

Ogwell Grange Limited

The Grange Residential Hotel

Inspection report

Townsend Hill
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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

What life is like for people using this service:

- Every person we spoke with fed back that staff were caring and they were happy living in the service. Relatives told us the service felt like a home and they were made to feel welcome when they visited their loved ones.
- Bedrooms were personalised and people had their photographs on display, there was the smell of home cooked food and baking throughout the building. Some building improvements needed to be made to modernise the facilities but the provider had already planned these.
- Staff felt supported and had received enough training to enable them to support people in line with best practise guidance. Staff told us they enjoyed their jobs and had a good understanding of person centred care.
- People were offered choices in their day, the registered manager had good knowledge of the Mental Capacity Act 2005 (MCA).
- There had been several improvements introduced since our last inspection. Records were more accurate and contained more detailed risk information for specific health conditions.
- The quality of the care was regularly audited and care improved as a result. Issues were followed up with staff and relatives and people were encouraged to feed back to the registered manager.
- People's health needs were met with referrals to health professionals where needed. Regular contact was had with the district nurse and GP, both of whom gave positive feedback about the service.
- Medicines were managed safely and administered calmly. Recording was accurate.
- Activities were daily and offered a range of different things to do but these were not always to people's tastes. Improvements to the activities offered were underway at the time of our inspection.

More information is available in the detailed findings sections below.

Rating at last inspection: Requires Improvement (report published 23 November 2017)

About the service: The Grange Residential Hotel (hereafter referred to as The Grange or the service) is a residential care home that was providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service is in an adapted period property in the village of Ipplepen in Devon.

Why we inspected: This was a planned inspection based on the last rating. This service is a service that has been rated requires improvement in two out of three previous inspections.

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 findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

The Grange Residential Hotel

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one adult social care inspector and one assistant inspector.

Service and service type

The Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates 17 people in one adapted building. It also has a separate supported living service on site. Seven people were using the supported living service at the time of our inspection, none of them required support with personal care. Therefore, we did not include this as part of our inspection.

There was a registered manager in post. 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.

Notice of inspection

This inspection was unannounced.

What we did:

Before the inspection we gathered and reviewed the information we held on the service such as notifications, where the provider tells us of any significant events, and previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed the lunchtime meal and conducted a SOFI in the communal lounge. A SOFI is a tool for observing interactions between care staff and people who may not be able to communicate with us verbally. This gives us an idea of what their care experience might be like for the time that we are there.

We spoke with six people using the service, six care staff, the chef, housekeeping staff, one volunteer, the operations and facilities manager and the registered manager.

We had feedback from three health professionals who worked with the home, and five relatives.

We reviewed four peoples care records including risk assessments, care plans, consent documents and daily and nightly notes. We also looked at policies and procedures and records relating to fire, health and safety, complaints, incidents, and lessons learned. We examined Medicine Administration Records (MAR) for eight people and five staff recruitment files.

We walked through the building and checked every upstairs room and the safety of their windows.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

- People told us they felt safe in The Grange. They said, "I feel safe and not worried about falling at all" and, "I feel safe and have no complaints at all." A relative said "There were falls when she first went in, we had lots of problems with her mobility at home, its improved now, they make sure they have the wheelchair ready so when she is walking it's there if she needs it."

Supporting people to stay safe from harm and abuse; Assessing risk, safety monitoring and management.

- At our previous inspection on 24 and 28 July 2017 we found a breach of Regulation 12 relating to risks for people not being assessed and mitigated. We had concerns that for a person with a catheter staff were not aware of the risks the person faced when it was not draining. We also saw that for people with diabetes their care records did not give detailed enough instructions to staff about what a safe blood sugar level was and what signs to look out for if a person became unwell because of their diabetes. At our last inspection we also found that risk assessments for some people were not sufficiently up to date with accurate details of incidents where people had fallen or changes in their health.

