manager and deputy manager planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people. People knew how to feedback their experiences and this was considered and acted upon by the registered manager.

There was an end of life policy in place that could be used if appropriate. Staff members had been trained around this and were able to ensure best practice was applied during times when people were at the end of life.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 25 April 2017).

Why we inspected:

This was a planned inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# The Grange Residential Care 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 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.

#### Service and service type

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

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.

The first day of this inspection was unannounced. We returned to the home on 12th September 2019 to speak with a provider representative as they were unavailable on the day of our initial visit.

#### What we did before the inspection

Before our inspection, we reviewed all the information we held about the service. We checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House.

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.

During the inspection

We spoke with eight people who used the service and six visiting relatives. We completed checks of the premises and observed staff interacting with people in communal areas of the service. We spoke with five members of staff. These were the registered manager, the deputy manager, two members of care staff and the cook. We also spoke with a healthcare professional to seek their view on the service.

We reviewed a range of records relating to the way the service was run. This included three people's care and two medicines records, four staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe in the home and had no concerns about the support they received from staff. Comments made included, "Staff look after us well", "The staff make me feel safe. Much safer than when I was at home" and, "There are always people around."
- Staff had completed safeguarding training. Staff members we spoke with were able to tell us the correct action to take if they witnessed or suspected abuse. This included involving external professionals and agencies if they felt this necessary.

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks in the service. Senior staff completed an assessment of the risks relevant to each individual who lived in the home and strategies were in place to manage the identified risks. Senior staff reviewed these strategies regularly to ensure they remained relevant to people's needs.
- The registered and deputy managers completed regular checks to ensure the safety of the premises and any equipment used. They also documented the support people would need to evacuate the premises safely in the event of an emergency.

Staffing and recruitment

- There were enough staff on duty and they had been recruited safely. We observed a good staff presence at the inspection. One person said, "I never have to wait long when they come, even when they are busy."
- The registered manager and provider followed robust recruitment processes. Employment history and character references were sought before staff were appointed and criminal record checks were completed to make sure staff were suitable to support people who may be vulnerable.

Using medicines safely

- Medicines were safely managed and stored. Staff responsible for the task had received training in the safe handling of medicines and had completed regular updates of this training. People told us staff always administered their medicines correctly.
- The recording of when creams had been administered were taking place. In addition, there were protocols in place to provide information about the safe administration of 'as required' medicines.
- We reviewed the medicines administration records for two people and found they had been fully completed. The stock of medicines held corresponded with the records held. This meant people had received their medicines as prescribed.

### Preventing and controlling infection

- The provider and registered manager had systems to help protect people from the risk of cross infection. People told us staff members always kept communal and their bedroom areas clean. All areas within the home were clean, tidy and free from odour.
- We observed staff wearing personal protective equipment and people said staff wore this at meal times and when providing personal care.
- Local authority inspectors had recently awarded the home's kitchen with a four star rating for safety and hygiene. We noted two relatively minor areas of concern had been addressed by the time of the CQC inspection.

### Learning lessons when things go wrong

- The registered and deputy managers used staff meetings and supervisions to share best practice ideas including, how to learn lessons when things go wrong. The registered manager demonstrated good knowledge of learning from incidents and knew how to seek support from external professionals when faced with a situation they were unfamiliar with.
- We noted one incident where staff had raised concerns around an error that, if left unchecked, could have led to a safety issue. Staff acted appropriately and there was reflection so that all staff were aware of the need for vigilance. A visiting healthcare professional said, "Staff regularly contact us around unusual or serious concerns and are very good at handling incidents and learning from them."



# 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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff members received required and appropriate training. The registered manager kept a record of the training completed by staff. The training matrix recorded that staff had completed training and annual updates. Staff members told us that they had received training and how they benefitted from this.
- Mandatory areas of training included practical first aid, dementia awareness, falls prevention, mental capacity and infection control. Since the last inspection, the provider and registered manager had made training in end of life care and support a mandatory requirement.
- Staff new to care had to complete the Care Certificate. This is a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social care.
- Staff were well supported by the registered manager and deputy manager. Staff told us they felt supported through day to day contact, regular supervision and annual appraisals of their performance. Supervision sessions provided an opportunity for staff to discuss their work performance and professional development.

