

The Grange Rest Home Limited

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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 Rest Home is a residential care home registered to provide accommodation and personal care for up to 26 older people. People at the home were living with dementia. The home does not provide nursing care. At the time of the inspection there were 23 people living in the home.

People's experience of using this service:

People told us they felt safe and happy living at The Grange Rest Home. Staff understood how to keep people safe and felt confident that they would be listened to, and action taken, if they had any concerns that people were at risk of harm or abuse.

People were supported by staff who were well trained and competent to help them achieve their desired outcomes and live their lives as independently as possible. Staff understood the importance of helping people to stay healthy by supporting them to access relevant healthcare services in a timely way. Risks that people faced were minimised and regularly reviewed.

People were supported by staff who were consistently kind, caring and attentive in their approach. Staff had got to know people well which enabled mutually beneficial relationships. People were listened to and made decisions about the care and support they received. Staff promoted meaningful choice and sought people's consent before providing them with care.

People were encouraged to participate in a range of activities that reflected their interests and abilities. When people wished to spend time alone or with visitors this was respected and supported. Relatives told us they felt welcomed and involved. The home provided opportunities for people, relatives and staff to feedback and influence what happened at the home. The management were well respected and promoted an open, friendly and supportive culture.

Quality and safety checks helped ensure people were safe and protected from harm. Audits helped identify areas for improvement with this learning shared with staff. This also ensured that practice standards were maintained and improved. A staff member told us, "The management constantly listen and help us improve."

Rating at last inspection:

At our last inspection we rated the home Good (published 22/10/2016).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Grange Rest Home Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a planned inspection and was unannounced. The inspection took place on 8 and 9 April 2019.

What we did:

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We did not request a Provider Information Return. This is information providers send us at least once

annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also spoke with the local authority safeguarding and quality monitoring team to obtain their views about the service. We used all this information to plan our inspection.

We spoke with seven people and two relatives. We also spoke with the registered manager, four care staff (including two senior care leads), the chef and kitchen assistant, activity coordinator and a domestic assistant. We spoke with two healthcare professionals by phone after the inspection site visit.

We looked around the service and observed care practices throughout the inspection. We reviewed a range of records including four care plans, four staff files, training records and other information about the management of the service. This included accidents and incidents information, four Medicine Administration Records (MAR), temperature records, equipment checks and quality assurance audits.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to keep people safe from harm or abuse. Staff told us they would feel confident whistleblowing if they observed poor practice. People who were able to speak with us told us they felt safe at the home. One person told us, "My life is much better here. I feel safe."
- There were effective systems and processes in place for reviewing and investigating safeguarding incidents. Incidents were used as an opportunity for reflection and learning. There were no open safeguarding concerns at the time of our inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had personalised risk assessments to help reduce risks associated with things such as their skin integrity and risk of falls. Care plans had been developed to help reduce these risks with this information known and available to staff. People had specialist equipment related to their identified risks. This equipment was being used in the way advised by professionals.
- People told us that staff responded in good time when they requested help either verbally or using their call bell.
- General environmental risk assessments had been completed to help ensure the safety of the home and equipment. These assessments included: water temperature checks, availability of pull cords in communal bathrooms and toilets, safety of electrical appliances and equipment.
- Risks to people from fire had been reduced. The home had received a fire safety assessment from the local fire department and a number of requirements had been identified. The registered manager showed us an action plan which noted actions taken to address the issues raised. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.
- Staff recorded accidents and incidents appropriately. The registered manager reviewed all incidents and accidents to investigate what had happened, determine the cause, identify potential trends and develop an action plan to help reduce the risk of a re-occurrence. Learning was shared at team meetings.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely and flexible way. Staff told us the rota was

planned in a way that supported them to have meaningful interactions with people.

- The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. These included references from previous employers and criminal record checks.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed from staff that had received the relevant training and competency checks. Medicine Administration Records (MAR) were completed and legible.

- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

- Medicines were stored safely including those requiring additional security.

