

The Grange

The Grange

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 is a residential care home providing personal care and accommodation for up to 29 older people. There are 26 single rooms which are used as single rooms unless anyone has a specific need to share. The service provides support to older people who are able to independently mobilise around the service. At the time of our inspection there were 25 older people using the service.

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

Everyone told us they would recommend the service due to the care and attention of the staff. One person told us, "The owners, you can just feel that they care. Their priority is the care of the residents and not money." Another person told us, "The staff are all great. Nothing's too much trouble for them, some are actually more like friends to me now, rather than my carers."

The aims of the service was for people who were independently mobile, to maintain their independence, make decisions made about their care and continue with histories and hobbies. Staff effectively supported people to achieve these aims.

People and their relatives said the service was well-managed and the managers and owners were open and approachable. A positive culture had been nurtured at the service where people felt confident to speak up and their views were listened to and acted on.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff available to meet people's needs. People said they never had to wait a long time to be supported and staff had time to sit and chat to them, which they very much enjoyed. Staff were provided with suitable training to ensure their skills and knowledge were up to date. Staff felt well supported by the management team, which helped them to provide person-centred care.

People had access to health care support and the service worked in collaboration with health care professionals to ensure their health needs were met. People received their medicines as prescribed.

Quality checks ensured people received safe, effective and responsive care. These checks included feedback from people and their relatives to help the service improve.

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

Rating at last inspection

The last rating for this service was Good (published 3 December 2019).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We 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, which will help inform when we next inspect.

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

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience was used. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 August and ended on 10 August. We visited the location's service on 3 and 8 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived in the service and three relatives. We joined some people for lunch. We talked to nine members of staff including the two home owners (provider), registered manager, care coordinator, a senior carer, two care staff, the cook and head of housekeeping.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment. We also looked at staff training and staff supervision. A variety of records relating to the management of the service were reviewed including accidents and incidents and quality checks and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Potential risks to people's safety continued to be assessed, monitored, recorded and reviewed.
- The exception to this best practice was in relation to one person who was on respite care. Staff understood the potential risks and had taken action to minimise them to ensure this person's safety. However, this information was not contained in written guidance to ensure all staff knew how to support the people in the right way. This was addressed immediately.
- Risks around people's daily living needs were assessed such as in relation to their mobility, nutrition and health conditions. For people who had diabetes, staff were advised about what type of diabetes they had and how to recognise and take action if they had too much or too little sugar in their blood stream.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely manner. Electrical and gas appliances were maintained, and fire equipment regularly serviced. Staff were able to describe in detail the process of how to evacuate people in the event of a fire.
- One person told us they were anxious about how they would leave the building in the event of a fire. They said that staff held a fire drill each month and escorted them to safety. They said this meant they did not worry about their safety in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to understand what constituted abuse and poor practice. They felt confident if they reported any concerns at the service they would be acted on. They also knew how to report allegations of abuse to external agencies.
- People and their relatives said staff made them feel safe. Comments included, "The staff's eyes are always open for safety concerns"; "I just feel that the staff think of everything to keep me safe" and "The way we are all treated, and the care they take with us, means I do feel safe here."
- Safeguarding concerns had been reported to the local authority, who have the lead role in investigating allegations of abuse.

Staffing and recruitment

- Staffing levels continued to be assessed and monitored and new staff checked to ensure they were suitable for their role.
- We observed a calm atmosphere at the service and people were attended to in a timely manner.
- People and relatives told us there were enough staff available during the night and day to meet their needs. Comments from people included, "It never feels as if staff are over-burdened, and staff have time to do their own roles" and "The staff are always within a few minutes of you."

- Checks on new staff were comprehensive. They included obtaining a person's work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.

Using medicines safely

- People continued to be supported to take their medicines from staff who were trained and had their competence and skills to do so regularly checked.
- Medicines were regularly audited to check they were administered, recorded and stored safely. This included audits from external providers and any recommendations made had been acted on.
- There were protocols for 'as and when required' medicines, also known as PRN medicines, such as paracetamol or topical creams. This helped staff understand when and how to administer these medicines. An exception to this good practice was for pain patches where it could not be assured patches were rotated, so they were not placed on the same area of people's skin in a 28 day period. This was immediately addressed to ensure people's skin remained healthy.
- People and their relatives told us that people received their medicines when they needed them. We observed staff asking people if they needed any pain relief. One person told us, "Staff give me my medication at the correct time. They ask if I'm in pain, or I can ask for paracetamol."

