Mr Dennis Baily

The Grange Nursing Home

Inspection report

22 Grange Road
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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

This inspection took place on 2 and 8 November 2018. The first day of the inspection was unannounced.

The Grange Nursing Home 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 home can accommodate a maximum of 24 older people, some of whom may be living with dementia. There were 23 people living at the home at the time of our inspection.

At our last inspection in February 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why the service is rated Good.

People felt safe and secure at the home. Staff were always available when people needed them, which meant people did not have to wait for their care. Staff understood their role in keeping people safe and were aware of their responsibilities should they suspect abuse was taking place. People were protected by the provider's recruitment procedures.

Any risks involved in people's care were identified through assessment and action taken to minimise them. Medicines were managed safely. Health and safety checks were carried out to keep the premises and equipment safe for use. The home was clean and hygienic and staff maintained appropriate standards of infection control. There were plans in place to ensure people would continue to receive their care in the event of an emergency.

People's needs were assessed before they moved into the home and kept under review. Staff encouraged people to make decisions in their day-to-day lives and respected their choices. People's care was provided in line with the Mental Capacity Act (2005).

Staff had the induction, training and support they needed to perform their roles. All staff had an induction when they started work and access to ongoing training relevant to the needs of the people they cared for. Staff attended regular one-to-one supervision with their line managers, which gave them the opportunity to discuss their training and development needs.

People enjoyed the food provided at the home and were supported to maintain adequate nutrition and hydration. Staff monitored people's health and supported them to obtain treatment if they needed it. Referrals were made to healthcare professionals if staff identified concerns about people's health or well-being.

The design and layout of the home was suitable for people's needs. People were able to personalise their bedrooms to reflect their individual tastes and preferences. People were supported to maintain their independence where this was important to them.

Staff were kind and caring. They treated people with respect and maintained their dignity when providing their care. Relatives told us they and their family members valued the family atmosphere the home provided.

People enjoyed the activities provided and had opportunities to engage with others from their local community. Staff ensured that people who did not participate in group activities were protected from social isolation.

People and their relatives were encouraged to give feedback about the home and their views were listened to. People knew how to complain and were confident that any concerns they raised would be addressed. Any complaints received were investigated and used to improve the service.

People received care that was responsive to their needs. Care plans were personalised and recorded people's preferences about their care, including the care they received towards the end of their lives.

The home had a committed registered manager who provided good support to people, relatives and staff. The registered manager ensured their own skills and knowledge were maintained and was aware of their responsibilities in terms of reporting notifiable events when they occurred.

Staff had developed effective working relationships with other professionals involved in people's care. Key aspects of the service were audited regularly, which ensured that people received safe and effective care.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 8 November 2018. The first day of the inspection was unannounced and was carried out by one inspector. The second day of the inspection was announced and was carried out by one inspector and a nursing advisor who specialised in the care of older people.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider submitted in their Provider Information Return (PIR). 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.

During the inspection we spoke with six people who lived at the home and four relatives. We spoke with the registered manager and seven staff, including nursing, care, activities, housekeeping and catering staff. We observed the care people received, their mealtime experience and the interactions they had with staff.

We checked the care records of three people, including their assessments, care plans and risk assessments. We looked at how falls were managed and assessed whether any equipment used in people's care was appropriate for their needs. We checked the management of medicines. We looked at four staff recruitment files and records related to staff support and training. We checked meeting minutes and how complaints were managed.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. They said staff were available when they needed them. Relatives were confident staff kept their family members safe, which they found reassuring. One relative told us, "I know [family member] is safe; I don't have to worry." Another relative said, "I don't have a moment's worry."

There were enough staff on each shift to meet people's needs and keep them safe. The registered manager calculated staffing levels based on people's assessed needs. If people's needs changed, or a new person was admitted to the home, the registered manager reviewed the dependency assessment to ensure staffing levels remained appropriate. Staff understood the risks people faced and took steps to minimise these. Assessments had been carried out to identify any risks involved in people's care. Where risks had been identified, plans had been put in place to address them. For example, one person had a history of falling. We saw that the registered manager had implemented a number of measures to reduce the person's risk of falling, including arranging a medicines review, making a referral to the falls clinic and liaising with healthcare professionals. As a result of these measures, the number of falls the person suffered had reduced

Staff attended safeguarding training and understood their responsibilities should they suspect abuse or poor practice. They were able to describe the different kinds of abuse people may experience and the action they would take if they suspected it. The provider operated robust recruitment procedures, which helped ensure that only suitable staff were employed. Prospective staff were required to submit an application form with details of their employment history and to attend a face-to-face interview. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. Staff had attended appropriate training and their competency had been assessed before they administered medicines. Medicines stocks and administration records were audited regularly. The medicines administration records (MARs) we checked were accurate and up-to-date. People's MARs included a recent photograph and details of any medicines to which they were allergic. These records also contained guidance about any medicines prescribed for use 'as required' (PRN) and any individual guidelines about how people took their medicines. One person living at the home received their medicines covertly (without their consent). There was evidence that an appropriate process had been followed, involving all relevant people, to ensure this decision had been made in the person's best interests.