Preventing and controlling infection

- The home was visibly clean and odour free. There was an infection control policy and cleaning schedule to ensure that risks to people and staff from infection were minimised. Staff had received infection control training and told us they had a good supply of Personal Protective Equipment (PPE) such as gloves and aprons.

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

Good: □ 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 had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes.

Staff support: induction, training, skills and experience

- People were supported by staff that had received an induction and shadowing opportunities with more experienced staff. Staff told us that if they did not initially feel confident they were supported to have additional shadowing.

- Staff received mandatory training in areas such as medicines and mental capacity and also training specific to their roles. For example, kitchen staff had done training in food hygiene and special diets whilst domestic staff had undertaken courses on infection control and Control of Substances Hazardous to Health (COSHH). One person said, "The staff are well trained and if they don't know they get a second opinion."

- Staff received supervision that provided them with an opportunity to discuss concerns, reflect on their practice and discuss their professional development.

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

- People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Adapted crockery was provided where people needed this. Where people required support from staff to eat and drink this was provided in a patient and sensitive way that helped maintain the person's dignity. This included aprons placed over people's clothes for protection. We observed a person being supported to eat by a staff member who gave them gentle encouragement and praise.

- People told us they liked the food. They were given choice and alternative options. Meals were made from fresh ingredients and included a vegetarian option. People could have their meals outside of typical meal times if they preferred. The chef said, "People can have what they want when they want." We heard one person telling the chef, "The food you do here is so good."

- People's dietary needs and preferences were known and met. People could have small, medium or large

portions according to how they felt each day. People at risk of malnutrition and dehydration had their weight checked regularly and their intake monitored with food diaries. During hot weather people were offered foods with a higher fluid content to help keep them hydrated and cool.

- Picture cards were available to help people choose what they wanted to eat and drink. The menu was displayed on whiteboards as a reminder and conversation point for people.
- Staff took covered meals to people who had chosen to eat in their rooms. This ensured people had food that was warm and enjoyable to eat. We observed staff dropping by people's rooms to check everything was okay with their meal.

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

- The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. People had been supported to visit, or receive visits from, healthcare professionals including: community nurses, chiropodists, dentists, opticians and GPs. One person told us, "They get the right people involved if my health changes. I phone the [specific healthcare team]. Sometimes we decide between us who will phone the doctor." Another person said, "When I had a funny turn they got me into hospital. I've only got to say I've got an ache and they are on it straight away."
- People's current and emerging care needs were discussed in detailed handovers. This meant that staff were aware of people's health and any progress or deterioration they were experiencing. This information was conveyed in a respectful manner and easily accessible to all staff. One staff member said, "The communication book, house diary and staff whiteboard are really helpful particularly if you have been off a few days."

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

- People lived in an environment that had been adapted to meet their needs. Signage around the home helped people understand what each room was used for. The registered manager told us that they were going to increase the availability of signage so that it covered all areas of the home. Clocks and calendars around the home, including in people's rooms, were set to the correct time, day and month which helped people who lived there with memory problems.
- The home had started putting 'memory boxes' on the wall outside people's rooms which contained photographs and objects of importance to them. Staff had been encouraged to include people's family and friends in this project. The boxes helped people identify their room and celebrated their interests and achievements.
- People had access to a secure and enclosed outside space via a ramp with handrails. We saw photos of events where people had used this area of the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's mental capacity and ability to consent to living at the home had been checked as part of the pre-admission assessment process. Staff were able to tell us when and who they would involve if a person lacked capacity to make complex decisions.
- The home had applied to the local authority for each person that required DoLS and kept a record of when these were due to expire. Two people had conditions attached to their DoLS. We reviewed their care records and observed that these conditions were being met.
- Staff had received mental capacity training and understood how to apply the principles of the MCA when supporting people. One staff member said, "We should always assume people have capacity unless an assessment says otherwise."
- Staff were observed asking for people's consent before supporting them and provided them with information that helped them to make meaningful choices. This included what time they wanted to get up and how they wanted their hair styled.
- People's care plans identified if they had a legal representative and the extent of the authority these representatives had, for example for decisions around property and finance and/or health and welfare.

