Sussex Grange Limited

Sussex Grange Residential Care Home

Inspection report

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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

This inspection took place on 13 June 2018 and was unannounced.

Sussex Grange Residential Care Home 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 home is registered to provide accommodation and care for up to 20 older people and there were 17 people living at the home at the time of the inspection. Sussex Grange Care Home is an older style building which has been adapted to a care home. There is a passenger lift so people can access the first floor. All bedrooms are single and have an en-suite toilet. There is a lounge and separate dining room as well as gardens and outdoor space for people to sit.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We made a requirement at the last inspection regarding the Mental Capacity Act 2005 (MCA) as the provider and registered manager were not following the correct procedures when people did not have capacity to consent to their care and treatment. The provider sent us an action plan to say how this was being addressed. At this inspection we found the provider, registered manager and staff had a good awareness of the MCA. Where it was believed people might not have capacity, this was now appropriately assessed and 'best interests' decision making procedures implemented when needed. The provider had met this regulation.

People and their relatives spoke highly of the service. For example, one person told us, "As a home, it's excellent. The food's excellent , the care's excellent. We are very well looked after here. I say, 'The Queen couldn't be treated better.'"

People said they felt safe. Staff were trained in safeguarding procedures and had a good awareness of the importance of protecting people. Risks to people were assessed and action taken to mitigate these.

Medicines were safely managed. Sufficient numbers of staff were provided and checks were made on the suitability of new staff to work in a care setting. The service was clean and hygienic. Reviews of care and incidents took place.

Care staff were supported well and had access to a range of training courses including nationally recognised qualifications in care.

People's nutritional needs were assessed. There was a choice of food and specialist diets were catered for.

People said they liked the food.

The premises were safe, clean and hygienic and suitable for older people.

Staff treated people with kindness and promoted people's privacy and dignity. Staff demonstrated they had a value base of treating people equally irrespective of their age or disability. Staff knew the importance of providing care and support to people which was individualised and person centred.

People received responsive care to meet their individual needs and preferences. People's needs were assessed and people were involved in decisions about their care. There was a range of activities for people which they enjoyed as well as access to community facilities.

There was an effective complaints procedure and people and their relatives said they felt able to raise any concerns of issues which were responded to.

The provider had links with local services for people who were at the end of their life. People's preferences for end of life care were recorded.

The service was well-led with an open culture. There was an emphasis on involving people and relatives in the home and for seeking their views. Staff were supported to develop their skills and knowledge and promoted person centred care. The provider and staff worked well with other agencies to improve the standard of care people received and to meet their changing needs. There was a system of checks and audits regarding the safety and quality of the service provided.

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 remains Good.

Is the service effective?

Good

The service has improved to Good.

As required by the last inspection report action has been taken to ensure people's rights as set out in the Mental Capacity Act are assessed and implemented.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Sussex Grange Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

This inspection took place on 13 June 2018 and was unannounced. The inspection was carried out by one 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 service.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. 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.

During the inspection we spoke with nine people who lived at the home and three relatives. We spoke with three care staff, the chef, the registered manager and the provider. We also spoke to a community nurse from the NHS admissions avoidance team who gave us permission for their views to be included in this report.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for four people. We reviewed other records, including

the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents, records of medicines administered to people and complaints. We looked at staff training records and staff supervision records.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. When we asked people if they felt safe at the home they replied, "Oh, yes. You have no idea, it's a joy to think there's someone around," and, "Yes, there's always someone there."

Staff were trained in safeguarding procedures and knew what to do if they had concerns about a person's safety and welfare.

Each person had care records which included risk assessments and care plans to mitigate these risks. These included the risks of falls to people and moving and handling assessments with guidance on how staff supported people to mobilise safely. Care records showed risks regarding pressure areas to people's skin were assessed in conjunction with the local community nursing team. Specialist equipment was provided, where needed, such as air flow mattresses. A health care professional stated that the provider was good at ensuring the right equipment was in place and often provided this themselves when NHS resources were unable to supply it.

Risks of choking on food where people had difficulties swallowing were assessed and referrals made to the Speech and Language Therapist (SALT) for assessment and advice. There was a care plan for managing these risks and the kitchen staff followed procedures to ensure people received pureed food where this was needed. Where accidents or incidents had occurred, there was an evaluation review and an action plan implemented to reduce the risk of a reoccurrence.