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

- The provider had systems in place to ensure people received care which met their individual needs. The registered manager and deputy manager completed an assessment of people's needs before they entered the home. This assessment was used to develop care plans and risk assessments.
- Care plans were typed and easy to read. Staff told us they referred to care plans when they were unsure about a person's care or support needs or when there had been a review.
- Staff we spoke with had a good understanding of people's needs and we saw that they applied this when caring and supporting people.

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

- Staff supported people to maintain a healthy and balanced diet. People told us the quality of food in the home was good and they had the opportunity to choose what they wanted to eat. Our observations of a meal time showed staff were patient when supporting people to eat and drink. Some members of staff sat and ate with people and we noted that this added to the relaxed atmosphere.
- Snacks and drinks were offered to people throughout the day. One person said, "I would probably end up eating in my room if the staff hadn't encouraged me to go down to the dining room. I know it's good for me and I chat to the other people on the table. The food is good here too."
- Staff had assessed people's nutritional needs and, when necessary, recorded the amount people had to eat and drink. Guidance from health professionals was followed.

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

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. Staff documented any advice received from professionals in people's care records. One relative told us how the action of staff had prevented their loved one from developing a serious health condition.
- The registered manager told us there was a system to make sure important information about people's needs was communicated to health professionals if they were transferred to hospital.

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

- The provider had made some improvements to the premises since the last inspection. The home was well decorated, light and airy. People told us they were happy with the environment and the ability to personalise their bedrooms. One person said, "I love my room and looking out into the garden. Although I don't go out onto the patio much, I can look at my flowers."
- The provider had invested in staff participating in a 'virtual dementia tour'. This allows staff the opportunity to 'walk in the world' of people living with dementia so that they can change the environment and their practice to better support people with the condition.

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.

- The provider had systems to protect the rights of people who lacked capacity to make particular decisions. The registered manager had submitted DoLS applications to the local authority when people were unable to consent to their care and treatment in the home.
- Staff had a good understanding of the principles of the MCA and gave us examples of how they gained consent from people before they provided any care. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach.

# 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

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. A person commented about staff members, "They even remember to water my plants [in room] if I forget. They are all very kind to us." We observed positive and respectful relationships between staff and people in the home.
- The provider had a policy for staff to follow regarding how to treat people equally, taking into account their differing and diverse needs. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences.
- Since the last inspection, the service had won award from the local authority for its contributions towards dignity and care.

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

- Staff supported people to make choices about their daily life and the care they received. Most people told us they were aware of their care plans which provided staff with information about how they wished to be supported. They and, where appropriate, their relatives told us they had also been involved in reviewing the care they received.
- When necessary, the registered manager sought external professional help to support decision-making for people, including the use of advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. One person said, "They knock when they want to come into my room and I can have my privacy if I need it."
- Staff promoted people's independence as far as possible. One person told us, "The staff let me live my life here the way I want to."
- The registered manager ensured care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

# 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 now 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 care to meet their individual and diverse needs. Staff recorded people's social and family history as well as their interests. This information was used by staff to engage people in discussions about their care and the activities in which they liked to engage.
- Staff involved people and, where appropriate, relatives, in reviews to ensure planned care continued to meet their needs. Although care records contained comments from people which confirmed they were happy with the care they received, the records did not always demonstrate that relatives had been involved in decisions. The registered manager said that they would look at improving this area of record keeping.

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. 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.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how information could be provided to people in different formats to enable them to engage with staff and other professionals. External providers such as opticians and audiologists attended the home to review some people's visual and hearing needs.

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

- The provider had a programme of activities to help people maintain their emotional and physical health. An activities coordinator was involved at the home five days a week to engage people in activities. These included exercises, games, crafts and organising external entertainers. Staff members encouraged people to take part in games, quizzes and music events.
- People told us they were supported to maintain relationships with family and friends. The provider had also ensured people's religious needs were met by arranging visits from local church leaders. One person said, "I enjoy the monthly church service and sometimes the choir just comes in for a singalong. Everyone joins in that."