People and relatives told us the home was always clean and hygienic. Housekeeping staff had cleaning checklists to complete to ensure all areas of the home were cleaned regularly. All staff had infection control training in their induction and regular refresher training in this area. Staff had access to personal protective equipment, such as gloves and aprons, and used this appropriately during our inspection. The registered manager carried out infection control audits to ensure people were protected from the risk of infection.

Any accidents or incidents that occurred were recorded in detail by staff. The registered manager reviewed these records to identify any learning that could be implemented to prevent a similar event happening again. Staff carried out regular checks to ensure the premises and any equipment used in providing people's care was safe. There was a fire risk assessment in place and the fire alarm system and firefighting equipment were checked and serviced regularly. Staff attended fire safety training in their induction and were trained in the home's emergency procedures. The provider had developed a business contingency plan to ensure people's care would not be interrupted in the event of an emergency.

Good

Is the service effective?

Our findings

Staff had the induction, training and support they needed to do their jobs. All staff had an induction when they started work, which included shadowing experienced colleagues and attending mandatory training, including health and safety, moving and handling and first aid. Staff also had access to training relevant to the needs of the people they cared for, such as dementia and managing behaviour that challenged the service. The registered manager told us that some staff had already achieved the Care Certificate and that others were working towards it. The Care Certificate is a nationally agreed set of standards that health and social care workers should demonstrate in their daily working lives.

Staff had regular one-to-one supervision with their line managers and an annual appraisal. This meant staff had opportunities to discuss their performance and their training and development needs. We saw that supervisions and appraisals had been used to review incidents and to encourage staff to reflect on their practice and identify potential learning. For example, one supervision had been used to address a medicine recording error with a member of staff. The registered manager told us they observed the practice of all new staff before they were signed off as competent to provide people's care. The registered manager said, "I shadow them personally on the floor. I make sure I observe them. I assess how they communicate and their practice."

Registered nurses had access to training relevant to their roles and regular clinical supervision. Support was available to them if necessary to achieve revalidation with the Nursing and Midwifery Council (NMC). Nurses told us they were able to discuss and reflect on their practice with their peers and at individual supervision.

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. The assessments we checked were comprehensive and addressed all aspects of people's care and support. People and their relatives told us they had been involved in their assessments and encouraged to give their views about the support they wanted.

People enjoyed the food provided. One person told us, "It's very good." Staff supported people to eat and drink enough to maintain adequate nutrition and hydration. One relative said, "They are good at that." The relative told us their family member was reluctant to eat and drink. The relative said, "[Staff] spend ages coaxing and encouraging her to eat. If she's not interested, they will come back and try again. Every time they pop in they encourage her to drink."

People's nutritional needs were assessed and kept under review. If people were at risk of failing to maintain adequate nutrition and hydration, records demonstrated that referrals were made to appropriate healthcare professionals, such as dietitians, for assessment. Staff implemented any guidance about people's nutrition and hydration needs recommended by specialist professionals. If people had specific dietary needs, such as texture-modified diets, these were communicated to catering staff.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such

authorisations were being met.

We found that people's rights under the MCA were respected. Staff attended training in the MCA and understood the importance of supporting people to make decisions for themselves where they had capacity to do so. One relative told us their family member had fluctuating capacity. The relative said staff had made efforts to establish and record their family member's preferences at times when they were able to express them.

People's capacity to make specific decisions about their care had been assessed. If people lacked the capacity to take particular decisions, we saw evidence that an appropriate process had been followed to ensure decisions made on their behalf were made in their best interests. If people were subject to restrictions to keep them safe, applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been submitted to the local authority.