- At this inspection we found the service had made improvements in how it managed risks around people's health needs. Detailed plans were now in place to monitor people's healthcare needs and protect them from harm.

- We observed people being supported to move several times from the lounge to the dining areas or other parts of the home. Staff were calm and gentle when supporting people to walk or use their walking aids. One person was supported to move from their wheelchair to an armchair using a full body hoist. Care staff spoke to each other continuously and checked the sling was hooked up correctly before lifting the person and making them comfortable in the chair.

- Environmental risks and building safety were assessed and regular checks were made of fire detection systems and water temperatures. Window restrictors were in place on all first-floor windows to prevent falls from a height, we checked to see if these were secure and they all were.

- The service protected people from harm through robust safeguarding processes. All staff had attended safeguarding training. The staff we spoke with demonstrated a clear understanding of how different kinds of abuse might present in people, and where to report any concerns.

Systems and processes.

- Incidents such as falls were clearly recorded. The registered manager had a range of tools to monitor falls including a falls calendar on display in the office as a visual guide to their frequency over each month. Incidents were recorded on forms that captured relevant details including what happened and when, who was present, the situation leading up to the incident and any contributing factors.

Staffing levels.

- There were enough staff to meet people's needs. People were having their care needs met promptly. They were. Care staff were in and out of communal lounges talking to people in between delivering care.

- One person said "I feel there are enough staff. I have a call bell but I have never had an occasion to use it." Another person said "There are mostly enough staff, a bit short when there are holidays but apart from that well covered. I use my call bell once a night and someone is there immediately." Relatives we spoke with all

said people were having their care needs met.

Using medicines safely.

- Medicines were managed safely. Medicines were stored in a lockable secure unit and well organised. Medicine Administration Records had no gaps in the recording of administration. We checked stocks of medicines and saw one inconsistency between recorded stocks and actual stocks for Laxido, which is a medicine prescribed for constipation. We asked the care manager to look into this.
- People were happy with the way they were supported to take their medicines. We observed medicines being administered. This was done discreetly and in an unhurried way.
- Staff all had medicines administration training and were competency tested to check they understood how to safely administer medicines.

Preventing and controlling infection.

- Throughout the home we saw gloves and aprons positioned so care staff could easily access them. We saw staff using gloves and aprons and there was a colour coded system for which apron should be worn for care activities. For example, white for personal care, red tabard for medicines.
- Care staff had attended infection control training and we saw them regularly washing their hands at designated hand washing sinks that were stocked with soap and towels and had hot running water.
- The home was clean with no malodour present at any point in the day. Risks around food safety were managed with all surfaces clear and no food debris left anywhere. Temperatures of fridges, freezers and food were tested and recorded daily to ensure food was stored safely and cooked to a high enough temperature.
- There was a new laundry area installed after our last inspection. Each person had their own laundry bag, we fed back to the registered manager some of these looked as if they needed replacing as they were worn and one we saw was stained.

Learning lessons when things go wrong.

- Where there was an untoward incident such as a medicines error or a near miss, the registered manager held lessons learned meetings. Where appropriate, findings were implemented across the service and we saw the impact for one person was a reduced number of falls.
- The notes from these meetings showed practise was reflected on and clear actions were recorded to prevent reoccurrence. Actions were followed up to ensure they were completed.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence

