Grange Court Residential Home Limited

Grange Court Residential Home

Inspection report

Station Road
Baildon
Shipley
West Yorkshire
BD17 6HS

Tel: 01274592723

Date of inspection visit:
31 October 2017

Date of publication:
28 November 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our inspection of Grange Court Residential Home took place on 31 October 2017 and was unannounced. This was the first inspection since the service had re-registered under a new legal entity.

Grange Court is registered to provide accommodation and personal care for up to 30 people. The home is situated in a residential area of Baildon, a few miles from Shipley town centre. There is a large lounge area, a conservatory, two dining rooms, and bedrooms situated on the ground and first floor as well as enclosed garden areas. At the time of our inspection there were 26 people living at the service.

A registered manager was in place. 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 2008 and associated Regulations about how the service is run.

Staff had received training on how to keep people safe and understood how to recognise and act on signs of abuse. Appropriate safeguarding referrals had been made and incidents/accidents were documented with actions taken. People had assessments in place to mitigate risk which were up to date. Some people's personal emergency evacuation plans needed to reflect current mobility needs.

Medicines were mostly managed safely and people received their medicines when required. Greater care needed to be taken to correctly record medicines stock amounts such as Paracetamol. The medicines trolley was left unattended and unlocked on one occasion during the administration of medicines in the dining room when a number of people were present.

Staff were recruited safely and sufficient staff were deployed to keep people safe although some concerns were expressed by staff, people and relatives about staffing levels at night time. Training was in place to ensure staff were kept updated and people told us staff knew what they were doing. Staff were kind and gentle with people and we saw good relationships had been developed. People told us they felt safe living at the home and looked comfortable in staff presence.

The service was operating within the legal requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). People's consent was requested for care and support and documented decisions made in people's best interests.

Care records were person centred and specific with good attention to detail. Reviews of people's care records needed to evidence involvement with people and/or relatives. People's end of life wishes were recorded and advanced care planning in place as required.

The service used assistive technology to assist with people's healthcare needs as well as allow people to communicate with relatives who lived abroad.

Activities reflected the wishes and interests of the people living at the home. People's choices were respected and independence promoted wherever possible. Relatives were welcomed warmly and staff clearly knew people and their relatives well.

Any complaints were treated seriously and investigated with outcomes documented. A number of compliments had been received by the service.

Relatives and healthcare professionals told us communication from the service was good.

People received a well-balanced and nutritional diet and any concerns with people's weight or food/fluid intake was referred to the GP. Food and fluid charts were completed and nutritional supplements in place where required.

The culture of the service was open and transparent with staff and the management team passionate about making a difference to the lives of people living at the service. The registered manager was a visible presence within the home and led by example.

A range of quality audits were in place to monitor and drive improvements within the service. People's voices were listened to through meetings and surveys, with actions taken as a result.

All the people we spoke with would recommend Grange Court as a place to live.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were mostly managed safely. People received their medicines as required. Stock documentation of some medicines needed to be more robust.

Safe staffing levels were maintained during the day although some concerns were expressed by staff and relatives about night time levels.

People told us they felt safe living at the service.

Is the service effective?

Good

The service was effective.

Staff and the registered manager were knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how to meet legal requirements.

People's consent was sought and best interest processes followed.

People were supported to enjoy a healthy and nutritious diet.

People's healthcare needs were met. Healthcare professionals commented on how the service effectively followed their guidance.

Is the service caring?

Good

The service was caring.

Staff knew people's care and support needs well. People's dignity and privacy was respected.

People and relatives were complementary about the care provided at Grange Court.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care records were detailed and person centred. These were up to date and regularly reviewed.

Complaints were taken seriously, investigated and appropriate actions taken. A number of compliments had also been received about the service.

A range of activities were available according to people's wishes.

Is the service well-led?

Good

The service was well led.

Staff, relatives and people we spoke with were complementary about the management of the service.

A range of quality assurance processes were in place to monitor and drive improvements within the service.

People's opinions about the running of the service were sought through a range of meetings and quality questionnaires.

Grange Court Residential 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 is 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.

The inspection took place on 31 October 2017 and was unannounced.

The inspection team consisted of two Adult Social Care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, the expert-by-experience had experience of services for older people and dementia care.

We used a number of different methods to gather and review information about the service. We reviewed notifications received from the service and information from the local authority commissioning and adult protection teams. We usually request the provider submits a Provider Information Return (PIR) prior to inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had not requested a PIR on this occasion.

