

AKR Care Homes Limited

The Grange

Inspection report

Stump Lane
Chorley
PR6 0AL

Tel: 01257241133

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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 care home providing residential care and support to older people. The home can accommodate up to 26 people. At the time of inspection there were 22 people living in the home. There were two shared rooms but the others were all single. Accommodation was provided over two floors with a lift available. There were communal secure gardens available.

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

People were protected from the risk of abuse and avoidable harm. Staff were familiar with what might be a safeguarding concern and knew where to raise their concerns. Relatives we spoke with felt their family members were safe in the home and there were enough staff available to keep people safe.

People received planned care based on comprehensive assessments of their needs. People had been as involved as possible in their care plans. Relatives felt staff understood the needs of their family members. People complimented the food available and were supported to eat and drink enough. People were supported to have maximum choice and control in their lives and to make decisions in line with the Mental Capacity Act (MCA).

Staff were kind and caring, we observed positive interactions throughout the inspection. Staff understood people's communication needs and supported them to express their views. People's privacy and dignity were promoted. Relatives felt their family member was treated respectfully.

People received person-centred care which reflected their needs and preferences. People's needs were reviewed regularly to ensure planned care remained up to date. People could raise their concerns and complaints. No complaints had been received since the last inspection.

The service was well managed. The registered manager had a clear commitment to provide high-quality care and the team worked well together to achieve good outcomes for people. The registered manager had good oversight of the service and regularly checked on the quality of care and record keeping. Relatives felt confident the registered manager was managing the service well.

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

Rating at the last inspection and update

The last rating for this service was requires improvement (14 January 2019) with a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on our previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service 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

The inspection was unannounced.

What we did before the inspection

Our planning considered the information we received from the registered manager since the last inspection which included; safeguarding incidents and serious incidents. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received information from local authority commissioners. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, a senior carer, two night staff and two care staff. We spoke to the

relatives of two people. We reviewed the care records of three people and medicines records for five people. We looked at a variety of records relating to the running of the home, including recruitment, maintenance and policies and procedures. We observed care during two meal times and carried out general observations throughout the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment checks were robust. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had followed robust recruitment processes which included checks on staffs' employment history.
- All necessary pre-employment checks had been completed which helped ensure staff were suitable to work with vulnerable people.
- The provider had a system to calculate how many staff were needed on duty to support people safely. Staffing levels were sufficient. Staff we spoke with felt there were enough staff on duty. Relatives we spoke with said, "There always seems to be quite a few staff around when I visit." and "Yes there seem to be enough staff."

Systems and processes to safeguard people from the risk of abuse

- The provider followed effective systems which helped protect people from the risk of abuse.
- Staff were trained in safeguarding procedures and could recognise what might be a concern.
- Relatives we spoke with were confident their family members were safe. A relative told us, "I think(name) is absolutely safe there, they have been fantastic with them."

Assessing risk, safety monitoring and management

- The provider had safe risk assessment and management policies in place.
- Care records included risk assessments which related to all aspects of the persons care and support, including health. Risk assessments had been reviewed and updated to ensure they remained current.
- Staff understood how to follow risk management plans. Relatives we spoke with were confident their family members were safe. One relative said, "Staff understand the risks around (name) care. They had a few falls and they kept them downstairs and put in sensor mats."

Using medicines safely

- The provider had safe medicine management policies and procedures in place. The registered manager ensured these were followed.

- People's medicines were managed safely by staff who were trained in medicine administration.
- Medicine records we reviewed were complete and accurate. Medicines had been stored safely.

Preventing and controlling infection

- The provider had infection control policies and procedures in place. Staff had received training in infection control and followed the procedures.
- Regular cleaning schedules helped ensure the home remained clean and free from malodours. Not all cleaning records had been completed, the registered manager addressed this during the inspection to ensure records were maintained.
- Personal protective equipment was available, staff were seen to use this when providing care and support. Relatives reported seeing significant improvement in the quality of the environment and the homes' cleanliness over the last year.

Learning lessons when things go wrong

- The registered manager ensured all incidents and accidents were fully recorded. Analysis was completed to enable learning from these which helped avoid reoccurrence.
- We reviewed a recent incident where a person had gained access to a hazardous material. The investigation was thorough, and plans developed helped reduce the risk of this happening again.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager ensured assessments of people's needs and preferences had been completed prior to them moving in to the home. This helped ensure the home were able to meet their needs.
- Care records we reviewed included information and guidance from other professionals, including; speech and language therapy, district nurses, dieticians and specialist dementia services.
- Relatives we spoke with felt they had been involved and their views about their family members care had been included in care plans.

Staff support: induction, training, skills and experience

- The provider ensured staff received training appropriate to their role. The registered manager had oversight of training which was due for renewal and ensured staff had access to this.
- Staff we spoke with were confident they had received enough training to support people effectively.
- The registered manager ensured staff received regular supervision. Supervision is a one to one meeting between a staff member and a senior to discuss their development and training needs. This helped ensure the registered manager had oversight of the skills and needs of the staff team.

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

- The provider ensured people were supported to eat and drink enough.
- The registered manager kept people's needs under regular review, people identified as being at risk nutritionally had been referred on to the dietician and their advice had been followed.
- People praised the food available. We observed two meal times and found the dining experience could be improved for some people. We saw everyone had to wait for staff to offer condiments though some people would have been able to serve themselves. We also found some people would have benefitted from aids to support their independence when eating. We discussed this with the registered manager who agreed to address this. We will review this at our next inspection.

