

Goring Care Homes Limited

The Grange

Inspection report

Grange Close
Goring
Reading
Oxfordshire
RG8 9EA

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Grange is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The Grange accommodates up to 35 people in one adapted building.

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

People felt safe living at The Grange. Risks to people were identified and managed. Records relating to risks were not always complete. They were supported by staff who knew how to identify and report any concerns relating to harm and abuse. People received their medicines as prescribed. There were sufficient staff to ensure people's needs were met.

The service ensured people received food and drink to meet their dietary needs. Staff felt supported and completed training to ensure they had the skills and knowledge to meet people's needs. People were supported to access health professional support to enable them to live healthier lives.

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; there were policies and systems in the service that supported this practice. However, records were not always consistent relating to people's capacity and we have made a recommendation in relation to this.

The atmosphere within the service was friendly and welcoming. Staff were caring and ensured people were treated with dignity and their rights respected. People were involved in their care and staff promoted independence. People's privacy was respected, and records were stored securely.

People and their families had positive and caring relationships with staff. People enjoyed a range of activities which included visits from community groups. Complaints were investigated and responded to in line with the provider's policy. People's end of life wishes were recorded and staff worked with professionals to ensure people had dignified end of life care.

There were some systems in place to monitor and improve the quality of the service. The systems were not always effective. There was an open culture that encouraged the involvement of everyone and promoted a person-centred culture. Staff felt valued and listened to.

Rating at last inspection

The last rating for this service was good (published 18 May 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 not always well led.

Details are in our well-led findings below.

Requires Improvement ●

The Grange

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

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.

Notice of inspection

This 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. 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-

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, office manager, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought clarification relating to systems in place for monitoring of the safety of the service.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I am perfectly safe."
- Staff understood their responsibilities to identify and report concerns relating to harm and abuse.
- The provider had policies and procedures in place to ensure all safeguarding concerns were recorded, investigated and reported.

Assessing risk, safety monitoring and management

- Care plans included risk assessments and where risks were identified there were plans in place to manage those risks. However, care plans did not always identify how the risk of pressure damage would be managed. We spoke with the registered manager who told us what measures were in place to manage the risk. These were in place and staff were supporting the person appropriately. Immediate action was taken to update the care plan.
- There were effective measures in place to monitor the environment and equipment. The provider had an improvement plan following a visit by the fire service to ensure all recommended works were carried out in a timely manner. This included the ordering of additional signage to improve safety in the event of a fire.

Staffing and recruitment

- There were enough staff to meet people's needs. One member of staff told us, "They [staffing levels] are ok if everyone turns up. If people off sick then manager will get cover including agency if needed."
- People told us call bells were answered promptly and people who remained in their rooms were visited regularly. One person said, "They answer the bell quickly and never miss my hourly checks."
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Where people were prescribed 'as required' medicines there were protocols in place to ensure people received their medicines when needed.
- Staff completed training in medicines management and their competencies were assessed regularly.

Preventing and controlling infection

- The service was clean and free from malodours.
- Systems were in place to prevent and control the spread and risk of infection. Staff were aware of infection control procedures. Staff used personal protective equipment such as aprons and gloves appropriately.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Action was taken to reduce the risk of a reoccurrence.
- The registered manager kept an overview of accidents and incidents to look for patterns and trends. As a result, staffing had been increased at a specific time of day as the registered manager had identified an increased number of falls at that time.

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 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 were assessed prior to moving to the service. Assessments were used to develop care plans to ensure needs were met.
- Care plans reflected good practice guidance which included standards set by National Institute for Health and Care Excellence in relation to oral health care.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and had access to regular supervision. One member of staff told us, "I am very well supported. There is an open-door policy and the management are very approachable."
- People were supported by staff who had the skills and knowledge to meet their needs. Staff completed a range of training which included interactive training in how to support people living with dementia. Staff had the opportunity to complete national qualifications in health and social care.

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

- People were offered a range of food and drink to meet their dietary needs. Where people had specific dietary needs, these were met in line with the International Dysphagia Diet Standardisation Initiative (IDDSI). IDDSI provides a common terminology to describe food textures and drink thickness.
- Where people were at risk of weight loss this was monitored, and appropriate action taken to increase their food intake.
- The chef was knowledgeable about people's needs. They were a member of the Oxfordshire Chefs Club which enabled them to keep up to date with knowledge and skills and promoted good quality food for care homes.

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

- Care plans included information following visits from health and social care professionals. This included visits from G.P, Care Home Support Service, opticians and foot care specialist.
- Where people's needs changed records showed that care plans were reviewed. On occasions, when the service could no longer meet people's needs they worked with professionals to find a more suitable placement.

Adapting service, design, decoration to meet people's needs (E6 this KLOE is for providers of the regulated activity 'Accommodation for the persons who require nursing or personal care.')

- People's rooms were personalised, this included people having their own furniture, which clearly meant a

great deal to people. One person showed us their furniture and told us about its history.

- Some areas of the service were attractively decorated. The provider recognised that other areas of the service required refurbishment and was planning to make improvements.

