

Country Court Care Homes 2 Limited

The Grange

Inspection report

Fallow Drive
Newport
Saffron Walden
CB11 3RP

Tel: 01799243005

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Grange is a residential care home providing the regulated activity of personal and nursing care for up to 40 people. The service provides support to older people, including people who are living with dementia in one adapted building and across two floors [Audley and Saffron Suites]. At the time of our inspection there were 37 people using the service and this included three people who were in hospital.

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

We could not be assured staffing levels were always suitable to meet people's needs. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. Recruitment practices at the service were safe. Suitable arrangements were in place to ensure people received their medication, but improvements were required to ensure the service's controlled drug book was accurate. People were protected by the prevention and control of infection. Lessons were being learned and improvements made when things went wrong.

Suitable arrangements were in place to ensure staff were appropriately trained and newly appointed staff received an induction. However, improvements were required to make sure all staff received 'move and assist' training. Staff felt valued and supported and received formal supervision. The dining experience for people using the service was good. People received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support as needed. 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.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us.

People's care and support needs were documented, and staff had a good understanding and knowledge of these and the care to be delivered. Suitable arrangements were in place to enable people to participate in social activities Monday to Friday. People were confident any concerns raised would be listened to and acted upon.

People told us the service was well-led and managed. Quality assurance arrangements enabled the provider to monitor the quality of the service provided.

We have made a recommendation about staffing levels.

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

Rating at last inspection

This service was registered with us in April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Grange

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 completed by one inspector. An Expert by Experience completed telephone calls to people's relatives on 4 February 2022. 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 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 did not have a manager registered with the Care Quality Commission but an application had been submitted. This means the provider is 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

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since it was registered. We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff, the staff member responsible for facilitating social activities, the staff member responsible for Human Resources [HR], the manager, the area manager and the service's Infection Control Lead. We reviewed seven people's care files and three staff personnel files. We looked at the service's quality assurance arrangements, the provider's arrangements for managing medication, staff training and supervision data, complaint and compliment records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We continued to look at the service's quality assurance arrangements, spoke with six members of staff and four people living at The Grange.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel very safe." A second person told us, "Yes, I do feel safe, I know I can use my alarm to call staff." All relatives spoken with told us they had no concerns about their family member's safety. Comments included, "I know [relative] is safe and secure in there [The Grange]", "The staff seem to keep everyone safe and look after everybody" and, "We did try and keep [relative] at home but they are safer at The Grange."
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the manager and external agencies, such as the Local Authority or Care Quality Commission. Staff were confident any issues highlighted to the manager would be addressed.
- The manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risk assessments identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. This included risks relating to people's mobility and transfer needs, pressure ulcers, nutrition and falls.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

Staffing and recruitment

- Relative's comments about staffing levels were variable. Relatives comments implied there were not always enough staff available to meet people's needs, particularly at the weekend and at night. Comments included, "Some days they [The Grange] have enough staff and some days there isn't", "I think they struggle at the weekend, [relative] says there is nothing going on and there is less staff" and, "When we have visited at the weekend there are very few staff around. There are minimal staff, its quieter at the weekend."
- People also implied there were not always enough staff. One person told us, "You have to wait sometimes, staff do their best to help you." Another person stated, "Sometimes there are sufficient staff and sometimes staffing is a bit thin on the ground."
- Eight out of nine members of staff told us staffing levels were variable. They confirmed staff absence was not always covered and they regularly felt stretched with the emphasis on completing tasks rather than

providing person-centred care and support. The impact of this meant communal areas could be left unattended, people did not always receive a shower at a time of their choosing or have their comfort needs met in a timely manner and people were not always able to go to bed when they wanted. One member of staff told us, "Some people want to go to bed between 8.30pm and 9.00pm. However, sometimes residents are taken to bed at 10.00pm and they are exhausted."

- The service used a formal tool to assess people's dependency needs and this was used to inform the service's staffing levels. However, this did not consider the layout of the premises [unitised], people's social activities needs or that there was no hostess on Saffron Suite. The latter meant one staff member was deployed from the existing staff team to complete other tasks not related to care, for example, to help prepare and serve breakfast.

We recommend the provider review the service's staffing levels to ensure these meet people's needs and is in line with best practice guidance.

- Appropriate arrangements were in place to ensure the service's recruitment practices were safe. Relevant checks were carried out before a new member of staff started working at the service. This included obtaining written references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS].