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

- The provider and registered manager had identified areas of the home which could benefit from improvements and refurbishment. We saw some works had already been completed and further work was planned.
- Relatives we spoke with reported seeing some improvements to the environment over the last year. There were several areas available for people to relax and socialise in throughout the home and observed people using them.

- Not enough had been done to meet the needs of people living with dementia. We discussed this with the registered manager who was aware of this and already had improvements planned.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager ensured people's health needs had been assessed and the support they needed to maintain their health had been included in their care plans.
- Staff supported people to make and attend health appointments including screening. This helped people to maintain optimum health.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had assessed people's capacity to make specific decisions. The support people needed to be involved in decision making was included in their care plan.
- The registered manager had applied for authorisation to deprive people of their liberty from the appropriate authorising body and continued to follow up on applications.
- Staff understood the importance of getting consent from people and were observed to always ask people before providing support. A relative we spoke with told us that when making decisions on behalf of their family member they always considered the least restrictive option.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Relatives we spoke with told us; "Staff are really understanding, (name) is happier than they have been in a long time." and "Staff are really friendly and personable, the registered manager is good, and the staff are brilliant."
- We observed kind and caring interactions throughout the inspection. Staff were committed to supporting people kindly and described people living in the home as being like family. People were chatty and joking together.
- The provider had included information about people's equality needs in their care records and staff were aware of any specific support needs they had.

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

- Staff had completed detailed communication plans to support people to understand and be involved in decisions that were important to them.
- The registered manager ensured people were given the option to be involved in the care plans and reviews.

Respecting and promoting people's privacy, dignity and independence

- We observed staff supporting people respectfully in ways which protected their dignity. People we spoke with told us they felt comfortable when staff were providing personal care.
- We found more could have been done to support people to be independent at meal times. Everyone had to wait for one staff to offer salt and pepper and everyone received their toast pre buttered with their choice of jam. We discussed this with the registered manager who acknowledged some people would be able to do more for themselves. Alternative dining areas could be made available in the home for people who preferred this. We will review this at our next inspection.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received personalised care which reflected their needs and preferences; from staff who were committed to providing person-centred care.
- The registered manager ensured people's needs were reviewed and care plans were updated in response to any changes in their needs or wishes.
- Relatives we spoke with felt the home responded well to their family members. One relative told us, "(staff) have a good understanding of (name) and how they prefer to do things in their own time. They are flexible and responsive to them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had met this standard. Information was made available in a variety of formats, this included; large print, other languages and easy read versions.
- Staff understood what support people needed to communicate and to express their views.

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

- The registered manager had recorded information about people's important relationships and the support they needed to maintain them in their care records.
- Staff had recorded details of people's life history, experience and interests. Activities were available and reflected some of the areas people had interests in.
- Relatives felt comfortable to visit at any time and felt the home helped people remain in touch.

Improving care quality in response to complaints or concerns

- The provider had a complaints process which people were aware of. Since the last inspection there had not been any formal complaints.
- Relatives we spoke with told us they felt able to raise any concerns they had and felt confident they would be responded to.

End of life care and support

- People had been supported by staff to consider their end of life wishes. Where people had made advanced

decisions, these had been recorded.

- Staff had received training to support people at the end of their lives to remain as comfortable and pain free as possible. At the time of inspection no-one had been identified as having end of life needs.
- The registered manager described how previously people had been supported to remain at the home with care from community-based health staff.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- The provider, registered manager and staff team were committed to providing people with high-quality care which achieved positive outcomes. The providers' policies and procedures reflected good practice and staff could access these.
- Staff praised the registered manager and felt the service was well managed. Relatives reported feeling confident the registered manager was committed and had people's best interests at heart.
- People living in the home knew who the registered manager was and we observed relaxed and positive interactions between them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities in relation to duty of candour. We reviewed records which showed they had contacted families in response to any incidents which helped keep people informed.
- The registered manager had notified the appropriate authorities in relation to any safeguarding concerns and serious incidents.
- The most recent CQC report and ratings were displayed in the foyer of the home.

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

- The provider and registered manager followed clear and robust governance systems which helped ensure they had an effective oversight of the service.
- We reviewed a variety of audits in relation to all aspects of care and support and record keeping and building maintenance including fire safety. We found these were up to date and any identified issues had been addressed and followed up on. Not all cleaning checklists had been completed and this was addressed during the inspection.
- Staff felt the registered manager was very clear about the quality of care expected of them. Staff felt the home was well organised and knew what they were doing each day.

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

- The provider had systems in place to engage with people living in the home, their relatives and the staff.

These included regular meetings and questionnaires. Relatives we spoke with felt the registered manager was open and approachable.

- Staff meetings had been held and staff felt able to raise anything through them. We reviewed staff meeting minutes and saw these reflected areas of care practice and provided positive feedback for staff.
- The provider regularly met with the registered manager to identify how the management of the service could be improved. There was an action plan in place which the registered manager continued to follow.

Continuous learning and improving care

- The provider supported the registered manager to access learning opportunities which helped to improve care. For example, the registered manager was completing a management level NVQ. In addition the deputy manager was also completing management training.
- The provider reviewed and updated care practice as part of continuous learning and development.

Working in partnership with others

- The provider and registered manager worked in partnership with other organisations to ensure effective and consistent care.
- The registered manager attended regular forums hosted by the local authority to discuss learning and share skills with other managers. We saw that the registered manager had changed how they accepted people being discharged from hospital following advice received at the forum.