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and respond to complaints. There had been one complaint in 2018 and none in 2019. The 2018 issue referred to minor matter. The registered manager had taken the

appropriate action to investigate and respond to the concern raised.

- The registered manager had received numerous compliments and 'thank you' cards. We noted a visiting health care professional had recorded that they were impressed with the care and attention staff gave to people's care.
- People said they were aware of the complaints procedure and were confident any issues they raised would be swiftly resolved.

#### End of life care and support

- The service had processes to support people to achieve a dignified and pain free death. Staff had access to best practice guidance in relation to end of life care. Most staff members had received training in this area.
- The registered manager encouraged people to discuss their end of life wishes and to complete an advance care plan to record these. They told us they would ensure people's end of life wishes were also included in their care plan and summary of needs.
- A visiting health care professional told us that they were particularly impressed how the service responded to support people and relatives at end of life situations.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always ensure that regulatory requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had failed to ensure some regulatory requirements had been met. We found there were two incidents over the 12 months prior to the inspection which the registered manager had failed to report to CQC as required. The registered manager told us this was an oversight and agreed to report these incidents retrospectively to CQC. This meant that CQC had not had the opportunity to review and monitor the issues to ensure that appropriate care and support was provided and, where appropriate, other authorities were notified. We were satisfied that no one had come to any harm as a result of these omissions and that, in all other respects, the service had acted properly.

We recommend the registered manager and provider review their practices to ensure that all appropriate incidents and events are reviewed and reported in line with best practice and legislation.

- There was management oversight. However, records only supported consideration by the registered and deputy managers. They completed most audits and checks. There was limited documented oversight by the provider. Occasionally, this meant that the registered manager was checking their own work. At feedback towards the end of the inspection, the provider representative said that a schedule of provider led checks would be implemented.
- Staff understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. There was an on-call system that provided support to people and staff. This, in the main, was provided by the registered manager and deputy manager. Staff members said they appreciated this and it provided reassurance when a situation may develop out of 'office hours'.
- The registered manager demonstrated a commitment to using best practice guidelines to improve the care people received, including in relation to medicines and end of life care.

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

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were positive about the quality of service they received. Comments people made included, "I am happy. Having people to talk to and people who care for you" and, "Everything you need is here, and I am as happy as you can be."

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

- The provider told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. A relative told us, "My relative was involved in an accident. The carer stayed with them whilst waiting for the doctor. They called the family immediately and explained everything."

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

- The provider had systems that engaged and involved people, relatives and staff. The registered manager used face to face meetings, surveys and daily interaction to gain feedback about the service.
- People confirmed their views about the running of the home were sought by the registered and deputy managers and their views listened to. One person commented, "They do seem to appreciate our opinions."
- Staff told us they could contribute to the way the service was run. The registered and deputy managers organised regular meetings for all staff to give them an opportunity to discuss working practices and raise any suggestions for improving the service.

Continuous learning and improving care

- The registered and deputy managers assessed, monitored and improved the quality of the service provided. They completed audits of the environment, care plans and the administration of medicines. However, the quality assurance systems had not identified the issues documented earlier in this section of the report and there was no documented input in this area from the provider.
- In one instance of concern, there was an absence of records around the concern and action taken by management. The unavailability of documentation demonstrated that these matters may not have been effectively managed and reviewed. There was however no evidence to support people had been harmed because of these shortfalls and we were satisfied that the service had taken immediate steps to protect a person.

We recommend the provider reviews systems for monitoring the management and documentation of significant incidents to ensure they are fit for purpose and in line with best practice.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs. A visiting health care professional said, "They follow instructions and advice really well. They are proactive and call on us appropriately."
- Relatives told us staff were good at working with them to ensure their family members received safe care. One said, "My relative was under weight and we all worked together to make sure we were all on the 'same page' and encouraged them properly. Relative has put weight on and we are all happy that the partnership worked well."