During the inspection we spent time observing care and support, spoke with nine people who were living at the service and three relatives. We also spoke with the operations manager, the registered manager, one senior care staff member and four care staff, the cook, the activities co-ordinator and three visiting health care professionals. We looked at elements of five people's care records, medicines administration records (MARs), two staff records and other records which related to the management of the service including training records, quality assurance processes, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt comfortable and safe living at Grange Court. Comments included, "Yes I do feel safe here", "We are all safe here as there are always staff about" and, "It is nice and warm here, always. It is a nice place altogether." Visitors we spoke with also told us they felt their relatives were kept safe at the home. One relative said, "I do feel that [relative] is safe here. [Relative] is lucky [relative] has a room on the ground floor. Staff help [relative] to the toilet; [relative] is very safe here." Another relative told us, "I do think [relative] is safe. The staff here are so vigilant."

Staff had received safeguarding training and understood how to report any safeguarding concerns. Appropriate safeguarding referrals had been made. We saw risk assessments in place to help keep people safe and these were regularly reviewed. For example, where bed safety rails had been used, an assessment had been carried out to determine if this was appropriate and in the person's best interests. Accidents and incidents were documented with action plans to show what had been done as a result and what lessons had been learned.

Personal emergency evacuation plans (PEEPs) were in place although these were not always in line with people's current mobility. For example, one person's PEEP indicated they walked with the aid of a walking stick whereas their updated mobility plan indicated they now used a zimmer frame. We spoke with the registered manager about this who said they would review all PEEPs to ensure they were current.

Medicines were mostly managed safely. Staff administering medicines had been trained in the safe management of medicines and had their competency assessed. We saw the staff member administering medicines on the day of our inspection approached people in a calm, gentle manner and signed for medicines after these had been taken. However, we saw they did not lock the medicines trolley and left this open when administering medicines in the dining room when a number of people were present. This meant these medicines were left unsecure and increased the use of misuse or theft. On other occasions we observed they locked the medicines trolley and we concluded after speaking with the staff member that this had been an isolated omission.

Most people's medicines were supplied in dossette boxes. These are boxes that contain medications organised into compartments by date and time, to simplify the administration of medications. We saw a system was in place to ensure these medicines were checked by staff before administering.

We looked at medication administration records (MARs) and saw these were well completed and showed people received their medicines as prescribed. People received their medicines at the times that they needed them, including time specific medicines. Where people refused medicines this was appropriately documented.

Stocks of medicines were monitored to identify any discrepancies. We counted a random selection of medicines and found the number of medicines present mostly matched with the stock levels recorded, indicating people had received their medicines consistently as prescribed. However, we saw two instances

where people's Paracetamol supply had been incorrectly counted and there were two surplus tablets in the boxes compared with the documented amount. We spoke with the staff member administering the medicines and the provider who suggested this had been incorrectly carried forward at the cycle commencement since this was the start of a new month period. We concluded in this instance this was an isolated documentation error which would have been picked up at the medicines audit since we found no other discrepancies in our review of medicine stock levels.

'As required' protocols were in place which detailed when people should receive these types of medicines. This helped ensure these medicines were offered by staff in a consistent way.

Where medicine errors had occurred we saw these had been recorded and investigated to help prevent a re-occurrence. Medicine audits took place to check the safety of the medicines management system.

Some people were able to tell us about how their medicines were managed whilst others could not. Those people that could tell us said they received their medicines and that they were administered by staff. Comments included, "The staff do this", "One of the staff gives me my tablets; it is usually on time. Sometimes when they [staff] are busy they [staff] can be a bit later" and, "One of the seniors does this. I get my medicines pretty much on time."

Staff were recruited safely. We saw records of interview where previous experience was discussed and appropriate checks such as references and Disclosure and Baring Service (DBS) were obtained prior to employment. We saw the registered manager followed disciplinary processes where required.

We saw sufficient staff were deployed during the day time to ensure people were kept safe although some concerns were expressed by staff, people and relatives about the quantity of staff deployed at night time. During the day, the service employed five care staff and one senior care staff member until five pm and three care staff and one senior care staff member from five pm until eight pm. During the night time, two care staff were deployed, with the registered manager and care staff rotating an 'on call' system in case of emergencies. Our review of staff rotas confirmed this was the case. The registered manager told us that they used agency staff at present for some night duties but used the same agency/staff to ensure consistency wherever possible.