Checks were made by suitably qualified persons of equipment such as the fire safety equipment, fire alarms, electrical appliances, hoists and passenger lift. Hot water was controlled by specialist mixer valves so people were not at risk of being scalded by hot water and the water temperature was checked. First floor windows had restrictors so people could not fall or jump out. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises. The temperature of hot water was checked to ensure it was hot enough to combat risks of Legionella. The provider used a contractor to check the water system for Legionella.

The service provided sufficient staff to meet people's needs. We based this judgement on our observations, what people and their relatives told us. Staff also said there was enough staff to meet people's needs. The staff rota showed at least four care staff on duty between 8am and 8pm plus the deputy manager and the registered manager. Night time staff consisted of two staff. The service also employed an activities coordinator, a cook, a kitchen assistant and cleaning staff.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. This meant that new staff were recruited safely.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored and the temperature of the medicines storage room and fridge monitored.

The home was clean and hygienic. There were no offensive odours. Staff wore protective aprons and gloves to control the risk of infection. People told us the home was kept clean and hygienic.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the previous inspection we found the provider had not followed the requirements of the Mental Capacity Act 2005 and the associated Code of Practice. We found the provider had not assessed the capacity of people who it was believed did not have capacity to consent to their care and treatment and had not followed the guidance regarding best interests decisions for procedures such as giving people their medicines covertly. We made a requirement notice for this. The provider sent us an action plan of how they were addressing this. At this inspection we found the provider had carried out capacity assessments where they were needed using a recognised assessment toolkit. There were records of best interest decision making processes and meetings where appropriate. Applications for DoLS were also made where appropriate. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care. We judged this regulation was now met.

People spoke highly of the staff skills in providing effective care. For example, one person said, "They are excellent. They are all interested in their job. They're always taking exams. They do care, you can tell if people (staff) really care." Another person said, "Yes. I don't know where they get them. They all have complementary skills and they're caring, of course." A health care professional described the staff as skilled, committed to their work and adept at dealing with mental health needs such as behaviour needs.

The provider had established links with organisations such as the Parkinson's Society and local health service teams to train staff in subjects such as care of people living with dementia and eye care, as well as being part of local training forums.

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff confirmed the induction prepared them for their role.

The provider supported staff and the registered manager to develop their skills and learning. The registered manager had attended courses which qualified her to train other staff in subjects such as moving and handling. There was a culture whereby staff were encouraged to develop their skills and learning. Staff were able to discuss their training needs and each staff member had a personal development plan. The service employed 30 care staff and 22 of these had a National Vocational Qualification (NVQ) or Diploma in Health and Social Care at levels 2 and above. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The provider also took on newly appointed staff as part of a government apprenticeship scheme.

Management and staff with supervision responsibilities were supported to attend relevant training in leadership. There was a system of staff supervision and appraisal and staff felt supported in their work.

People told us they liked the food and that there was a choice. People's nutritional needs were assessed. Each person had records in the kitchen, which the chef and kitchen staff used to record people's choices of meals and their dietary needs. There was a system to ensure people with dietary needs received the correct meals. Meals were home cooked and fresh fruit and vegetables were provided.

The provider and staff liaised well with health care services. This included seeking advice regarding the MCA from the local authority and working community nursing services. A community nurse told us the staff worked extremely well with health care services and said the staff engaged well and were responsive to health issues. Records showed people's health care needs were monitored.

The building has been adapted so people had access to communal areas and outside space. People were observed using the lounge areas for either sitting and socialising or to take part in activities. The garden included a patio area which people were observed using. Adaptations had been made so people with mobility needs could move around safely. We observed one person was able to move around the ground floor in their wheelchair. There was a passenger lift so people could access the first floor. People had personalised their rooms with their own belongings.

Good

Is the service caring?

Our findings

People and their relatives commented on the kindness and compassion of the staff. For example, when we asked one person if they got on well with the staff they replied, "Very well. They're friends. It's like a club here." A relative told us, "They really care for my mother." This same relative said the staff provided companionship for their family member living at the home, which was a positive outcome for their relative.

We observed staff spoke to people kindly and with respect. Staff knocked on people's bedroom doors and waited for a response before entering, which promoted people's privacy. Staff told us they used privacy notices on bedroom doors to ensure others did not enter the room whilst personal care was being provided.

Staff demonstrated they were empathic to the needs of older people. When we asked staff about their approach to work they said people were treated as individuals. For example, one staff member said, "Person centred care all the way. They are all individuals and need different care. This is their home and not our workplace." A health care professional also described the care as being person centred and that there was a family ethos. Care plans were individualised reflecting each person's needs. Staff also said their work included supporting people to be more independent where this was appropriate and gave examples of where this had been successful. Care plans included reference to those aspects of care which people could do themselves as well as people's life history and preferences.