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

Good: 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 told us that staff treated them well. People's comments included, "I'm quite happy here", "I like living here. My [relative] found this place. I'm happy with [relative's] choice" and, "I like living here. The staff are kind." One person told us they had initially come to the home on respite, went back home then decided to return, "Their kindness and friendliness brought me back." When we spoke with the registered manager a person came into the office and said, "I want to tell the inspector this is a nice place to live."

- A relative had feedback to a social worker about a family member who was in hospital, 'During [family member's] stay in hospital [name of staff member] from The Grange has kept in touch for regular updates, and always sent their best wishes to our [family member]. [Family member] is looking forward to going back to The Grange and being with her friends.'

- The service kept a record of people's and their relative's compliments and shared these with staff. Comments included: 'Always made to feel very welcome. [Name] seems settled and happy. Always look forward to seeing and speaking to pleasant staff', 'Right from the first visit to The Grange everything felt so right. [Name] settled in quickly and felt at home. I always get a warm welcome. The care is top notch.' A person who had viewed The Grange as a prospective new home for their relative had feedback, 'Ticks all the boxes and I think will be perfect for my [family member].'

- People's feedback from the most recent annual survey included that they felt the staff team knew them very well and treated them with respect and dignity.

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

- People who were able to said they were happy with the care they received and felt involved and listened to by staff. One person was on a respite stay to decide how they felt about moving from home into residential care. The person's care manager told us, 'There appears to be an ethos of engagement with clients. [Name of person] shared that staff had been positive about [name] returning home and she felt they (staff) understood [name's] situation.'

- People's cultural and spiritual needs were acknowledged, respected and met. The home hosted faith-based services and staff also supported some people to attend church.

- People had been able to personalise their rooms and bring in furniture and other items of sentimental

value such as photos and ornaments which made them feel settled and at home. One person said, "I like my room, you can't afford not to...I like pink." The registered manager later told us this person had chosen the colour scheme in their room.

- People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. People were given reminders of when their relatives were going to visit so they could look forward and plan for the occasion.

- Relatives told us they were made to feel welcome and involved. One relative visiting with their family member's pet dog told us, "I wouldn't know of a better home. Staff are very good. 110%. It's very nice."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their privacy. We observed staff knocking on people's doors before entering their rooms. All staff waited for the person to respond and invite them into their room, before greeting them with their preferred name. One person told us, "The best thing here is the peace and quiet. They (staff) respect that." Staff were aware that one person was claustrophobic but had worked sensitively with the person to get them to accept their bedroom door being shut during personal care.

- Staff were committed to supporting people to live their lives how they wanted to live them with as much independence as possible. A healthcare professional commented about their contact with the registered manager following a person's respite stay, "When I went to feedback to the manager at the end of the meeting it was a positive experience. All information about the client's stay was presented in a positive manner with an obvious view towards as much independence as possible." A staff member said, "It's about stepping back but offering help when needed." One person commented, "As much as I can I live my life independently. I make cards for other resident's birthdays and for residents to give to other people. I can get up and go to bed when I want."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care. Their needs, abilities, life history, and preferences were documented, known and supported by staff. For example, a healthcare professional who had recently visited the home fed back to us via email, 'There was a client who was unsettled whilst I was writing in the notes. [Name] was verbally distracted and I was asked to wait a minute before I left so that they (staff) could ensure the person was settled so my leaving didn't unsettle the situation. It came across as the client's needs were the focus.' This view was mirrored by a relative who had fed back, 'All staff are excellent in this home and deliver person-centred care.'

- The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.

- People were given the opportunity to take part in a wide range of activities supported by an enthusiastic activities coordinator. This included reminiscence, quizzes, regular interactive sing-a-longs with a visiting musician, seaside walks and 1:1s for people more at risk of social isolation. People told us they were encouraged to participate but could choose to decline if they wanted to do something else or preferred some time alone. In the annual resident's survey, a person had fed back, 'I love going on the seafront and for walks.' There were plans to further increase the variety of activities following a survey of people's interests.