Due to the current dependency level of the service, with four people requiring two to one care combined with the stretched lay out of the building, we were concerned night-time staffing levels may not be sufficient, and may affect the safety of people living in the home. We spoke with both the Operations Manager and the registered manager who told us they were reviewing staffing levels at night time and introducing a twilight shift. When we asked about staffing levels, one staff member told us, "Plenty of staff during the day; perhaps another person at night at present," and another commented, "I think we need three night staff. With checks during the night, repositioning and doing ironing, I think it's too much."

We recommend a robust review of staffing levels to ensure the safety of people living in the home.

People who lived at the home told us they thought there were enough staff to deal with their needs. One person said, "There is always plenty of staff." All the visitors we spoke with told us they felt there was always plenty of staff to look after people. One relative commented, "There always seems to be plenty of staff," and another relative told us, "There are always plenty of staff about when I visit [relative]." We checked staff response to the call system in two people's bedrooms and found staff came straight away.

We observed that people were able to move around freely and safely in the communal areas of the home

unassisted. Other people who had problems with their mobility were supported by care staff. We observed care staff assisting people to get in out of armchairs and explaining to them what they were doing.

We completed a tour of the premises as part of our inspection. We inspected people's bedrooms, bathrooms, the laundry, kitchen and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. The registered manager told us there was a maintenance/replacement programme underway and we saw the service employed a maintenance person. We looked at the maintenance and repairs book and found work was not always signed when the work was completed. However, we saw communal areas were nicely furnished and decorated. The furnishings were of a good standard. Communal areas were well lit. We saw there were no light bulbs either missing or not working which meant staff worked hard to maintain good lighting. We were invited to speak with one person in their bedroom and saw their room was clean and had been personalised with no unpleasant odours being present. They told us, "I like my bedroom."

We saw certificates confirming safety checks had been completed for gas installation, electrical installation, legionella and boiler maintenance.

Visitors also told us that the home was kept clean. One relative commented, "The home is kept clean. You can come at any time of the day and it's always clean and [relative's] room is always clean." Another relative told us, "The home is always very clean."

We saw staff had access to items to assist infection control such as gloves and aprons. During our inspection we saw these were used. Hand sanitizer stations were located around the building and paper towel dispensers were fitted in people's bathrooms.

Good

Is the service effective?

Our findings

People's needs were assessed and reviewed regularly. We saw people's assessments were updated and in line with plans of care. People told us that they felt that their needs were being met by staff who knew what they were doing. One person commented, "The staff support me to get undressed and dressed," and another said, "I ring my buzzer if I can't manage and they [staff] come to help me."

A range of staff training was in place which included service specific training and regular training updates on key topics such as moving and handling, infection control and food hygiene. We saw from the training matrix that training was up to date or booked. A programme of regular supervision and annual appraisal was in place and staff told us these were a good opportunity to discuss any issues, concerns and personal development plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the registered manager maintained a log of approved DoLS and DoLS that had been applied for. Some had expired, however we saw evidence the registered manager had applied to renew these in good time and was awaiting the decision of the approval body. We saw those people with authorised DoLS had conditions attached which were being met. We found the registered manager had a good understanding of their role and responsibilities in relation to MCA and DoLS.

Staff had received training in MCA and DoLS, were able to tell us how many people were subject to a DoLS and what this meant. Staff were also able to tell us how those people subject to conditions had these met. For example, ensuring one person was taken out for walks with staff, or trips away from the home. This gave us assurance conditions were consistently met. Staff also had good knowledge about when they should support people with decision making in their best interests and when people had the right to make decisions even though these might be unwise.

We found care plans contained assessments of people's capacity to make decisions and were decision specific. The provider was using a system which contained prompts to direct staff. This assisted staff in making decisions under a series of headings such as 'treatment decisions,' care decisions', 'risk or danger decisions. Staff told us they used information contained in care records such as moving and handling needs and likes and dislikes to inform their knowledge of people's care and support and found these effective.

We saw evidence of consent in people's care records, such as signatures consenting to photographs, sharing information, medicines administration and care and support. We observed staff asked people's consent prior to care.

Staff told us they had received training in end of life care and we saw 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) forms were completed appropriately, had been discussed with people who used the service and/or their relatives and signed by relevant professionals.