Staff were aware of the need to treat people equally irrespective of age or disability or race. Staff had attended training in equality, diversity and inclusion.

Care plans showed people were involved in decisions about their care. People said they were able to exercise choice in how they spent their time, in the meals they ate and the times they received personal care.

People said they were able to receive visitors at any time and relatives told us they could visit anytime and were always made to feel welcome.

Good

Is the service responsive?

Our findings

People received care which was responsive to their individual needs and preferences. A health care professional told us, "It's outstanding in every way. Very responsive. There is good contact with staff who see people as individuals and will advocate for them at reviews." The health care professional said staff liaised with them regarding any changes to people's well-being and followed advice which was provided. Care records demonstrated staff contacted the appropriate community health care services when needed, such as when a person fell, and that any advice or guidance was implemented.

Care records showed people's needs were assessed prior to being admitted to the home. Care plans reflected individual needs and how people preferred to receive support from staff. The care records showed attention to detail regarding personal care such as oral health care and people's needs at night. Each person had a care record called 'Knowing me,' which had details of their preferred routines, preferences and life history. People said they were involved in decisions about their care which were included in the care records.

People were positive about the responsiveness of the provider to meet their needs. For example, one person said, "When they came to see me at home, before I came here, they said, 'Why don't you bring the cat?' I didn't know what I was going to do with him, I didn't have anyone to give him to. I didn't want him in a cattery. It was their idea, it came from them. I was delighted to be able to bring it."

There was an activities programme which was given to each person. These included quizzes, crafts, visits from local school children, and musical entertainment. People confirmed they liked the activities which included trips out to the local community facilities such as cafes and the beach. We observed activities in the morning which was bingo and a more impromptu quiz in the afternoon.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about people's communication needs. The provider was in the process of developing a policy regarding the AIS.

The provider confirmed people were supplied with a copy of the complaints procedure in the 'Residents' Handbook.' Relatives stated the provider and staff were approachable and felt able to raise any issues or concerns. The home had not received any formal complaints.

The provider was registered with a forum run by a the local NHS Foundation Trust called ECHO: end of life care for coastal West Sussex, aimed at improving end of life care for people. Care records included details about people's wishes and any decisions made regarding end of life care. A relative described the care provided by staff to their relative at the end of their life as, "They're superb. Lovely. I can't fault it."

Good

Is the service well-led?

Our findings

The service was well led and had a culture of openness which promoted person centred care. For example, people told us they saw the registered manager and provider on a regular basis and added that they were approachable. Relatives also commented that the home's management promoted a culture where they could raise any issues or concerns and that changes were made when they did. Regular residents' meetings were held and were recorded. These showed people were supported to raise their views. People confirmed they attended the meetings. For example, one person commented, "Yes, there was one the day before yesterday. You're allowed to say what you think of the place. People said what they thought and they asked if you agreed with what they said. Nothing was held back, but quite truthfully there's nothing that needs to be changed."

There was a friends and family forum which responded to requests such as relatives having an educational session on mental health and well-being so they could understand people's needs. The provider also enhanced communication with people and relatives by a quarterly newsletter about significant events.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of their role and who they could ask for support from. Staff demonstrated they treated people as individuals by recognising their different needs irrespective of their age or disability. The staff were aware of the need not to discriminate. The staff felt supported by the registered manager. A health and social care professional said the registered manager provided, "good leadership and management style." Staff were supported to develop their skills and knowledge. Eight staff were enrolled on a skills network course regarding improving the experience of people in health and social care. The health and social care professional we spoke with confirmed staff responded to training given by community nurses or the local authority. Members of the service's management team were supported to attend courses in health and social care management.

Records were well maintained and the provider was aware of the need to protect information on staff and people. There were policies and procedures regarding the General Data Protection Regulation (GDPR), which was effective from 25 May 2018. These policies included details about accessing information and the retention of records.

The service was audited using external agencies. This included seeking people's views about the home and showed the service provided care which people were satisfied with. A number of internal audits were carried out to assess and monitor the quality of the service. These included audits of medicines, equipment, infection control and the meal time experience. Incidents and accidents were reviewed and amendments made to how people were supported when this was needed.

The provider and staff worked well with other agencies and sought advice regarding people's dietary needs as well as physical and mental health needs.