- Staff demonstrated an understanding and support of people's emotional needs. For example, the registered manager took photos of a cottage where a person used to live so they could enjoy reminiscing about their time spent there. They had also taken a photo of a bench that a person had had placed in a local park in memory of their partner. When one person became agitated wondering when their family member was due to visit a staff member showed the person the calendar in their room where it had been noted as a reminder. We observed that this reassured them.

Improving care quality in response to complaints or concerns

- The home had an up to date complaints policy with the procedure displayed in the home. This stated, 'Here at The Grange your complaints are welcomed.' The management logged, tracked and resolved complaints in line with this policy. People and relatives told us that if they need to complain they would

speak to the registered manager or deputy manager. In the residents' survey a few people had expressed they were unhappy about laundry going missing. Since then there had been a drive to improve laundry standards. People's clothes are now labelled, and key workers have been given allocated time to check that people's clothes are in order.

End of life care and support

- At the time of the inspection there were no people requiring end of life care at the home.
- Staff had received training in how to support people when they required end of life care and support. A healthcare professional commented: "I went to visit a person with end of life care needs at the home about six months ago. When I arrived the staff member was reading the person one of their own books; the person had been an author. They were very comforting to the person and held their hand. They also supported me."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had an open and friendly culture. The registered manager described the culture as, "Open and transparent" while adding, "I like people to feel listened to. We operate a no-blame culture. It's important that if there are errors they are flagged up. It's important to learn lessons."

- Staff spoke positively about the management and their colleagues, "There is a family atmosphere here. Everyone is really nice. Everybody gets on. I enjoy coming in. [Name of registered manager] is a very good manager. Probably one of the best I've had", "I can't fault the registered manager or deputy manager. They always say their door is open and there are no silly questions" and, "The registered manager is really good. [The registered manager] gives constructive criticism and is really supportive." A relative had feedback, 'I find The Grange a well-managed care home with a great team of staff.'

- The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and transparent about any accident or incident that had caused or placed a person at risk of harm. The registered manager said, "My ethos ever since being in care is solutions."

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

- The registered manager and staff were clear about their roles and responsibilities.

- The registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding. This is a legal requirement.

- Staff told us they felt praised, valued and rewarded. This was confirmed in documents we viewed. For example, one staff member's probation record noted, 'Very positive attendance and punctuality excellent. Professional and very supportive to the service and manager.'

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

- Staff had regular team meetings. A staff member said, "You can speak up at these meetings and things are

then followed up. We needed all new bedding. I raised it with [name of registered manager] and it was done." Another staff member made a similar comment when telling us, "At team meetings everyone is encouraged to input, and everyone is listened to. Things are acted on." Records from a recent night staff meeting detailed that they had commented positively about the support they received from the day staff. The registered manager told us, "I encourage staff to have a close connection with what is going on, communication is key."

- Residents meetings took place at the home. These were chaired by the activities coordinator and supported by the registered manager. The minutes showed these were well attended and had given people the opportunity to influence changes at the home. For example, people had voted what colour they wanted the dining room, and this was followed up. People's views had also been sought using a large print, pictorial questionnaire with feedback analysed and used to improve the care and support provided.

Continuous learning and improving care

- The registered manager completed regular checks which helped ensure that people were safe and that the service met their needs. Audits included areas such as: care plans, medicines, and handover records.

- The registered manager encouraged and supported staff to increase their knowledge and develop professionally. For example, one staff member told us, "The managers have helped me move from nights to days then to lead carer. I did shadowing with [name of another lead carer]. There is always support. You are always learning." Another staff member said, "It's really fun working here. The management constantly listen and help us improve."

- The registered manager said they kept their skills up to date by attending community dementia team in-reach meetings and practice development groups. Some of these were hosted at the home.

Working in partnership with others

- The home worked in partnership with other agencies to provide good care and treatment to people. The management and staff worked closely with local district nursing teams, hospital social workers, GPs and a Community Mental Health Team to meet and review people's needs.