

The New Grange Care Home Limited

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Inspection report

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Date of inspection visit:
06 May 2021

Date of publication:
09 June 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The New Grange Care Home is a residential care home providing personal care to people aged 65 and over, many of whom live with dementia. The service can support up to 58 people. At the time of inspection, there were 40 people living at the service.

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

People were safe living at The New Grange. Staff could appropriately recognise the signs of abuse and felt confident reporting any concerns they might have. There were sufficient staff to meet people's needs and people spoke highly of them. One person told us, "The staff here are so helpful, they know me really well, I have no complaints."

Care plans were person-centred, detailing people's needs and wishes. Risk assessments had been completed and were followed. For example, a person at risk of developing pressure areas was supported to move or turn regularly. People told us that they were given a choice of meal every day and our observations confirmed this.

There were robust auditing systems in place to promote good quality of care, and drive improvement. The home had been involved in several pilot schemes in the community. One had significantly reduced the number of hospital admissions for people. People, staff and relatives all gave us positive feedback about the registered manager and felt the home was well-led.

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.

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

Rating at last inspection

The last rating for this service was good (published 27 November 2019).

Why we inspected

We received concerns in relation to pressure care, the management of medicines, training being out of date or not provided, and people not being supported appropriately at meal times. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The New Grange Care 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The New Grange Care Home Limited

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

This inspection was undertaken by one inspector, one assistant inspector 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.

Service and service type

The New 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and ten relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, care workers and the chef. We observed the care people received to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also continued to seek feedback from professionals who work alongside the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe. One relative told us, "I think that [person] feels completely safe." Another said, "Our whole family feel that it is a safe environment [person] is living in."
- Staff had received suitable training in recognising the signs of possible abuse or neglect. Staff told us they felt confident in raising any concerns. One staff member told us, "If I saw anything wrong, I'd go to my senior. If I'm not happy about it, then I'd go to my manager. I make sure I write things down so there is evidence."
- Safeguarding reports were clear and detailed. Concerns had been reported appropriately to the local authority. The registered manager had cooperated in and undertaken investigations to establish causes and learn lessons. The registered manager had recently implemented additional training for staff around pressure care as a result of safeguarding.
- Systems were in place for staff to document and report accidents and incidents. The registered manager completed a regular analysis of this to monitor any trends or patterns. For example, a person had their care level increased when they were becoming distressed.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. For example, plans were in place to minimise risk of falls, developing pressure areas, and risk of choking. Risk assessments were reviewed at least monthly or as and when needed.
- Clear guidance was provided to staff in how best to support people. We saw evidence of this guidance being followed. For example, people who were at risk of pressure areas were supported to move or turn regularly. One relative told us, "Mum is bed bound, I see the records of her turns and she is turned often, and the staff check on her."
- All equipment was checked regularly and maintained appropriately and in accordance with the manufacturer's instruction.

Using medicines safely

- Medicines were administered, stored, ordered and disposed of safely. Medicine administration records (MARs) were accurate and complete. MARs contained people's preferences of how they liked to take their medicine, for example, tablet taken using a spoon. We observed staff adhering to these preferences and supporting people in a kind and gentle way.
- The service had clear guidelines in place for the administration of 'as required' (PRN) medicines. This included person-centred details of when these medicines were required and what alternatives should be tried prior to administration.
- Staff had received appropriate training in medicines and regular competency checks were undertaken.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs safely. We received positive feedback from people and relatives about the staff levels. One person told us, "If I press the button, they are here in a flash." A relative said, "There is absolutely enough staff every time we visit. And we visit all times, even evenings and weekends."
- The service had robust recruitment processes in place to ensure staff were suitable to work in the care sector. This included reviewing details of previous employment, obtaining suitable references, and carrying out a check with the disclosure and barring service (DBS).
- The registered manager used a dependency tool to ensure that enough staff were on duty with the appropriate range of skills, knowledge and experience to support people effectively. We observed a safe number of staff with a range of skills on duty during the inspection.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- People were assessed before they were admitted to The New Grange. These assessments were holistic and involved significant parties such as family. This assessment then formed the basis of the person's care plan. One relative told us, "Staff know dad inside and out, even though he has only been there a few weeks, they know his needs."
- Care plans were detailed with people's needs, wishes and choices. Guidance of how to support people to achieve these outcomes was evident throughout the care plan. For example, one person's first language was not English and there were clear details of how to best communicate with this person to ensure their needs were met.

Staff support: induction, training, skills and experience

- Training was up to date, and staff had an appropriate variety of skills and knowledge to ensure people's needs were met.
- Staff told us they felt well supported by both the management team and their peers. One member of staff told us, "There is a lot of banter between the staff, it is good. We have a laugh when we work, and this has a positive impact on people."
- We saw documents to confirm that staff had regular supervisions with opportunities to discuss areas of development. One staff member said, "We get supervision, usually with the [registered] manager or deputy. This is every three months. I feel very supported."
- Staff were required to complete an induction period before working independently. This included a variety of training and shadowing more experienced workers. Staff needed to be signed off as competent by the management team. One staff member told us, "I had to shadow before I started working alone. I have done manual handling and they showed us how to use the equipment. There's always lots of training to do."

