

The Grange (Shirebrooks) Limited

The Grange Nursing and Residential 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

The Grange Nursing and Residential Home provides accommodation in one adapted building; personal and nursing care for up to 50 older people including some who may be living with dementia. At this inspection there were 19 people accommodated. This included nine people receiving nursing care and 10 people receiving personal care.

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

People were protected from the risk of harm or abuse within the service. The provider's staffing, risk management and safeguarding arrangements for people's care, helped to ensure this. Management remedial actions to fully ensure medicines safety were identified and agreed but these improvements were not yet fully demonstrated as embedded and ensured ongoing.

Infection, prevention and control was managed well, and guidance followed in line with COVID-19. Health incidents and near misses were routinely monitored and analysed, to help inform or improve peoples' care and prevent any further reoccurrence when needed.

There were effective arrangements for the assessment and delivery of peoples' care in line with nationally recognised standards and the law. People were supported to maintain or improve their health and nutrition through timely consultation with relevant external health professionals when needed for people's care.

Staff were trained and supervised for their role. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice.

Standardised and lawful information sharing, helped to ensure people received timely, consistent care as agreed with them, including when they needed to move between services

People received care from kind, caring staff who knew people well and how to communicate with them. Nationally recognised care values were promoted to ensure people's equality, rights, independence and choice in relation to their care and daily living arrangements.

People received timely, individualised care, which they were happy with. People who were living with a life limiting illness were effectively consulted and supported to agree and receive care against nationally recognised standards concerned with end of life care.

The provider was meeting the accessible information standard, to enable people to understand and agree their care in accordance with their assessed needs. Complaints were effectively handled and used to help to inform any care or related service improvements when needed.

The service was well managed and led. Regulatory requirements were being met and staff understood their role, responsibilities and legal requirements for people's care.

The provider operated effective governance and service oversight arrangements to ensure the quality and safety of people's care. Effective communication, record keeping and information handling was also ensured, along with partnership working for people's care.

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

Rating at the last inspection

This service was registered with us on 10/04/2020 and this is the first inspection. The last rating for the service under the previous provider was Requires Improvement, published June 2019.

Why we inspected

This was a planned initial ratings inspection of the service for this registered provider.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

The Grange Nursing and 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 two inspectors.

Service and service type

The Grange Nursing and Residential Home 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 did not have a manager registered with the Care Quality Commission. As the provider, they are legally responsible for how the service is run and for the quality and safety of the care provided. However, a manager had recently commenced their employment at the service, who advised they were preparing to submit their registration application to us.

Notice of this inspection

This inspection was unannounced.

What we did before the inspection

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.

What we did before the inspection

We reviewed information we received about the service since initial registration. This included any written notifications the provider sent us, about important events when they happened at the service and the provider's information return. This is information providers are required to send us to tell us about their service, what they do well and any improvements they plan to make. This helps us to plan and to support our inspections. We also contacted local authority care commissioners and two external health professionals involved in people's care at the service.

During the inspection

At our visit on 22 June 2021 we spoke with five people about their experience of the care provided. We spoke with an acting manager, the newly appointed home manager, the deputy/senior personal care lead, an agency nurse, two care staff, a cook, a kitchen assistant and the nominated individual for the provider. We looked at six people's care plan records, multiple medicines records; staff recruitment records, complaints records and records of the servicing and maintenance of equipment used for people's care at the service

After the inspection

On 28 July 2021 we spoke with three relatives and three staff by telephone. We also reviewed a range of documents which we asked the provider to send us, relating to the management of the service. This included management and care policies, quality assurance audits and staff training information.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall, people's medicines were safely managed to ensure people were supported to take their medicines when they should.
- However, some people's medicines administration records were not always effectively maintained, against relevant nationally recognised standards concerned with safe medicines administration. This meant there was an increased risk to people, of a medicines error from this.
- We discussed our findings with the manager, and they agreed to take the action required to rectify this for people's safety. Following the inspection, the manager sent us evidence of their remedial actions to mitigate the risk. This included staff instruction and additional management monitoring to ensure safe practice ongoing.
- Staff responsible were trained, informed and competency checked in the safe handling and administration of medicines. Related assurance was also obtained for agency nurses.
- We observed an agency nurse and also a senior care staff member giving some people their medicines. This was done safely and included checking the medicines were correct for the person and checking the medicine type, dose and times to be given. They also checked people were comfortable and pain free when needed and made sure people had plenty of water to drink and had taken their medicines before signing them as given.
- People could be supported to manage and take their own medicines independently, following a relevant risk assessment process to make sure they were safe and chose to do so.

