

Care service inspection report

South Grange Care Home

Care Home Service Adults

South Grange

Grange Road

Monifieth

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Telephone: 01382 535111

Type of inspection: Unannounced

Inspection completed on: 2 February 2015



HAPPY TO TRANSLATE

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Service provided by:

Barchester Healthcare Ltd

Service provider number:

SP2003002454

Care service number:

CS2007142954

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	4	Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

South Grange is a large care home which continues to provide very good care and support for up to 65 older people in the main nursing home and, 20 adults with complex needs in the Seven Arches Unit.

There continues to be very good service user participation and good provision of activities.

South Grange continues to support a positive climate of care and a high level of service user satisfaction.

The ground floor provides very good access to communal areas, rooms and direct access to outside areas.

What the service could do better

The management recognise the need to continue developing person centred service delivery as people present with ever-changing care and support needs.

We identified delivering a consistently high standard of care record keeping as an ongoing area for improvement.

The environment could be improved with the development of lounge and dining facilities on the first floor and, within Seven Arches.

What the service has done since the last inspection

The service has maintained very high standards in care and support.

The provider continues to improve their approach to quality assurance and control.

The manager is progressing the development of support for people living with dementia.

The provider has progressed their five-year refurbishment plan and room decoration is ongoing.

Conclusion

South Grange continues to provide a very good and valued service.

The design and layout of the ground floor is spacious and provides pleasant surroundings. The provider could consider how the communal space available in Seven Arches and on the first floor of the Nursing Home, could further enhance the quality of life for people living here.

1 About the service we inspected

South Grange Care Home provides:

- 24 hour residential and nursing care for a maximum of 65 older people and,
- Rehabilitation, respite and long-term care for a maximum of 20 people with physical and sensory impairment in a separate unit, the Seven Arches.

The service for older people is provided in one unit on the ground floor and three units on the first floor.

All areas work to the same policies, procedures and principles as laid out by the provider, Barchester Health Care.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

Requirements and recommendations:

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

-A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

-A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration.

Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

This report was written following an unannounced inspection. The inspection visit took place on 30 January 2015. A follow-up visit was carried out on 1 February 2015 and feedback was given to the manager on 2 February 2015. The inspection was carried out by one Inspector. We were supported by one Inspection Volunteer.

Evidence was gathered from:

- Observation of people using the service. Including SOFI*
- General observation of the environment and staff practice.
- Informal discussions with people using the service, visiting relatives, staff and management.
- Sampling care records and other records the provider must keep.

This was our second statutory inspection visit.

*SOFI - We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views.

On this inspection we used SOFI2 to observe the lunchtime experience of five people.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any requirements we made at our last inspection

The requirement

The provider must demonstrate that the service has systems in place to ensure that the needs of the individual residents are regularly assessed, monitored and adequately met. In order to do this you must:

- Demonstrate that staff will seek advice from relevant healthcare professionals promptly when residents require treatment or their condition is not improving;
- Ensure staff have the necessary skills and experience to assess when residents require further assessment, investigations or treatment;
- Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists;
- Ensure that managers monitor and audit healthcare needs robustly.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No210; Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

And regulation 4(2) - requirement about proper provision of adequate services from any health care professional. And regulation 15(b)(i) requirement about training.

Timescale for completion; Improvements must begin upon receipt of this report. Significant improvement must be demonstrated by two months.

What the service did to meet the requirement

We were able to review progress following our investigation of this complaint, at our last inspection visit. We found there was a "lessons learned" approach being adopted by the service with significant effort applied to improving record keeping as a means of providing evidence of staff practice. At that time, a visiting GP confirmed staff did communicate very well, demonstrating good assessment skills and, that they were confident in staff implementing their recommendations or instructions.

Since then, the provider has received written notice of our complaint findings and provided us with an action plan.

At this visit, our observations verified that individual residents were well supported and cared for.

There were inconsistencies within care records regarding routine monthly reviews. This was discussed with the manager and nurses and is carried forward as an area for continued improvement within the body of the report. We saw good record keeping regarding the assessment and monitoring of individual residents with changing conditions. Including palliative and end of life care.

