

Jade Blossom Limited

The Grange Nursing & Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Grange Nursing & Residential Home is a residential care home providing personal and nursing care. It is registered to support up to 50 younger and older adults with dementia, physical disability or sensory impairment. At the time of inspection there were 40 people living at the service.

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

Risk was assessed and managed. Action was taken to reduce risk such as using pressure relieving equipment to prevent pressure sores and movement sensors where people were at risk of falling. Accidents and incidents were recorded and investigated. People felt safe and were confident speaking to managers and staff about any concerns they may have.

The service was clean and hygienic and staff followed national guidelines for infection prevention and control and COVID19. People had their medicines managed in a safe way. There were enough staff with the right skill mix to meet people's needs and keep them safe.

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

Systems and processes to monitor the quality and safety of the service were effective. People, staff and relatives were consulted and asked for their feedback and changes were made accordingly. The culture of the service was person centred. Managers were open and inclusive and listened to the views of people who used the service so that improvements were made. Staff worked in partnership with other professionals such as community nurses, doctors and the local authority.

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 requires improvement (published 15 December 2020).

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

The inspection was prompted in part due to concerns received about the management of risk and staff training. A decision was made for us to inspect and examine those risks. We found no evidence during this

inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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 coronavirus and other infection outbreaks effectively. This report only covers our findings in relation to the Key Questions of safe and well led.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grange Nursing and Residential Home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

The Grange Nursing & Residential Home

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.

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. A second inspector carried out phone calls to people's relatives and staff to ask for their feedback about the service.

Service and service type

The Grange Nursing and Residential Home 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

This inspection was unannounced.

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 and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, registered manager, deputy manager, qualified nurse senior care workers, care workers, domestic, administrator and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong. At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Risk was assessed and managed. For example, people at risk of falling had been referred to the community falls clinic and supplied with equipment to help keep them safe.
- Improvements had been made to the recording of pressure sores and what staff should do to minimise further risk. Checks had been introduced to make sure pressure relieving mattresses were at the correct setting and in good working order. These checks included speaking with the people using the mattress to make sure they were comfortable.
- Managers told us staff had become much better at recognising the early signs of skin damage and were reporting earlier so that action could be taken quickly. Senior care staff did daily walk arounds to check that people were safe and staff had followed all risk management plans.
- Health and safety checks and audits were carried out to check the premises and environment were safe. These checks had identified regular maintenance hours were required to repair broken items or to redecorate.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. All staff had up to date safeguarding level 2 training. They knew how to recognise abuse and how to report it.
- Managers and senior staff did daily walk arounds to check people felt safe and had the support they required.
- Staff understood the best and least restrictive way to manage distressed behaviours. Staff knew people well, they knew how to reassure people and to support them to follow their interests. This is important when supporting people living with dementia who may have difficulty communicating their needs.

Staffing and recruitment

- People, staff and relatives told us there were enough staff to meet people's needs and keep them safe.
- The registered manager assessed people's dependency needs and arranged staff numbers and skill mix accordingly.
- Staff were recruited in a safe way. Checks were carried out before new staff were offered employment so that as far as possible only staff with the right skills and experience were employed.

Using medicines safely

- People's medicines were managed in a safe way. Staff had completed training and had their competency assessed.
- Medicines were stored securely and all records we looked at were accurate and up to date.
- Protocols were in place where medicines were prescribed on an 'as required' basis. This meant staff knew exactly in what circumstances the medicine should be given.
- There was a separate register for controlled medicines and two staff were required to sign for these. Additional checks of these medicines had been introduced in response to a recording error.
- Staff knew what to do in the event of a medicine error and this included seeking immediate medical advice.

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.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so that action could be taken to reduce further risk.
- Additional checks of controlled medicines had been introduced in response to a recording error.
- Additional audits had been introduced to make sure people's pressure relieving beds were as the correct setting and in full working order.

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 now 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.

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

At our last inspection the provider's systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) 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 17.

- Managers and staff were clear about their roles and responsibilities. Audits and checks were carried out to make sure policies and procedures were being followed and people were safe. Action was taken where shortfalls were identified. The registered manager told us their health and safety audit had identified the need for more maintenance hours and these had been provided.
- The provider visited the service at least weekly. They spent time with people and staff and with the registered manager so that any day to day concerns could be identified and addressed. The provider also spent time training staff about medicines and specific conditions.

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

- People and relatives praised the managers and staff. A family member with a relative living with dementia and associated communication difficulties said, "I always come out of there feeling they know them and recognise their needs, communication is excellent."
- A member of the care staff told us there was a diverse staff group who work well together and learn from each other. They told us, "Everyone pulls together now as a big team."
- Care and support was person centred and people were supported to maintain their hobbies and interests and relationships with family and friends. We saw staff spending time with people chatting or supporting them with activities throughout the day.

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 understood their responsibilities regarding the duty of candour and were open and honest when things went wrong.

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

characteristics

- Resident and staff meetings were regularly held so that new information could be communicated. People were asked what they thought about the care and support provided.
- Current COVID 19 guidance was discussed along with the new relaxed rules for visiting.
- Staff discussed ways of working and changes were made and trialled when requested. Separate nurses meetings were held. Staff were encouraged to speak up if they were struggling with workload and promised additional assistance if this was required.
- Feedback forms were used to capture people's experience and request. The forms we saw were positive. A small bar area had been created in response to people's requests.

Continuous learning and improving care

- The registered manager told us their increased auditing and analyses of accidents and incidents had led to improvements and staff were more proactive in contacting other professionals early and had improved the recording of accidents and incidents. Staff had been reminded to complete records in a comprehensive way and avoid vague statements.
- Improvements had been made to care plans and mental capacity assessments. Records we looked at were comprehensive and based on people's needs and preferences. Records for food and fluid monitoring were accurate and up to date.
- The registered manager and clinical lead kept up to date with current guidance and best practice and were discussing a new way of working to improve infection control they had seen in a recently published nursing journal.

Working in partnership with others

- Staff worked in partnership with other professionals such as doctors and nurses and the local authority.
- People had been referred to appropriate healthcare professionals such as dieticians and tissue viability nurses. Community mental health teams were consulted for additional advice and support where this was required.
- Additional training had been sourced through a local hospice about mouth care and palliative care for people at the end of their lives.