Staffing and recruitment

- Arrangements for staff recruitment and deployment were safely ensured.
- Required employment checks were carried out before new started employment at the service to provide people's care at the service.
- There was a deficit of permanently employed nurses at the service. However, named agency staff were safely deployed for people's nursing care within the service, with relevant assurance from the nursing agency supplier of their individual professional registration and post registration training status. Nurse recruitment and related employment checks were in progress at various stages, to re-establish the employment of permanent nurses for people's care at the service.
- The provider took ongoing account of people's care and related dependency needs, and the layout of the home to help inform safe staff deployment arrangements.
- Overall, people, relatives and staff felt there were enough staff to provide people's care. One person said, "It's fine, I may have to wait a little sometimes if I press the buzzer; they let me know if there's a delay, you have to be sensible about it; it's about priorities and safety." Another person told us, The staff are great,

there are none that I wouldn't want and there's always a nurses on duty for the specialist things."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective arrangements in place to protect people from the risk of harm or abuse
- Staff were trained, knew how to recognise abuse and were confident to report this in accordance with the provider's procedures in any event.
- People told us they felt safe at the service and their relatives felt people were safe there. All were confident to raise any safety concerns, if they needed to. Information was visibly displayed at the service to help inform this.
- The provider had acted in a timely manner to review people's individual safety, following three safeguarding concerns raised with them. This was done in consultation with relevant authorities with an interest in people's care at the service, to ensure people's safety.

Assessing risk, safety monitoring and management

- People's safety needs were effectively accounted for.
- Risks to people's safety associated with their health condition, environment and any equipment used for their care were assessed before people received care and regularly reviewed.
- Staff understood any related risks and the care actions they needed to follow for their mitigation. This information was recorded in people's care plans, which were regularly reviewed and revised when needed following any changes in people's safety needs. Such as, for their mobility, skin care and nutrition.
- Service risk assessments and related emergency contingency planning arrangements were generally in accordance with nationally recognised guidance. Such as, relating to fire safety and environmental risks.
- Staff we spoke with understood the provider's key safety procedures for people's care in the event of a foreseen emergency, such as a fire alarm or sudden health incident.
- People and relatives we spoke with felt staff supported people safely. One person said, " Yes I feel safe and I would feel comfortable letting them know if I didn't; the care staff here are exemplary."

Preventing and controlling infection

- The provider ensured safe arrangements for the prevention and control of infection and for cleanliness and hygiene at the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assure the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider in relation to their COVID-19 risk assessment.

Learning lessons when things go wrong

- Management monitoring and analysis of any health or safety incidents at the service, helped to inform or improve people's care when needed for their safety.
- The provider had notified us and relevant authorities of any significant incidents when they happened within the service, to help us check the safety of people's care when needed.

- There had been no safety incidents resulting in any person's harm or injury attributed to service failures within the last 12 months.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 for their care were effectively accounted for.
- Staff knew people well and followed their agreed care plans to provide care that met with people's needs and choices. People's related care plans were accurately maintained and reviewed when needed.
- The provider operated a comprehensive range of care policies for staff to follow. These were also regularly reviewed when needed, against nationally recognised guidance. This helped to ensure to ensure people received accurately informed, effective care.
- Staff had the information they needed to provide people's care. This included the provider's electronic care planning system, which staff could access via individual hand held devices at the point of care delivery. One care staff said, "It's much more efficient this way; people's care information is to hand and can be quickly shared or updated when needed."
- People and relatives were happy with the care provided at the service. All said staff understood people's care needs. One person said, "The staff look after me very well; they know when I am feeling unwell, or need to rest; I am feeling much better today."

Staff support: induction, training, skills and experience

- Care was delivered by a suitable skill mix of staff who were trained and supported for their role and responsibilities.
- All of the staff we spoke with said they were provided with the training, support and supervision they needed, which related management records also showed.
- Care staff were supported to obtain vocational qualifications relevant to their role. New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non professional care staff are expected to adhere to when they provide people's care.
- An agency nurse said, "I really enjoyed working here; we have our core training through the agency, but you also get all the relevant information and support you need here to provide people's care." A care staff member told us, "Training and support is good here; the main thing is we need more permanent nurses; I know they are working on that we've got some coming through and they do try as far as possible to get the same agency nurses block booked, which is better for continuity."