Effectiveness of care, treatment and support: outcomes, quality of life

- People's needs were regularly reviewed so care staff had access to up to date care plans and risk assessments. One care plan had not been updated to reflect the frequency that a person should be weighed. For another person the night time recording did not state what position they had been re-positioned to. This person was identified as at risk of pressure sores. The records showed they were being turned at the correct times but was not detailed enough to show a variety of appropriate positions to mitigate the risk. We fed this back to the registered manager who responded immediately and altered the recording document by the end of that day.
- We saw evidence of the service having taken steps to make processes more effective so care delivery and its recording was more efficient. For example, the number of forms in different places to record food and fluids was reduced to prevent gaps in recording and replication. This meant staff could find information more easily and had more time with people.
- We saw the service had been supporting people effectively and they had achieved positive outcomes which improved their quality of life. One person had reduced falls and relatives told us another was no longer socially isolated and joined in with activities.
- The service had acted on feedback from people that they wanted to feel they had a purpose. Care plans had a section on how people felt about retiring and not working any more. Several people helped in the kitchen, we saw one person peeling potatoes and carrots and chatting to the chef whilst they prepared the lunch. This made the person feel they were contributing to the running of the home and reminded them of their life before they moved to The Grange.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were reviewed regularly, with the care manager reviewing care plans monthly and if any new needs arose. We saw for two people their care plans needed updating in line with recent information, we fed this back to the care manager and registered manager and they said they would review the files.
- We checked speech and language therapist guidance which stipulated how people's food should be prepared and saw best practise guidance had been followed in the preparation of people's meals.

Staff skills, knowledge and experience

- Staff had been on adequate training to meet the needs of people. Staff told us they had received enough training, one staff member said, "They have put money into training. The registered manager is always looking at opportunities for NHS or accredited training for staff. It's all refreshed annually. I have manual handling coming up and recently done first aid, medication and fire safety". We saw training records that showed care staff had completed training in dementia, basic life support, and manual handling. Some staff had completed more specific training on catheter care, diabetes and communication and dementia. This was in line with the needs of people living in the home. Housekeeping staff had also completed training in safeguarding, infection control and supporting people with dementia. A relative said "I believe they are

skilled enough."

- Staff were supported through regular supervisions where training, safeguarding, staff development and performance were discussed. One staff member said, "The supervision is done six-monthly and ad-hoc if it is necessary or a learning point."
- The service employed a range of people with different experiences of care ranging from a nurse to a person new to care. Where staff were new to care they were supported to complete the care certificate to ensure they understood the basic principles of providing safe quality care.

Eating, drinking, balanced diet

- We had consistently excellent feedback about the food provided at The Grange. The food looked and smelled delicious during our inspection. We saw home baked cakes, meals cooked from scratch and a menu that was balanced and met people's preferences.
- We saw people in communal areas with drinks within reach and fresh cups of tea being offered frequently. People had a choice of what they wanted to drink, two people had a glass of white wine every lunch time with their meal.
- Where people needed support during meals as described in their care plan, this was provided, either through a staff member assisting the person or through adapted cutlery and crockery.
- People told us "The food is marvellous. If you don't want something you can ask for something else but I have not had to yet." And, "The food is good. I am not fussy. I am not sure about choice but I am happy."

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

- The service was in a large period property, it had been adapted to make bedrooms with en-suite bathrooms for people. The décor looked tired and worn in places since our last inspection.
- The registered manager told us there were lots of plans to improve the building and update some of the bathrooms and make changes to people's rooms. The facilities manager was in the process of auditing all the providers services and working out what the highest priority was.
- There was a stair lift in operation and a lift for people with limited mobility who had upstairs rooms.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service was meeting these legal requirements.
- Consent was sought from people before and during care. We observed care staff asking people if they wanted to have a blanket, have support with a drink or go to the bathroom. Care staff had a good understanding of consent when we asked them about it. They recognised that people have the right to choose whether to receive personal care and gave supporting examples of this.
- Where people did not have capacity to make decisions, they 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.
- Where it had been identified that people might need to be deprived of their liberty, the registered manager was working with the local authority to ensure this was lawful. They had submitted and followed up on applications for deprivation of people's liberty.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