Relatives told us staff monitored their family members' healthcare needs and people said staff supported them to obtain treatment if they needed it. One relative told us staff had noticed a deterioration in their family member's health and "Progressed a referral to a specialist", which had resulted in their family member receiving the treatment they needed. The registered manager said staff were observant of any deterioration in people's health because they knew them well. The registered manager told us, "We have regular staff, they know exactly when someone is not well." The care plans we checked demonstrated that healthcare professionals were consulted about and involved in people's care where appropriate. For example, people had been supported to access GPs, dietitians, community mental health professionals and falls prevention specialists.

The design, decoration and layout of the home was suitable for people's needs. Adaptations and equipment had been installed to maximise people's mobility and safety. People were able to personalise their bedrooms to reflect their tastes and preferences and to bring personal items with them when they moved into the home.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said of staff, "They are all very good." Another person described staff as, "Always kind and helpful." Relatives told us their family members received compassionate care and had established positive relationships with the staff who cared for them. One relative said, "The care is very good. They look after [family member] really well." Another relative said of staff, "The way they are with the residents is lovely. You hear them laughing together."

Relatives told us staff created a calm atmosphere through their attitudes and behaviours. They said that, although staff were busy, they always displayed a kind and caring manner. One relative told us, "They are so calm. There are so many people with different needs and they manage it so well. They deal with everything very calmly. It's never stressed." Another relative said of staff, "They are always busy but never rushed." A third relative told us, "They are so thoughtful if there is some difficult news." Many of the staff had worked at the home for some years and knew people and their relatives well as a result. One relative told us, "There is hardly any turnover of staff." Another relative said of staff, "They all know [family member] very well because they've worked with her for a long time."

People told us they liked the staff who supported them and enjoyed their company. We observed that staff engaged positively with people during our inspection. They were friendly but professional in their interactions with people and shared jokes and conversation. Relatives told us they and their family members enjoyed the friendly, family atmosphere that the home provided. One relative said of the home "It's small, family-run and everybody knows each other." Another relative said, "It has a very homely atmosphere." Relatives told us they could visit their family members whenever they wished and were invited to attend events at the home.

Staff encouraged and supported people to celebrate important life events with their friends and families, such as birthdays and anniversaries. The home had received many compliments and letters of thanks from families for their efforts in helping people celebrate these events. Staff kept people's friends and families up-to-date about their health and well-being. One relative told us, "They are very good at keeping in touch." Another relative said, "I get a 'phone call straightaway if there is anything I need to know." One person was supported by an independent advocate as they had no close family. We saw evidence that staff had liaised with the person's advocate about their care when necessary.

People told us staff treated them with respect and maintained their dignity when providing their care. They said staff were polite and always respected their privacy. Relatives confirmed that staff treated their family members with dignity. One relative said of staff, "They are extremely respectful." People were encouraged to make decisions about the care and support they received. Relatives told us staff encouraged their family members to make choices in their day-to-day lives and respected their decisions. One relative said of staff, "They encourage [family member] to make choices."

Staff supported people to maintain their independence where this was important to them. People's care plans detailed which aspects of their care they could manage themselves and in which areas they needed

support. Relatives told us staff encouraged their family members to be independent where they wished to be but were available to provide support when it was needed.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their changing needs. There were care plans in place which reflected people's individual needs and provided guidance for staff about how their care should be provided. People were encouraged to be involved in developing their care plans and their relatives were consulted about care plans' content. One relative told us, "I am given the care plan to review and comment, especially if there's a change."

Care plans demonstrated that staff monitored people's needs closely and took appropriate action if their needs changed. For example, one person had developed behaviours that affected them and other people living at the home. The registered manager had been proactive in obtaining the professional support needed to understand and address these behaviours. The registered manager had sought the input of the Intensive Support Team, arranged an appointment with the GP to review the person's medication and requested an urgent review of the person's needs with the local authority. We saw that people who lost significant amounts of weight were referred to a dietitian for assessment and people whose risk of falling increased were referred to the falls prevention team.

People had access to activities and outings, which they told us they enjoyed. Relatives said their family members benefited from the social engagement that the activities programme provided. The home employed an activities co-ordinator, who had recently agreed to increase their working hours to arrange more in-house activities and outings. The activities co-ordinator also arranged visits from external activities providers and entertainers. People were seen to be enjoying the in-house activities that took place during our inspection. Staff spent time with people who were cared for in bed on a one-to-one basis to make sure people were protected from the risk of social isolation. People had opportunities to be involved in their local community. For example, the home played an active role in a local annual street party and fund-raising events including a Macmillan Coffee Morning. People who wished to go shopping or visit the local pub were supported to do so by staff. The registered manager told us that risk assessments were carried out to ensure people were kept safe while accessing the community. Two local churches were involved with the home and visited regularly. Volunteers from the churches took people to coffee mornings each week.