The provider has continued to develop their audit systems and has a very good corporate approach to monitoring significant indicators and progress with action taken to address areas for improvement.

The manager recognises the need to develop the home's support for people living with dementia. A multi-disciplinary focus group has been introduced, a dementia champion is in place to support staff training and, the manager is looking toward the provider's "Memory Lane" projects as a possible lead.

The requirement is: Met - Within Timescales

The requirement

The provider must demonstrate improved systems of communication with residents, relatives, representatives and/or significant others.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210; Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

Timescale for completion; Improvements must begin upon receipt of this report. Significant improvement must be demonstrated by two months.

What the service did to meet the requirement

We were able to review progress following our investigation of this complaint, at our last inspection visit. We found there was a "lessons learned" approach being adopted by the service, with significant effort applied to improving record keeping as a means of providing evidence of staff practice. At that time, information from relatives described easy access to staff and management and that there was very good communication.

Since then, the provider has received written notice of our complaint findings and provided us with an action plan.

At this visit, we again had positive feedback from visiting relatives, care records clearly displayed contact details and the circumstances in which people were to be contacted.

The service is also in the process of developing the communication care plan as a foundation in the development of their support for residents and their families living with the impact of dementia.

The requirement is: Met - Within Timescales

The requirement

The provider must demonstrate improved care and support in relation to activity which is meaningful to individual residents and dementia care. In order to do this the provider must;

- Undertake a full assessment of the residents' needs
- Ensure the written plan is clear and concise
- Ensure the written plan is legible and understood by staff
- Demonstrate that written information about accidents and incidents involving residents is accurate and up-to-date
- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided
- Provide training so that staff are aware of their responsibility in maintaining accurate records of accidents and incidents
- Demonstrate that staff follow policy and best practice about record keeping and documentation
- Ensure all staff receive training appropriate to the work they perform.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No210; Regulation 4 - requirement for records all services must keep and Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents. and regulation 5(1) - requirement for personal plans and regulation 15(b)(i) requirement about training.

Timescale for completion; Improvements must begin upon receipt of this report. Significant improvement must be demonstrated by two months.

What the service did to meet the requirement

We were able to review progress following our investigation of this complaint, at our last inspection visit. We found there was a "lessons learned" approach being adopted by the service with significant effort applied to improving record keeping as a means of providing evidence of staff practice.

Since then, the provider has received written notice of our complaint findings and provided us with an action plan.

At this visit, our observations verified that the provision of activities here is a strength.

There were inconsistencies within care records regarding routine monthly reviews. This was discussed with the manager and nurses and is carried forward as an area for continued improvement within the body of the report.

The manager recognises the need to develop the home's support for people living with dementia. A multi-disciplinary focus group has been introduced, a dementia champion is in place to support staff training and, the manager is looking toward the provider's "Memory Lane" projects as a possible lead.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that all complaints are managed in accordance with the Complaints Procedure. The provider must, within 20 working days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the complainant of the action (if any) that is to be taken.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No210; Regulation 18 (4) complaints.

Timescale for completion; Improvements must begin upon receipt of this report. Significant improvement must be demonstrated by two months.

What the service did to meet the requirement

We were able to review progress following our investigation of this complaint, at our last inspection visit. We found there was a "lessons learned" approach being adopted by the service with significant effort applied to improving record keeping as a means of providing evidence of staff practice.

Since then, the provider has received written notice of our complaint findings and provided us with an action plan.

At this visit, our observations verified that complaints were being managed locally and in accordance with the Complaints Procedure. Feedback from residents and relatives verified a high level of confidence in the way concerns were managed.

The requirement is: Met - Within Timescales

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

This was our second statutory visit and the service was not required to re-submit their self assessment.

Taking the views of people using the care service into account

Our Inspection Volunteer spoke with five people living in South Grange. I spoke with three people and had received one care standards questionnaire before the visit.

Comments included:

"I love to live here".

"I can choose what time I get up, and when I go to bed".

"I can choose what time I go to bed".

"The food is semi good".

"The food is not so good and choice is not so good. I like plain home cooking".

"Food is not too bad".

"We always get the same food as what is on the menu that day".

"Staff members take me out on the bus".