Learning lessons when things go wrong

- All significant events such as accidents, incidents and safeguarding's continued to be monitored by the registered manager to see if there were any common themes or patterns.
- Significant events were reviewed and action was taken following incidents to ensure people were safe and to see if any lessons could be learned. For example, if people had sustained injuries or had a number of falls, the falls team was contacted. When people had lost or gained a significant amount a referral was made to the dietician.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that 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.

Visiting in care homes

- People and their relatives told us they were able to visit in line with government guidance. Visitors were encouraged to visit in the garden whilst the weather was amenable where there was a wide range of outdoor seating. Named carers were able to visit including if there was a COVID-19 outbreak at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained 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 continued to be assessed before they moved to the service to determine if it was a suitable place for them to be supported.
- Assessments were undertaken in line with best practice. This included the use of nationally recognised tools for identifying and monitoring people's skin condition, nutrition and hydration.
- The registered manager told us people were assessed carefully because the service did not have the ability to support people with high mobility needs, due to its layout. This was taken into account from the outset and people, relatives and health professionals were informed of this. One relative told us, "Two ladies from the Grange came to look at what care was needed and ensure that the service would be able to offer the necessary support."

Staff support: induction, training, skills and experience

- Staff continued to develop and gain the skills and experience necessary for their roles through the service's training programme.
- New staff undertook a structured induction and were assigned a buddy to support them through the process. They also completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and their relatives told us staff had the necessary skills and knowledge for their roles. One person told us, "The daily care is excellent, and staff have the right training and skills for the work they do." Another person said, "The new staff are trained well, and we are encouraged to see them as our friends, but they also understand it's my home and they just work here."
- Staff told us the managers and home owners were approachable and supportive. They described working at the service as being like part of a family. Formal support was provided through supervision and an annual appraisal. These are processes which offer support, assurances and learning to help staff development.

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

- People continued to be offered enough to eat and drink and enjoy a balanced diet.
- Assessments were made to see if people were at risk of poor nutrition and their food intake and weight were monitored. Referrals were made to the dietician where there had been significant changes in people's weights. A relative told us, "We noticed some weight loss initially, which might be because the move to residential care was an upsetting experience, but my relative's weight is now stable and they are enjoying their food again."
- People and their relatives said that their likes, dislikes and special dietary needs were taken into

consideration. One person told us, "We don't have a fixed menu that we must eat. Although there are weekly menus written up, we can ask for alternatives and the staff know what foods individuals like or which items they can't tolerate." Another person told us, "I need liquified foods to easily swallow and digest, which The Grange are happy to prepare for me."

- Lunchtime was used as an opportunity for people who were friends to sit together and enjoy one another's company. People were supported to be as independent as possible, but staff assistance was never far away if needed.

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

- People continued to be supported to live healthy lives and to access health services.
- People and relatives said staff helped them to access healthcare services and support. One relative told us, "The Grange arrange any necessary visits from paramedics or district nurses and they take my relative to medical appointments, investigations at hospital and the memory clinic, etc." Another relative said, "On one occasion my relative had a funny turn and The Grange sorted everything out for them, arranging for them to go to the hospital and then arranging transport back afterwards. They kept us informed at every stage."
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth or dentures and if they were registered with a dentist.
- Staff understood people's medical conditions and the action they needed to take so people lived healthy lives. Staff had undertaken training in dementia awareness, stroke awareness, diabetes and sepsis. Sepsis is a life-threatening reaction to an infection.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- We observed staff seeking verbal consent from people before giving them assistance.
- Staff told us the majority of people had the capacity to make decisions about their care and treatment. They understood that some people's capacity to make day to day decisions could fluctuate. At these times staff made decisions in people's best interests, based on their past choices and preferences.