The provider had a complaints procedure, which was given to people when they moved in and made available to relatives. None of the people or relatives we spoke with had needed to complain but all said they would feel comfortable making a complaint if they were dissatisfied. One relative told us, "I certainly would do if I needed to." The complaints record demonstrated that any complaints received had been investigated and responded to appropriately. The registered manager had responded to complaints in detail and, where necessary, had offered to meet with complainants to resolve their concerns.

The registered manager said they encouraged people and relatives to speak up if they were dissatisfied so their concerns could be addressed before they escalated to a complaint. The registered manager said they were confident that relatives felt able to speak up if they were concerned about any aspect of their family member's care. The registered manager told us, "They tell me straightaway if they are not happy. They are very straight with me."

Staff had established people's wishes about their care towards the end of their lives through discussion with them and their families. People's wishes and any advance decisions were recorded in personalised end-of-life care plans. Where necessary, staff had worked closely with specialist professionals to ensure people received the care they needed towards the end of their lives. The home's compliments record contained numerous comments from relatives whose family members had passed away at the home praising the care their family members received towards the end of their lives.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was accessible to people and their relatives and provided good leadership for staff. Relatives told us the registered manager was approachable and supportive to families as well as people who lived and worked at the home. One relative said, "[Registered manager] is brilliant. She is so supportive." Another relative told us, "[Registered manager] is very approachable. She leads the team well and has been so kind to me as well." A third relative said of the registered manager, "She has a good way of approaching difficult subjects."

Staff confirmed that they felt well-supported by the registered manager. They said the registered manager provided good leadership and was supportive of the team and individual staff. One member of staff told us, "[Registered manager] is fantastic. If I have a problem she is happy to support me." Staff said morale within the team was good and that they worked well together to meet people's needs. A relative observed, "The staff seem to get on well and work well together." The registered manager confirmed that staff were committed to ensuring that people always received the care they needed. The registered manager provided examples of staff altering their plans to ensure that all shifts were covered by permanent rather than agency staff. The registered manager told us, "I am very lucky with my staff; they always think of the home."

Staff communicated information about people's needs effectively. A handover took place at the beginning of each shift at which staff were briefed on any updates regarding people's care. At each handover, a slot was allocated to discuss potential improvements that could be made to the care people received, such as how best to manage a specific behaviour. Staff meetings were held regularly and used to ensure staff were maintaining good practice and had all the information they needed about people's care. For example, we saw that the registered manager had given staff information about the needs of people who had been assessed and were planning to move to the home. The registered manager had also used staff meetings to discuss effective communication and engagement and any learning points identified through complaints.

People and their relatives had opportunities to contribute their views about the home and these were listened to. Relatives said any suggestions they or their family members made were always considered and acted upon where possible. People and relatives were able to contribute their views through satisfaction surveys which were distributed and collated annually. The completed surveys we saw contained positive feedback from people and relatives about many aspects of the home, including the quality of care and the caring approach of staff.

There were effective systems in place to monitor the quality of the service. The registered manager made sure they maintained an oversight of the home and the care people received. Key areas of the service, such as medicines, infection control and pressure-relieving equipment, were audited regularly. The home's

quality monitoring systems had been improved by the adoption of the Commissioning for Quality and Innovation (CQUIN) programme introduced by NHS England. The aim of the CQUIN framework is to achieve improvements in the quality of care and better outcomes for people who use services. This is achieved in part by more detailed monitoring of the care people received. In the previous year, the home had focused on five aspects of care, including pressure area care, prevention of urinary tract infections, nutrition and hydration and falls reduction. In the current year, the home was focusing on improving standards in nutrition and hydration, personal care, falls prevention and medicines management.

Staff had developed effective working relationships with other professionals, such as GPs community nurses, dietitians and local authorities that commissioned people's care. Staff implemented any guidance recommended by professionals when providing people's care. The registered manager ensured their own skills and knowledge were kept up-to-date. The registered manager was working towards the Quality Care Framework (QCF) Level 5 in Management, the industry standard for leaders in health and social care. The registered manager attended registered care home managers' meetings organised by the local Clinical Commissioning Group (CCG) to share good practice and keep up-to-date with changes to legislation. The registered manager was aware of their responsibilities in terms of informing CQC when notifiable events occurred and had submitted statutory notifications as required.