- Throughout the inspection care staff treated people with dignity and respect. We saw some warm engaging interactions and people responded to care staff with affection. People said "It's lovely here. The people that are in here and the helpers and all the assistants are really nice."
- Every relative we spoke with said the service was caring and their relative was treated well. One relative said "I have to say that all the staff are excellent and always friendly and kind. I can't single out one member of staff but they are always going out of their way to make me feel welcome." Another said, "The staff are loving towards the residents this is what makes the home special as it feels like a big family."
- Staff could interpret what people needed through their various forms of communication. This was also recorded in care files. For one person they had advancing dementia and no longer talked. Their care plan said, "Squinted eyes or a crinkled-up nose are signs of dislike", we saw care staff watching their face for a response when they asked a question.
- Staff told us they were given time to get to know people before supporting them with personal care. New staff read their care files and shadowed more experienced staff so they could begin to build up relationships with people.
- We checked the language used in care files and found it was appropriate and respectful. We heard one staff member refer to people using a term on one occasion that was not respectful. We also saw for two people; their food was cut up at the table in front of everyone else, placing an emphasis on their need for additional support. We fed this back to the registered manager and recommended that those care staff attend training in dignity and respect.
- We saw examples where staff went above and beyond their role and bought a soap a person liked. Care staff with children regularly brought them into the home so residents with no family were interacting with children and young people. People told us this made them feel like a part of the community and brought back fond memories.

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

- People were supported to express their views through resident's meetings. Feedback from people was taken on board and the registered manager could demonstrate where changes had been made or ideas taken on board. For example, at one residents meeting a person suggested growing vegetables as many people had had careers as gardeners or in farming. The service installed a waist height accessible trough so people could grow vegetables in the communal gardens.
- People were given choices throughout the day. Staff asked people what they wanted to eat, drink and do. Care staff had a good understanding of how people were in charge when it came to their day to day decisions. For example, one staff member said, "I show her what choices there are to wear and she will choose her clothes." Another staff member said "The residents have a lot of choices. They choose what they want to eat from our menu, what drink they would like, we always ask them what they would like to wear when we're providing their personal care and we always ask them if they're happy to take part in the set activity. If, however they don't like the activity we offer them another choice to take part in afterwards."

Respecting and promoting people's privacy, dignity and independence

- There was an awareness when we spoke with staff and in care files of how to promote people's independence. For example, one care file noted one person would happily let staff do everything for them. The care file noted that staff were to encourage this person to take more control in their personal care and how to do this.
- Care records were kept locked away to keep people's personal information confidential.
- Care staff were discreet when asking people about their continence needs, and were all able to tell us how they understood promoting people's privacy and dignity during personal care. We heard examples such as knocking on people's doors, curtains being drawn and people being covered if they were in a state of undress.
- Care staff spoke of people with fondness and respect for the lives they had led. One staff member said "What I like most about working at The Grange is being a part of somebody's life and being able to care for them when they are at such an age and they've lived such interesting lives. Its lovely to be that person who they feel they can talk to, who they can trust and who they can call lovely company."

Is the service responsive?

Our findings

People received personalised care that responded to their needs

Personalised care

- Support was personalised to meet the preferences of individuals. This was apparent in care records and care delivery. People were addressed in the manner specified in their care plans, and care staff knew what people liked and didn't like. We saw staff encouraging one person to eat a food they liked and seating another person in the chair they preferred.
- Care documents were detailed with likes and dislikes. For example, one person liked to have their breakfast tray laid out in a specific way. The description was very detailed so staff knew exactly how this person liked to be supported with their breakfast.
- The service was starting to tailor the environment to people more since our last inspection. For example, one person liked watching birds in the garden but had some sight issues. A window bird feeder was bought and added to the window so birds would come closer to the home and this person could enjoy seeing them again.
- Activities were organised for people, we observed a reminiscing activity and people told us singers and animals came to visit. We also saw activities on the activity schedule for bingo, tai chi, arts and crafts, hand massage and manicure. There were objects around the lounge such as puzzles and teddy bears for people who enjoyed them. Most people were happy with the home led events and activities. One person said "We do activities, on Monday we do exercises with [name of staff] and in the summer, they brought round little animals. I take part and enjoy them. We do tai-chi too with the people from Holland. I find it beneficial. I also enjoy making cards in arts and crafts."
- The registered manager told us of plans to extend the activities offer and an idea to develop a space where people could go and help themselves to activities rather than them being predominantly staff led.
- People were recognised as unique individuals, they had birthday cakes baked for them and their stories were celebrated. The story of one couple who had been together for over 70 years was celebrated in the resident's newsletter.
- Care staff knew people's moods and how they could change throughout the day and what things might make them feel better. One relative said "I've seen them give mum a hug, they go out of their way to make sure she's ok." This showed they could personalise their approach based on people's changing emotional needs.