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

- The services physical environment continued to be suitable for older people who were independently mobile. There were adapted facilities to help people move around the service such as bath chairs and handrails.
- People told us how much they enjoyed sitting in the garden. The garden was well maintained and had a number of seating areas so people could sit in the shade throughout the day.
- Their home environment was well maintained. There were a number of communal areas and lounges for people to spend time in. People's rooms were personalised with items of their choice. People said the feeling of the service was 'homely'.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Outstanding. At this inspection the rating is 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; equality and diversity

- People continued to be supported by staff who were highly motivated to provide kind, sensitive and compassionate care.
- The value of caring was put at the centre of the service. One person told us, "The owners, you can just feel that they care. Their priority is the care of the residents and not money."
- Staff took time to get to know people and had developed strong caring relationships which had a positive impact on their well-being. One person told us, "The staff are all great. Nothing's too much trouble for them, some are actually more like friends to me now, rather than my carers." A relative said, "I think the staff all really pay attention to us, as a family. They can then have a full conversation about anything that's affecting my relative. They might ask about the book they are reading and just take the time and effort to know the person, not just the job of caring for their needs."
- Staff found creative ways of meeting people's individual interests. One person liked to sit in the garden and watch the birds but mentioned to one of the owners that there were no blackbirds. The owner took a film of the blackbird in their garden and the dawn chorus on the first of May 2022. This person was extremely thrilled and delighted so the owner continues to take regular films and photographs of the blackbird.
- One person who likes to spend time by themselves, struck up a friendship with a member of staff. This staff member has left employment at the service but continues to take the person for a walk much to the person's delight and enjoyment.
- The service had received a number of compliments about its caring nature. Written compliments included, 'We want to thank you all for your care and diligence looking after mum during this difficult year'; and 'My grandma was a very special lady and I felt she got the care that she deserved staying at The Grange'; and "Thank you very much to you all your lovely staff for the kindness and understanding that you showed towards our relative."

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

- People continued to be supported and involved in decisions about their care.
- Each person had a key worker. A keyworker is a staff member who spends time with the person and takes a specific interest in their care, needs, interests and supports them to express their views. One person was anxious and upset about a change in their care. Their keyworker spent time talking to them and reassuring them about their situation.
- Staff supported people to understand information in order to make decisions and choices about their care. One person told us how staff were supporting them to understand information about their medical condition. They told us staff also provided practical and emotional support which greatly benefited them.

Respecting and promoting people's privacy, dignity and independence

- Staff and managers continued to be skilled in anticipating people's needs, particularly around maintaining their dignity and independence.
- People explained how staff always made them feel valued. One person told us, "Staff think about my dignity and are always respectful. I'm quite independent as a person, which staff respect and do not expect anything or ask me to do anything I don't wish to do." People explained how staff were very discreet and never made them feel embarrassed about any personal situation.
- Staff supported people to maintain their independence and did so in a person-centred way. One person said, "Whenever staff are giving individual support, they ask me what I would like rather than just doing what they think I need or what would be easiest for them." Another person told us, "I really appreciate my independence here. I add to the home shopping list and staff add it to the food order. I have some raspberries in the fridge. Staff wash them for me and put them in a box. It is so good to be able to eat them when I want. It is really special."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained 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 continued to receive a personalised service that was responsive to their needs.
- Care plans contained people's preferences in how they wished to be supported with their care. Staff knew people's interests, preferences, past history and religious needs so they could support people in a personalised way. For example, one person's care plan stated that they liked to watch sport on the television. A staff member told us they always made sure they knew the latest motor racing results, so they could start a conversation about this person's favourite sport.
- People and relatives told us staff were responsive and worked well together which helped meet their needs or requests. One person told us, "I have an allocated 'go-to' carer who leads on caring for me". A relative said, "The staff and managers at The Grange are all very supportive to each other and work very well as a team."
- People's needs were regularly reviewed and family members and records kept up to date accordingly. A relative told us, "The home give me a lot of feedback on how my family member is doing."