People were offered a varied and nutritious diet. We observed lunch time in the dining room. All the tables had been attractively set with table cloths/table mats and condiments. There were flowers and serviettes on each table. There were plenty of staff available to assist and serve food to people who were sitting in the main dining room. Two people needed some support with their meal and staff were supportive yet unobtrusive as both people were blind. People were also offered clothes protectors before commencing to eat their meal. Some people had plate guards which assisted people to eat their meal independently, such as those who had sight difficulty. Where required, staff sat with people and assisted them with their meals individually, gently encouraging them to eat. A second dining room was also used where we saw people sat around a large dining room table. We observed the meal time was used as an opportunity for people to chat amongst themselves and with staff.

We saw that people were given choices as to where they wished to eat their lunch. Two people ate their lunch in the lounges and other people had their lunch in their own rooms. We saw trays set with cloths and condiments for these people.

We saw a menu was displayed on all of the tables which showed what the meals were for the day. For example, for lunch on the day of the visit there was a choice of braised steak or corned beef with mashed potatoes, green beans/ mashed carrot. For dessert people either enjoyed fruit sponge and custard, yogurt or ice cream. People were offered a drink of blackcurrant juice with their meals.

We saw hot and cold drinks were offered throughout the day and fluids were encouraged. For example, the tea trolley was brought round mid-morning by a member of staff with a choice of drinks and biscuits. Most people chose to have a milky coffee in the lounge we were sat in. We saw people were offered refills of drinks to encourage fluid intake and staff gently encouraged those who appeared reluctant to drink plenty.

Most people we spoke with told us the food at the home was good. Comments included, "I have found the food to be very good here and I have always been so fussy", "The food is very good here. They [staff] will always make you something else if it's something you don't like", "The food is not always to my taste", "I enjoyed my lunch; it was all very good," and, "The food here is always all right." A relative told us, "[Relative] eats better here than [relative] did at home. When [relative] was unwell the staff were on top of it all the time making sure [relative] ate and had a drink."

We spoke with the cook and found they were knowledgeable about people's individual dietary needs and worked with the care staff to ensure people received a healthy and balanced diet. Soft diets were in place for those who required this and staff communicated any changes in people's dietary requirements to the cook. They told us they were aware of the need to fortify food for people experiencing weight loss and followed the 'Guide to fortifying common food.' They also told us if people did not like what was on the menu they were always offered an alternative. We saw people's weights were recorded. Those deemed at nutritional risk had their food and fluid monitored and were referred to the GP or dietician.

We spoke with three health care professionals who were complimentary about the home. They commented

positively about communication and said any advice was listened to and acted upon. We saw evidence in people's care records of appropriate health care referrals and visits such as district nurses, GPs, dieticians, chiropodists and opticians. One person told us, "The chiropodist comes here regularly and he is very good." The service used the telemedicine service as a 'first line' when concerned about people's health. One relative told us, "They [staff] got the doctor out when [relative] became unwell. We thought that [relative] may need to go into hospital but [relative] didn't. One of the staff sat with [relative]. I am quite happy with the care my [relative] is getting. Communication here is very good. If they [staff] are concerned they will always ring me." This showed us people's health care needs were taken seriously and appropriate actions and referrals made.

The registered manager told us they used the telemedicine system and people had benefited from the service. Telemedicine provides remote video consultations between hospital nursing staff and the home. It supports care outside hospital, and helps avoid unnecessary visits and admissions to hospital. For example, one person had fallen and staff used the video consultation system which resulted in the person not requiring hospital treatment. This meant staff were able to be responsive to people's health care needs with minimal disruption to the person's normal routine.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they thought that Grange Court was a good home and the staff were kind, caring, and treated people with respect.

Comments from people living at the home included, "They[staff] are brilliant. They certainly look after us. I was worried to death when I was told by the doctor at the hospital I had to come in, but by shots it has been great. It has exceeded my expectations. We have nice bedrooms, a nice bed and no, I don't miss anything. They[staff] are marvellous", "They[staff] are all fine.", "They [staff] are all very helpful. We are spoilt here", "It is lovely here we are so well looked after," and, "I find the staff are all caring."

All of the visitors we spoke with on the day of our inspection spoke highly about the care at the home. Comments included, "[Relative] has settled here. The home is perfect. My [relative] is really well cared for. The staff here are so caring and so gentle", "[Relative] has settled here. [Relative] was in a different home and moved as I was not happy with it. It is so much better here. The staff do actually care about people," and, "We went to see a few homes. When we came through the door we knew this was the right home for [relative]. There was a good atmosphere and the staff were all friendly and welcoming."