Using medicines safely

- Not all entries recorded within the service's controlled drug book were accurate or confirmed medication received from the pharmacy. This was discussed with the manager, including a request for the medication discrepancy to be investigated. Following the inspection, a copy of the investigation report and outcomes was forwarded to us.
- We looked at the Medication Administration Records [MAR] for 10 out of 37 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as stipulated by the prescriber.
- Observation of the medication round showed these were completed with due regard to people's dignity and personal choice.
- Arrangements were in place to ensure all staff that administered medication were trained and had their competency assessed.
- Medication audits were completed each month. Audits for the period November 2021 to January 2022 were viewed and demonstrated a good level of compliance had been achieved with few corrective actions required.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service and using Personal Protective Equipment [PPE] effectively and safely. Staff confirmed there were enough supplies of PPE available and staff were observed during the inspection to use PPE in line with government guidance.
- We were assured the provider was accessing testing for people using the service and staff in line with current government guidance.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and making sure infection outbreaks can be effectively prevented or managed. The service was visibly clean and odour free.

Visiting in care homes

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong. However, improvements were required to ensure follow up actions and investigations were robust. For example, where actions recorded staff to be retrained following recent medication errors, this had not been completed and remained outstanding.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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's needs were assessed prior to their admission to the service. Relatives confirmed they had participated in this process. Comments included, "They [The Grange] did an assessment, I did get involved" and, "The Grange did an assessment, I had good liaison with them."
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff training records showed most staff employed at the service had received mandatory training in line with the organisation's expectations. However, we were concerned that not all staff employed at the service had received practical 'move and assist' training in a timely manner and this could impact on the care provided to people using the service. This meant not all staff had the skills and competence required to meet people's needs. Following the inspection the manager told us this training had been provided to staff.
- Newly appointed staff received an 'in-house' induction and were given the opportunity to 'shadow' more experienced staff until they were deemed competent to fulfil their role.
- Staff confirmed they received formal supervision. Records confirmed what we were told but improvements were required to the records as these provided insufficient evidence of follow-up actions, outcomes and ongoing monitoring.

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

- People's comments about the quality of the meals provided were positive.
- The dining experience for people using the service ensured they were not rushed to eat their meal and where they required staff assistance this was provided. The meals provided were in enough quantities and looked appetising.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support.

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

- The service worked with other organisations to ensure they delivered joined-up care and support. People

had access to healthcare services when they needed it to ensure their healthcare needs were met.

- Relatives confirmed they were kept informed by the service of their family member's healthcare needs. One relative told us, "They [The Grange] call the doctor in straight away when there are any problems. They always call to tell me even about minor issues, to give an update."

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

- The Grange was decorated and furnished to a high specification. Each floor had its own communal lounge and dining area. The service also had a cinema, its own pub [The Spitfire] and hairdressing salon. There was a garden on the ground floor and Audley Suite on the first floor opened out onto a large decked terrace.
- People had personalised rooms which supported their individual needs and preferences. This included an en-suite with walk-in wet room to aid independent living. Assisted bathrooms were available on each floor for people who preferred a bath and/or required help with personal care.

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 MCA 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.

- People's capacity to make decisions had been assessed and these were individual to the person.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS and how this impacted on people using the service.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's comments about the quality of care were positive. Comments included, "I am very happy here [The Grange] and well looked after", "It is a very nice home, I have no complaints at all. Although I would rather live in my own home, I like living here. The staff are fantastic, they leave you alone if you want that. They check up on you during the night" and, "I do like it here."
- Relatives confirmed they were happy with the care and support provided for their family member and that staff were kind, caring and attentive. Comments included, "[Relative] seems very happy with the way they are looked after", "We are more than happy with the care, it is superb. The staff have been very helpful and have been absolutely lovely to me" and, "[Relative] is happy and staff are kind and attentive."
- One relative told us of an incident where one member of staff went above and beyond what was expected of them. This referred to a member of staff accompanying a person using the service to hospital on their day off. The relative told us, "I thought that was very nice."
- Observations during the inspection demonstrated people received appropriate care and had a good rapport and relationship with the staff who supported them.

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

- People and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of questionnaires.