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 continued to be supported to follow their interests and maintain relationships that were important to them.
- Comments from people about activities on offer included, "If there are group activities, I'm very happy to join in, but not everyone wants that and they will ask if there is anything else they prefer to do, alone or as a group, that the staff can help set up"; and "If there is one thing they are good at, it's organising activities that suit the individual. I have always liked jigsaw puzzles and the staff set aside a big table and obtained lots of puzzles. Now, several of us do the puzzles together and it gives us an opportunity to be sociable and have a chat."
- Important events were celebrated such as people's birthdays and a cream tea for the Platinum Jubilee. People had raised at the last residents meeting that there were less outings and external entertainers due to the pandemic. The registered manager gave assurances this feedback was being looked into.
- Relationships between people and family members and friends were valued by staff. Everyone told us there was good communication between the service and relatives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and adaptations were made on an individual basis.
- Most people at the service did not need any adaptations. For people who were hard of hearing, staff explained that whiteboards or pen and paper were used for people to write things to down to help express themselves.

Improving care quality in response to complaints or concerns

- People and their relatives continued to feel confident in speaking out if they had any concerns or complaints.
- Comments from people included, "I would have no worry or reason not to talk with a manager, if I thought it was necessary"; and "Perhaps, at night, one of the staff might make too much noise in the corridor, but you only have to report it to a manager the next morning and they will have a word."
- The provider's complaints procedure ensured that concerns were looked into and the complainant informed of any actions taken in relation to their concerns.

End of life care and support

- Staff spoke with passion when describing the support, they had given to people at the end of their lives.
- Staff understood the importance of working closely with healthcare professionals, such as doctors and palliative care nurse, so people experienced a comfortable, dignified and pain-free death.
- Peoples' end of life care had been discussed with them and/or their relatives and recorded within their care plan. Care plans recorded specific preferences such as where they wanted to live in their final days.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There continued to be a positive culture at the service where staff understood and implemented the visions and values of the service to ensure good outcomes for people.
- Everyone told us they would recommend the service to others due to the way that it was run. Comments included, "Yes, I would absolutely recommend the Grange. It has a good reputation within the local community which, from what I can tell, it fully deserves"; "I honestly think this is one of the best care homes around. I can't find any fault at all."
- Staff said they had time to sit and talk to people. People told us they enjoyed these one to ones where they spoke about things of mutual interests and their families.
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. A relative told us, "The managers and owners are very open and easy to chat to".

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

- The management team continued to be clear about their responsibilities to provide good quality care.
- Everyone was positive about the management team which consisted of the registered manager, care coordinator, administrator and the two home owners (providers). Comments included, "The leadership and administration seem to be pretty seamless. Messages seem to be relayed accurately and dependably, from reception to care staff for example"; and "The manager is an extremely nice person and very diplomatic."
- The management team led by example, were flexible and undertook whatever roles were required of them to ensure the smooth running of the service. The registered manager supported people with their personal care and the care coordinator undertook cooking duties. One person told us they had mistaken one of the home owners as the maintenance man when they first moved to the service. This was because the home owner had helpfully pointed out a defect in their walking frame and had rectified it for them.
- There was a programme of checks and quality audits to identify areas where improvements would benefit people. This included ensuring care plans were up to date, potential infections were controlled and equipment was maintained in good working order.
- The management team understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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

- Relatives, people and staff continued to be involved in the running of the service.
- People and relatives told us how the service sought their views. Comments from people included, "The managers do ask for feedback. The manager regularly asks if everything is alright and is there anything I would like done differently"; "We usually have a questionnaire, maybe annually, dealing with food, care, and other topics". A relative told us, "Sometimes, maybe twice a year, the residents are invited to get together to discuss things in general, led by the Managers."
- People told us their views were listened to and acted on. One person told us, "On the food front they made changes to having more exciting meals after it was brought up as an issue at a residents' meeting." A relative said, "The weekly newsletter during COVID was excellent and really made us feel they were doing the best they could for everyone during lock-down, letting family know when we might be able to visit, etc."
- Staff said there was clear communication and excellent support from team members and the management team. Staff felt listened to and involved in the day to day running of the service.

Working in partnership with others

- The management team continued to work in partnership with health and social care professionals and external agencies to help maintain people's care and support needs.
- The registered manager was a member of Kent Integrated Care Alliance (KICA) and attended their meetings. KICA is an independent body which supports and helps shape the future of social and health in Kent and Medway.