We saw that there was plenty of good interaction between people living at the home and care staff. People were having conversations between themselves and staff and there was lots of joking and laughter between staff and people. We saw people who used the service at ease and relaxed in their environment. People looked well cared for, clean and tidy. We saw the dining room had been decorated with Halloween things such as pumpkins and scary lanterns. However, we saw staff explained to people what these decorations were and used this as a conversation topic.

We saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. We observed staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. We did not observe any poor practice during our visit.

Staff gave examples of how they observed people's dignity and we saw this on the day of the inspection. For example, we observed staff knocking on people's doors before entering, and the staff member administering medicines quietly and discretely asking people if they required specific medicines. We also saw staff responded quickly to preserve someone's dignity when they had been incontinent by discretely walking with them to their room to assist them change their clothes. We saw staff spoke with people clearly and face to face, bending down to their level if they were sitting in chairs, or sitting beside them to chat.

People's independence was supported as much as possible. For example, people were encouraged to use walking aids to mobilise and go for walks with staff. We saw plate guards were used to assist people eat independently, people could sit where they wanted and get up or go to bed when they wanted. Comments included, "I go to bed when I am ready to go", "We can get up and go to bed as we want, but they don't kiss us goodnight," and, "I can get up and go to bed as I want."

Although the registered manager told us people and/or relatives were involved in the planning of their care, we did not see much evidence of this in some people's care records. We spoke with the registered manager and their response gave us assurance this would be addressed.

People we spoke with all confirmed that their friends and relatives could visit at any time and there were no restrictions. Visitors we spoke with also confirmed that they were able to visit at any time. We saw staff welcomed visitors warmly and it was evident staff knew people and their visitors well.
Comments included, "There are no restrictions. They do prefer you not to visit at meal times but they always make visitors welcome. The staff can't do enough here and everyone is always dressed smart", "All I can say is that this home exceeds all my expectations and there are no restrictions for visiting," and, "Visiting is welcome at any time but I do avoid lunchtime."

We saw information about advocacy services displayed for if people did not have anyone to speak on their behalf and the registered manager told us this had been used when required.

We saw people were effectively supported at the end of life. The service was an accredited home with the Gold Standards Framework, attaining a 'commend' as part of the award. The Gold Standards Framework helps staff provide the highest possible standard of care for people who may be in the last years of life. Care records and advanced care planning was in place containing detailed information about people's wishes. Staff told us they had received training in end of life care and we saw 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) forms were completed appropriately and had been discussed with people who used the service and/or their relatives and signed by relevant professionals.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. We saw people were supported with regular religious services at the home as well as families supporting other people's religious needs. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this. We also saw everyone living at the service received voting information and was given the right to vote by post.

Good

Is the service responsive?

Our findings

We looked at the provider's policies and procedures for recording and resolving complaints and concerns. We saw all feedback including verbally raised concerns was recorded together with a clear course of action. This included ensuring the person raising the concern or complaint had the opportunity to discuss it with the registered manager during any investigation and given feedback on the conclusion.

Information about how to complain was displayed within the service. People we spoke with knew who to speak to if they had a complaint or any concerns although no-one raised any concerns during the inspection. Comments included, "I would speak to staff", "I would speak to [registered manager] if I had a complaint," and, "I would speak to the manager if I was concerned about anything." Visitors we spoke with told us that they did not have any concerns or complaints but knew who to speak with if they had any concerns about the care their relatives received. One person said, "I would speak with the manager or [name of staff] or [name of staff] if I had a complaint," and another told us, "I would speak with one of the owners or to [staff member] if I did have a complaint."

We saw the provider had received a number of written compliments from people or their relatives. Comments included, 'I cannot thank you enough for the care and compassion shown to [name of person] whilst they were with you', 'To all the staff thank you very much for looking after [name of person] words don't seem enough.'

A relative commented, "[Relative] has settled amazingly." They went on to describe the positive experience they had when they visited the home to see if the service was suitable and could meet their relative's needs. They told us that they were made to feel welcome and the atmosphere at the home was positive. They also said, "The staff quickly got to know my [relative] well; they asked me about things like how she liked her hair etc."

Detailed plans of care were formulated following assessment of people's needs and were updated regularly. Care records and daily records were recorded electronically and we saw staff took time to enter relevant information on these. We saw records were detailed and person centred. For example, good information was documented about people's preferences, likes and dislikes. Staff we spoke with were aware of this information which showed care records were read and used as a working document.