Supporting people to live healthier lives, access to healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support;

- People were supported to maintain and improve their health and nutrition when needed.
- Staff we spoke with, understood people's individual health conditions, how they affected them and their

related personal care needs. This information was recorded in people's individual care plan records, which were regularly reviewed.

- People were supported to access relevant external health professionals when they needed to. This included both routine and specialist health screening. For example, in relation to people's nutrition, mobility, equipment or medical health needs.
- One person said, "The nurses are very good; they know when to get the doctor." A relative told us, "Staff are quick to ensure [person] has access to healthcare when needed; we are entirely happy with the care."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with relevant authorities and external care providers to promote effective, informed care in line with people's needs and choices.
- Standardised information sharing procedures were in place for people's care and treatment, if they needed to transfer to another care provider. Such as, in the event of a person's hospital admission, or their return to local community health service provision within their own home. This helped to ensure people received consistent and informed care and treatment, as agreed with them or their representative.

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 interest 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 and followed the principles of the MCA to obtain people's consent and ensure their best interests or appropriate authorisation for their care when needed.
- Related records showed how people's care was agreed. This included any decisions that could be made by another, legally appointed to act on the person's behalf. Such as decisions about people's finances or health and welfare.
- People and relatives described how staff consulted with them, in a way which helped inform and agree people's care arrangements.

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

- The environment supported people's independence, choice, orientation, mobility and safety needs.
- Appropriate signage and information was visibly displayed, to help people's understanding and orientation. Such as, by way of picture signs, or large print information.
- Hand rails were fitted in bathrooms, toilets and corridors, along with sufficient space for people to move around safely.
- A range of communal and quiet spaces were available for people and their families to access as they chose, including a well-kept garden area, with level access and seating.
- People were supported to personalise their own rooms as they wished. People and relatives were happy with the environment.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 treated with respect by staff who promoted equity of care.
- People's care plans showed their diverse needs, lifestyle choices and any beliefs that were important to them, which staff understood.
- Throughout the inspection we observed staff were patient, kind and caring. They knew people well and understood the importance of establishing good relationships with people and their families.
- The provider's published care aims and related staff training, helped to ensure people's equality, rights within the service.
- People and relatives felt staff treated them with respect and care. One person said, "Staff are great; they listen to me; that's first and foremost."

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

- People's involvement and choice for their care and daily living arrangements was generally well promoted and respected at the service.
- Staff ensured people's involvement and choices when they provided care. For example, choice of clothing and food, or where, when and how people received care and spent their time.
- People's known care choices and daily living preferences were recorded in their care plans, to inform staff.
- People could be supported to access independent or specialist advocacy services, if they needed someone to speak up on their behalf, or a relevant professional to inform any formal decisions made about a person's care or treatment in their best interests.
- One person said, "I've not sat down with a care plan as such, but they [staff] always speak with me to agree my care; they do their job brilliantly – in fact they are the bees knees!"

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity, choice and independence was respected and promoted.
- We saw staff consistently ensured people's dignity, privacy and independence when they provided care. For example, making sure people's clothing was protected or properly adjusted when needed for their dignity, checking people were happy and comfortable, with drinks and any personal items to hand, before leaving them.
- We saw people were appropriately dressed and groomed in the style they chose.
- People and relatives said staff were helpful, kind, caring and treated people properly.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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's care and daily living arrangements were individualised in accordance with their needs and choices.
- Staff understood people's care needs, choices and preferences for their care and comfort. This information was agreed and recorded in people's care plans, which were regularly reviewed with them or their representative. This helped to ensure people's individual choice and control in their care.
- Throughout the inspection we saw staff provided people with timely care and comfort in a way they could understand. For example, staff told us about one person living with dementia who could easily become confused and distressed. We saw that staff responded quickly and calmly when this occurred, by fetching a personal item known to be of comfort to the person. The person smiled when this was handed to them and became visibly comforted and more relaxed.
- People and relatives we spoke with, felt staff knew people well and worked hard to ensure people's needs were met. One person said, "They [staff] basically do their job well; they come and help me when I need them but never rush or over do for me; it helps me keep independent that way."

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.