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

- People's nutritional and dietary needs were being met. People told us that they liked the food and we saw people being given a choice of meals. One person told us, "The food is lovely. My plates are always empty after my meal." A relative said, "Mum eats well, the food is good and she is offered drinks often."
- Information about modified diets and people's dietary needs was available in detail in the kitchen. The chef had a clear line of communication with the registered manager regarding any changes in people's dietary needs. A person was admitted on the day of inspection and their needs, likes and dislikes had already been added to the list.
- People's weights were closely monitored and those considered to be at risk of losing weight were referred to the dietician or speech and language team. Where necessary measures had been taken to minimise risk

of malnutrition, for example, diets were fortified or drinks thickened. Food and fluid intake was monitored and recorded via the electronic system.

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

- People were supported to receive healthcare services when they needed. We saw appropriate referrals had been made to GPs, nurses, and specialists services such as Speech and Language Therapist or the Falls Prevention Service. One person told us, "My legs hurt sometimes. I asked about seeing a doctor and they arranged it for me straight away."
- Guidance provided by medical professionals, including treatment plans, had been documented into people's care plans. We saw evidence of this guidance being followed, for example, a person being supported to eat a soft diet when needed.
- People were assisted to attend medical appointments when needed. One person was under a specialist clinic and letters in their care plan highlighted that they had been appropriately supported to access this healthcare service. A relative told us, "[Person] had an infection and was poorly, they called the doctor out and [person] now has antibiotics. They kept me informed."

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

- The home was clean and tidy. It had recently undergone renovation work and all rooms had been redecorated to people's wishes. This included replacing carpets with laminate flooring to promote cleanliness and good infection prevention and control practice.
- There was personalisation such as photos or items that were important to people, on or by their doors. This would help people living with dementia recognise their own rooms. There were also clear signs throughout the building to support people find their way around.

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 requirements of the MCA has been met by the service. MCA assessments had been carried out where necessary in relation to people's care and support needs. Where people lacked capacity to make their own decisions, we saw evidence of best interest decision discussions involving the relevant parties, for example, relatives and GPs.
- People and their relatives told us staff supported them to make decisions as much as possible. One relative said, "Mum is not able to make her own decisions. The staff still communicate well with mum and take time to understand her needs and wants."
- Staff had received training on the MCA and demonstrated knowledge about ensuring people were

involved in making decisions. There was a specific segment in staff supervisions for discussion about MCA.

- The registered manager had identified where people needed to be deprived of their liberty. They had made the appropriate referrals to the local authority and had a clear colour coded system to highlight when this needed reviewing.

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 good. At this inspection this key question has remained the same. 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

- People and relatives spoke positively about the home and the approachability of the registered manager and staff. We observed the registered manager having a visible presence at the home, and it was clear she knew people well. One person told us, "You only have to mention something to the staff and its done. I can raise concerns with [registered manager] if I need to and know she would deal with it." A relative stated, "They are all approachable, you can call and get someone at any time."
- Staff all spoke about being supported by the registered manager and seniors. They reported that concerns are taken seriously and would be acted upon quickly. One staff member said, "[Registered manager]'s door is always open. She has been supportive and flexible when I needed to change my hours. She is the best manager I've ever had."

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 registered manager understood the requirements of the duty of candour. This is their legal duty to be honest and open should any accident or incident occur, and apologise where appropriate. Records confirmed that the home had made all necessary referrals and notifications, for example, to the local authority and CQC.

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

- A robust audit system was in place. These were completed by the registered manager and the senior team. Audits and their outcomes were centrally stored and outcomes shared to drive improvement in all areas of care. The audits included, infection prevention and control, medicines, care plans and accidents and incidents.
- The registered manager, senior team and other staff were clear about their roles. Each person had a key worker who was responsible for reviewing their care plans. These were up to date and accurate. One relative told us, "Every member of staff knows their roles and responsibilities, as far as I can see."
- The provider had regular contact with the service. An operations manager also kept oversight of the quality of care. They visited twice a month and completed specific audits themselves. For example, they had recently done a full audit on people's weight charts to ensure all appropriate action had been taken where needed.

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

- Due to the COVID-19 pandemic, resident and relative meetings had diminished. However, relatives told us they still felt involved in activities and decisions about the home. One relative said, ""The management sent plans to us regarding the changes and refurbishment, and it all looked good". Another added, "We are well informed and have regular updates on what is happening."
- Staff meetings were in place and effective for sharing ideas and views. These meetings were held at different times of day to maximise the opportunity for staff to attend. Staff told us they found these useful. We saw meeting minutes which were detailed and could be provided to those who were unable to attend.
- The registered manager had made adjustments for staff when considering equality characteristics. For example, during Ramadan, staff who observed this were supported to do less tasks if they were feeling fatigued from fasting.

Continuous learning and improving care; Working in partnership with others

- Measures were being taken to encourage learning and improve care. The registered manager had recently established a gap in staff knowledge with regard to pressure care. They arranged additional training to expand staff knowledge. The service were also engaging in regular meetings with the local nursing team to promote good practice and improvement in this area.
- Staff told us, "When we have meetings, we're always asked what we have learnt or what we could do better. We're always learning."
- The service had engaged in a number of different pilots to drive improvement in care. For example, they worked with a National Health Service incentive called Docobo. This involved staff making observations of people's blood pressure, pulse, temperature and oxygen saturation levels. These were monitored by the local nursing team for any signs of medical deterioration. This helped to significantly reduce hospital admissions.