The home had an accessible information policy in place. We saw provision was made for those who had issues accessing information. For example, there was detailed information in the care records of two people who had sight issues about how to communicate and ensure they were involved with the service. We observed staff spoke facing them, explaining what they were doing clearly and used touch as a communication medium. One staff member explained how they described colours and types of clothing to the people so they could choose what they wanted to wear in the morning. They also gave an example of bringing flowers to the home and putting the person's hands on them so they could experience the feel, texture and smell whilst the staff member described the flowers to them. We also saw the provider had installed Wi-Fi throughout the building and this was used for a person living at the service to talk face to face

via video link with their relatives abroad. The operations manager told us it was a pleasure to see the person's face light up when they were able to speak with their relatives in this way.

A range of activities was on offer according to people's wishes, including games, exercises, musical events and outside entertainers. The service employed an activities co-ordinator who was enthusiastic but recognised some people did not want to join in certain activities. They told us they offered group sessions and one to one activities according to people's needs. They showed us photographs of a range of activities undertaken during the year including quizzes, trips out, parties and celebrations. We did not see any specific activities taking place during the morning of our inspection although staff chatted and spent time with people. In the afternoon there was an aerobics session taking place in one of the lounges. We spoke with people about activities in the home. People told us that there was a member of staff who was the 'activities person.' One person told us, "Yes there is all sorts going on," and another commented, "There is always something going on."

Good

Is the service well-led?

Our findings

People living at the home told us they thought the home was well run and that they would recommend the home to others. Comments included, "This is a well-run home", "It is a nice place all together. I have no complaints what so ever", "I would recommend the home to people. I cannot fault it", "It is lovely; we are so well looked after. Overall, the home is very well run. I would definitely recommend it to people; we are very lucky," and, "It is a very caring home."

Relatives also said they thought that the home was well run. Comments included, "Overall, without a doubt I would recommend the home to people", "All I can say is that this home exceeds all my expectations," and, "I do recommend the home to people; there is nothing negative to say about Grange Court."

During our inspection we also received positive feedback from staff and health care professionals about the running of the home, including the visibility, approachability and responsiveness of the management team. Everyone we spoke with told us they would recommend the home. Staff comments included, "[Registered manager] is extremely passionate and you want to be as good as her", "We have got good management; approachable, understanding and considerate. I approach [registered manager} a lot if I need to; very approachable. Spends time on the floor and knows people. The provider takes people out; they're all so involved," and, "[Operations manager] is brilliant, really good. If I've got any problems I can talk to him and [registered manager] is brilliant. She talks with them [people who live at the service] and knows them. She likes to be kept up to date."

Staff told us they worked well as a team and everyone understood their roles within the service. We saw a cohesive approach with staff working together during our inspection in order to complete tasks. Staff told us they would recommend the home as a place to live and a place to work, with some staff telling us they had already recommended the service.

The registered manager told us they monitored the quality of the service through quality audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of audits in place which included care plans, health and safety, equipment, environment and medication audits. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner.

Records showed the registered manager had systems in place to monitor incidents to minimise the risk of re-occurrence. We saw the date, nature of the incident and outcomes were recorded. These were signed by the registered manager and any themes or trends were identified.

We saw monthly meetings took place with people who used the service. We looked at meeting minutes for the last meeting in September 2017 and saw discussions included entertainment, activities, staff, food choices, people's bedrooms, and bonfire night which most people were looking forward to. Where required, we saw actions had been put in place to address any concerns raised.

Although we saw the provider was a visible presence within the home, there was no documented oversight. We spoke with the operations manager who told us they had identified this and told us about their plans to rectify this. Through our discussions we had confidence this would be done.

The registered manager told us relatives meeting were held annually. We saw these were documented and at the last meeting in November 2016 relatives had complimented staff on their commitment to the service. Discussion had also taken place about the home's monthly newsletter, advanced care planning and annual person centred reviews. We saw copies of the newsletter which was sent to relatives and displayed at the home. We saw these contained information about the service including improvements, updates, staff, people and activities within the home. This showed the service kept people informed in a variety of ways about what was happening within the service.

The service also sent a range of annual satisfaction surveys to staff, people who lived at the home and relatives. We saw results of these were analysed and comments acted upon although most results were positive. One relative confirmed that they had received a survey from the home asking about the service. They told us, "Yes I have received a survey. I think it is twice a year, which asked us if we were happy with everything."