- The provider was meeting the accessible information standard for people's care.
- Relevant service information was provided for people, which could be provided in other formats if needed. Such as large print or pictures. This helped people and relatives to understand what they could expect for their care, how to raise any concerns or contact other authorities with an interest in their care, if they needed to.

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 supported to engage in home life, with others who were important to them and to access their local community. Arrangements for this were co-ordinated in accordance with relevant COVID-19 contagion control measures. Such as, for social distancing and visiting.
- People's care plans showed their daily living routines, lifestyle preferences and contact arrangements for family or friends who were important to them.

One person told us about their painting hobby and showed us some of their paintings. We saw they kept the

equipment for this in their own room. They said, "I only have to ask staff and they get it all out." Another person told us how they enjoyed getting involved with baking sessions held at the service. They said, "[staff member] always comes and ask what you want to do, they sort out things like that; it's been hard sometimes with this 'COVID', not always being able to see family, but I understand that."

Improving care quality in response to complaints or concerns

- There was an effective process for complaints handling at the service.
- Records of any complaints received were accurately maintained to show how they were investigated and responded to. This included any resulting care improvements.
- Most people we spoke with said they hadn't had any cause to make a complaint but felt confident this would be listened to and acted on, if they needed to. One person told us about a recent issue they had raised. This was being looked at by the manager, to find a workable solution that would be acceptable to the complainant.

End of life care and support

- End of life care policy at the service was informed against related nationally recognised principles.
- Staff understood key care principles concerned with people's dignity, comfort and choice at their end of life care.
- One person we spoke with, told us they were living with a life limiting health condition and had agreed their end of life care. This information was recorded in their related care plan for staff to follow. It included any advance decisions for their care and treatment, their preferred place of death, who would be involved and care of their body after death.
- Anticipatory medicines were in place for their use, if needed out of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to help them avoid any unnecessary hospital admission.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Overall, the provider had established effective arrangements for governance and service oversight; to ensure the quality, safety and improvement of people's care.
- There was a new manager in place, following effective interim management arrangements from the last registered manager who had recently left their employment at the service. The manager confirmed they were arranging to submit their registered manager application to CQC.
- Staff we spoke with understood their role and responsibilities for people's care and were positive regarding management and leadership arrangements at the service. Management measures for staff performance, supervision and support helped to ensure this.
- The provider ensured regular management checks to monitor the quality of people's care. Risk management strategies were also in place, to identify and inform risk, common trends and any areas of service improvement. Recent service improvements either made or in progress from this included, replacement of beds and mattresses, medicines management and record keeping improvements.
- There were clear procedures in place for communication and reporting in relation people's care and safety, which staff understood. For example, in the event of a person's fall or any change their health status.
- People, relatives, staff and external professionals felt they had good relationships with management who they said, were supportive and accessible to them. One staff member said, "The owners show they appreciate us too; they always say hello, ask how things are and tell us, staff need looking after too."

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 had sent us written notifications about any important events when they happened at the service, to help us check people's safety there.
- Related records and feedback we received for this inspection, showed timely action was taken by management at the service following any incidents, to ensure people's safety

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found an equitable and inclusive care culture at the service where people, relatives and staff were involved and engaged, to inform and ensure effective arrangements for people's care.
- The provider operated a comprehensive range of care policies, to effectively inform people's care. This

was set against nationally recognised, sector relevant care practice standards and related guidance, and the law.

- Staff understood the provider's objectives for people's care, to promote their dignity, safety, rights and best interests. Staff we spoke with knew people well and were motivated to provide people care in an individualised way, in accordance with their expressed views.
- A range of methods were used, to help inform people's care and related service planning and improvement. For example, periodic quality surveys. Feedback from the most recent of these in progress showed general overall satisfaction with the service. Areas indicating possible improvements needed, were not yet collated.
- When any changes or improvements were needed for people's care; management records showed this was communicated to staff in a timely manner. For example, minutes of a recent staff meeting showed record keeping improvements instructed in relation to people's medicines administration records. This included action to be taken, by when and who was responsible.

Working in partnership with others

- The provider worked with relevant agencies, including educational providers and external health and social care partners, when needed for people's care.
- This helped to ensure people received care that was effectively informed. For example, in relation to their nutrition, mobility, safety and rights.
- A visiting health professional said, "We have a very good working relationship between the care home and he surgery."