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 understood how to support people in line with the principles of MCA. One member of staff told us, "We still ask and try and get consent. We must always make sure we make decisions in people's best interest."
- Care plans contained information identifying if people had a legal representative authorised to make decisions on their behalf.
- Information relating to people's capacity to make decisions relating to their care was not always clear and consistent. One person's 'snapshot' stated they were assessed as lacking capacity to consent to personal care. However, the document 'MCA for care and treatment' stated the person had capacity to consent to care.

We recommend the provider refers to guidance in the Mental Capacity Act Codes of Practice relating to recording information relating to people's capacity to make decisions.

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 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 were complimentary about staff. One person told us, "I trust them all. They are all lovely." Relatives were equally positive about the caring approach of staff. One relative told us, "Staff are friendly and caring as if they are old friends."
- Staff spoke with kindness and respect when talking with and about people. One member of staff said, "I love coming to work, to see the residents and going home knowing you make a difference [to their lives]."
- Throughout the inspection we saw many kind and caring interactions. There was a happy atmosphere with laughter and banter between people and staff.
- Staff understood the importance of treating people as individuals and ensured people's diverse needs were met and their rights protected.

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

- People were involved in decisions and felt in control of their lives. Where people were able, they were involved in deciding how their care needs should be met. Relatives were also involved when this was appropriate. One relative told us, "I have been involved in developing their care plan."
- Staff took time to explain to people when they were supporting them and made sure people were happy with the support. People were offered choices and their wishes were respected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff promoted and supported people to maintain their independence, stepping in when people required additional support.
- Staff understood the importance of treating people with dignity and respect. One member of staff told us, "I always knock on their door [before entering], keep them informed [when staff are supporting] and always ask their permission before doing anything."
- People's personal information was protected. Care plans were kept in a locked cupboard which was only accessible to authorised staff.

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 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

- Care plans identified people's care needs and included information about their life history, interests and relationships which were important to them. This information enabled staff to provide person-centred care.
- It was clear through the inspection that staff knew people well and used their knowledge to support people in a way that valued them as individuals.
- Staff responded in a supportive and compassionate way when people displayed distressed behaviours. One person was showing signs of distress, a member of staff immediately approached them and spoke with the person about their family visiting. They showed the person pictures which immediately reassured them.

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.

- Pre-admission assessments identified people's communication needs and any support the person required to meet those needs.
- Care plans detailed the support people required to ensure communication needs were met. This included the use of hearing aids and glasses.

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 were able to engage in activities of their choice. There were activities readily available for people to use, this included knitting, arts and crafts, listening to the radio and puzzles. Although we did not see people using these activities during the inspection we saw many photographs of people enjoying the activities.
- The activity coordinator was proactive in engaging people in individual activities, finding them newspapers, puzzle books and magazines to look at. The activity coordinator had created books with photographs of people and their relatives enjoying activities which were used effectively by staff to engage with people. This had a positive impact on people's well-being.
- Where people preferred to spend time in their rooms this was respected. The activity coordinator spent time with people in their rooms and supported them to access activities that interested them. One person told us how the activity coordinator had arranged for the mobile library to visit to provide books of interest to the person. This had a positive impact on the person.
- There were close links with the local community. A local school held their sports day at the service, this was enjoyed by everyone who took part.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Records showed that all complaints had been dealt with in line with the provider's policy. Responses demonstrated a personalised approach that recognised the impact the concerns had caused on the complainant.
- People and relatives were comfortable to raise concerns. One person told us, "If I wasn't happy with anything I would say so."

End of life care and support

- At the time of the inspection no one was being supported with end of life care. We saw many cards and letters of thanks from relatives whose loved one had been supported with end of life care at The Grange.
- Care plans identified people's end of life wishes which included where they wished to be supported and specific needs relating to people's culture and religion.

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 now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care. We however found the quality assurance processes were not always effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were some systems in place to monitor and improve the service. The systems in place were not always effective. The registered manager told us care plans were audited every six months. The registered manager did not have an overview of the care plans that had been audited and we found one care plan had not been audited since November 2018.
- The audits that had been completed had not identified the issues we found relating to the conflicting information we found in people's records.
- The management team were developing a service development plan which included installation of an improved internet service to enable the implementation of an electronic care planning system.
- There was a new registered manager in post who was actively improving their leadership and management skills. They had enrolled to complete their level five diploma in leadership and management to ensure their skills and knowledge was up to date.

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

- People were valued, and the service worked to ensure people came first in everything the service did.
- There was an open and transparent culture in the service which was promoted by the management team. People and relatives knew the registered manager and provider and were confident they could speak with them at any time.
- Staff were complimentary about the registered manager and felt valued. One member of staff told us, "Registered manager's office door is always open, so I can have a chat anytime. She just listens."

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 understood their responsibility in relation to duty of candour and ensured they were open and honest when incidents occurred.
- The service sent notifications to CQC as required by the regulations about specific incidents that occurred in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a range of ways to engage with people and relatives. This included regular meetings, monthly newsletters and quality assurance surveys to enable everyone to have input into the service.
- Staff had opportunities to be involved in service improvement. One member of staff told us, "Provider is so open, breath of fresh air. I can absolutely say what I think, and I am absolutely listened to."
- The service worked closely with health professionals to ensure people received effective, continuous care.