Improving care quality in response to complaints or concerns

- The service had received no complaints since our last inspection. There was a clear process in place which showed a timeline for responding to complaints and what to do when one was made.
- Information on how to complain was on display in the home. Every person and relative we spoke with said they would feel comfortable making a complaint to the manager if they had any concerns.

End of life care and support

- Care staff had yearly training from a local hospice on how to best support people when they were approaching the end of their life.
- We had feedback from a relative who said, "Absolutely lovely staff, his stay there and how they managed

his ill health and when he died I couldn't fault them" and that the home was "Sensitive around the time of his death." A health professional we contacted fed back to us, staff "Were able to personalise the approach to care, when thinking about end of life care."

- Care records documented where conversations had taken place with people and relatives. Details of how people would like to be cared for at the end of their life were recorded. This showed that where appropriate the service had approached people or relatives about their wishes and recorded what their preferences might be.

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture

Leadership and management

At our last inspection we found evidence which placed the service in breach of Regulation 17 in relation to good governance. The service had failed to ensure staff were properly supported through supervisions and care records did not always contain enough detail about managing the risks relating to people's care needs, some also needed reviewing. At this inspection we found sufficient improvements had been made and the service was no longer in breach in this area.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood what their roles required as part of a wider team and day to day in the support they provided.
- Audits to assess the quality of the service were completed regularly for medicines, building checks and recording of care delivery. These audits identified issues and were then followed up.
- Staff were supported to provide quality care by the management team and were given feedback on their performance through competency observations in medicines and manual handling, and in supervisions.
- The registered manager understood their responsibilities in running the service and requirements to make notifications to us about significant events.

Engaging and involving people using the service, the public and staff

- People were offered opportunities for feedback; day to day when they saw the registered manager around the home, at resident's meetings and during care reviews.
- A relative said "I am encouraged to share my ideas and experience." We looked at 10 surveys completed by relatives in the last 12 months, they all were positive in their comments.
- Staff said they felt listened to and could contribute ideas to the registered manager, one staff member said "[the registered manager] is quite measured and will listen and takes things on board." We looked at 23 staff surveys. The results were analysed by the manager and in their audit of these documents highlighted that 96% of staff would recommend The Grange to a friend as a good place to work. From the staff feedback received the registered manager organised a team meeting to celebrate the good things staff did. They also put up some celebration boards so people and staff could see the things the home had supported people and staff to achieve recently.

Continuous learning and improving care

- Changes since our last inspection included a new experienced head of care, and better documenting of people's health needs. This included more detail on risk assessments for catheter care, that we had fed back was an area for improvement at our last inspection. There were plans from the provider for introducing a whole service review and electronic care planning.
- We saw some improvements because of these changes and plans. However, there were still some issues with the recording of care and records such as care plans and risk assessments needing updating. Although

the number of records that needed reviewing had reduced and the detail on risk assessments had improved this was an issue that had been highlighted at the previous inspection. We discussed these with the registered manager and they said the introduction of a new electronic recording and care planning system would ensure review dates wouldn't be missed and discrepancies could be promptly followed up. The registered manager gave us assurances they would monitor this.

Working in partnership with others

- The service worked in partnership with key health professionals such as GP's, speech and language therapists, end of life care practitioners, and district nurses. Health professionals we spoke with gave us positive feedback about the service and the care it provides.