Respecting and promoting people's privacy, dignity and independence

- Four people were given a specific 'champion' role within the service because of their capabilities and interests. This referred specifically to housekeeping, laundry and fire checks. Another person was the 'resident committee chair', leading meetings for people using the service and providing a voice for their peers.
- Relatives told us their family member was treated with respect and dignity. Comments included, "Staff are kind, caring and respectful" and, "Staff are very patient. [Relative] can be a bit irritable and outspoken and will tell staff what they think. Staff don't answer back or argue with them, they do respect their wishes."
- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met. People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery.
- The service was respectful and supportive of staff members individual cultural and religious practices and

beliefs.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans covered people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff had a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences.
- Information available showed people's care plans were reviewed and updated to reflect where people's needs had changed.
- Most relatives spoken with had seen their family member's care plan. Comments included, "I have seen [relative's] care plan and they [The Grange] call and discuss things related to their care" and, "I am aware that my relative has a care plan."
- The manager confirmed there was no one currently judged at the end of their life. The manager was aware how to access local palliative care support and services. Staff had received end of life training.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We did not see enough evidence of how the Accessible Information Standard has been applied. For example, the activity programme and menus were not in an easy read or large print format to enable people living with dementia or sensory loss to understand the information.
- The manager confirmed pictorial pictures were available and used to enable people to make an informed choice relating to meal provision. These were not used during the inspection and staff spoken with were unaware that pictorial aids were available.
- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One member of staff was responsible for facilitating social activities. The staff member divided their time between Audley Suite and Saffron Suite, primarily Monday to Thursday or Monday to Friday.
- Staff told us there were no activities at the weekend unless facilitated by them. Staff confirmed this was dependent on the availability of staff and staffing levels. People using the service stated there was a lack of

activities. One person told us, "There aren't any activities now, I would like more games and to socialise more. If I'm honest, it does get boring sometimes." They told us they would like to play cards and dominoes; and used to enjoy chair exercises.

- Monthly newsletters provided up to date information about social activities undertaken, planned future events and people's birthday celebrations. Information was shared where the service had participated in competitions, for example, County Court in Bloom 2021, best garden party and best indoor nature activity between all care homes owned by the registered provider. Information recorded showed people participated in social activities both 'in-house' and within the local community.

Improving care quality in response to complaints or concerns

- Relatives told us they would not hesitate to discuss any concerns or worries with the manager or staff. Relatives told us they were confident any concerns raised would be listened to and acted on. Comments included, "I would feel happy to discuss anything with them [The Grange]" and, "Not had any concerns. I think I would contact them if we had a problem and I think they would sort it out."
- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Since the service was registered with the Care Quality Commission in April 2021, 14 complaints were logged and investigated.
- Compliments to capture the service's achievements were recorded both at the service and on a well-known external website. The latter recorded eight reviews had been completed since the service was registered in April 2021, of which all were very positive.
- Staff could raise concerns via the provider's Human Resources [HR] department or through their confidential 'speak out' service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the management team drive improvement, including the monitoring of trends and lessons learned.
- The manager displayed effective oversight to demonstrate what was happening within the service. Audits were routinely completed in key areas in line with the registered provider's timescales. The audits demonstrated a good level of compliance was attained throughout the service.

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

- The manager had been in post since June 2021 and this was their first managerial role. The manager confirmed an application to be formally registered with the Care Quality Commission had been submitted for processing.
- The manager told us they felt supported and valued by the provider and received regular formal supervision by the area manager.
- The manager was aware of their role and responsibilities. Statutory notifications which the service is required to send us, were forwarded to the Care Quality Commission.
- Relatives were very complimentary regarding the manager and told us the service was well managed and led. Comments included, "I feel I can approach [manager], they are fine", "[Manager] is lovely, very helpful and caring, you can talk to them. I have confidence in them, it [The Grange] is well managed" and, "The manager is approachable, they have an email address and an 'open door' policy."
- Staff told us the service was managed well. Comments included, "I think [manager] is really good and they have made improvements since being here", "The manager is approachable" and, "This is one of the nicest care homes I have worked in."

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

- Arrangements were in place for gathering people's views of the service. How feedback had influenced change or actions were completed, this was recorded through a 'You said, we did' model of engagement.

- Most relatives told us communication at the service was good and they were kept informed about their family member's wellbeing. Comments included, "They advise us on everything" and, "They [staff] contact us as soon as anything happens or when [family member] wants something. They usually ring me up."
- Meetings were held for people living at The Grange, their relatives or representatives. This was to enable them to have a voice, to feel involved and to provide on-going support and information.
- Staff meetings were held to give the management team the opportunity to share information and to enable staff the chance to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support care provision.