"Other residents go out on the bus, but I do not want to go".

"I attended the church service yesterday".

"I never get taken out by staff, they tell me I have a disability, so pointless being taken anywhere".

"I think the home is clean, it is a comfortable temperature and I have my bits and pieces in my room".

"I had to ask for a blanket four times yesterday as I was cold".

"I think that the home is really clean, but sometimes I find it a bit hot".

"All the staff are good with me and I am treated with dignity and respect"

"Staff are always attentive".

"The staff members treat me with dignity and respect".

"Staff answers the buzzer relatively quickly".

"Sometimes I have to wait a long time for staff to answer my buzzer, I am sure that they come as quickly as they can but all the staff are always in too much of a hurry".

"Everything is fine apart from the fact that I don't like the staff always rushing about".

"I just feel rushed by staff, they tell me to hurry up and are rude at times".

"Staff do not have time to sit and speak, they are always too busy".

"No cuddles, staff are too busy".

"I know the manager and if I was unhappy I would tell her".

"I do not have much dealings with the manager but I would if I had a complaint".

Taking carers' views into account

Our Inspection Volunteer spoke with five relatives. I spoke with two and received five completed care standards questionnaires before the visit.

Comments included:

"I would recommend South Grange to anyone. My (relative) can be challenging and is well cared for and treated with dignity and respect"

"I feel welcome there and consider the staff to be my friends"

"The residents and their relatives interact well together at social functions and the same families continue to visit even after their person has died".

"Can't praise enough, a gem of a place".

"One initial complaint we brought to the attention of staff was corrected immediately and I feel confident bringing problems to attention as staff are so approachable".

"Brilliant".

"I am very pleased with the care arrangements for my (relative) at South Grange.

In particular, (they have) recently required fairly intensive medication and I've been impressed at how effective the treatment has been. I've also been kept well informed".

"I visit my (relative regularly) and would like to say how very positive and well caring this home is. the quality of the food is really excellent. In all, a first class home".

"Yes there is a care plan and I do know the keyworker".

"Yes there is a care plan".

"There are care plans, but there has not been a review for a long time".

"The food looks nice".

"Residents are not given an alternative if the food put in front of them is not liked, they may be offered a sandwich".

"I have never seen fresh fruit, only the tinned fruit".

"The portions can be very small and my relative has a big appetite".

"In regards to fruit, it is not fresh fruit only tinned fruit here, however there is home baking".

"My relative does not want to go out".

"My relative goes on outings".

"I find the home to be warm enough, clean and welcoming".

"The home is clean, there are unpleasant smells at times, but I think it is more from residents' rooms rather than a lack of cleanliness".

"I have been invited to meetings but I have not attended".

"Yes we are invited to meetings".

"I attend meetings when I can".

"There seems to be a shortage of staff. Sometimes it can be 10-15 minutes before staff answer the buzzer and longer at weekends".

"Staff do not come quickly enough, my relative had to wait at least 10-15 minutes for the toilet".

"I would go to the manager if I needed to, we have complained in the past".

"If I was unhappy I would have a quiet word".

"They are doing a difficult job and there is nothing required to improve the service".

"I have never needed to make a complaint, should I ever have to make one it would not be a problem".

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

Evidence in support of this statement can be found in Quality Theme 4, Quality Statement 1.

Areas for improvement

Please refer to Quality Theme 4, Quality Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

South Grange cares for residents in two distinct areas, one of which the Seven Arches, specialises in supporting people with physical and sensory impairment and many have complex needs. The main part of the home is dedicated to the care and support for older people.

Care for older people is provided within four units. The ground floor supports 18 people and provides easy access to the very pleasant communal space and large dining area. Here we also find the small private dining room, recently named "The Snug", easily booked and often enjoyed by people using the service and their visitors.

The first floor contains three units, with 12, 15 and 18 beds each. The service promotes team working, named nurse and key workers. There is good provision of activities including Saturdays. The climate of care promotes a more individualised model of care than would be suggested by the size of the home.

Following discussion with residents and staff, a review of a sample of documentation and observation of practice, South Grange was found to have a very good performance in relation to maintaining residents' health and wellbeing.

We inspected a sample of seven care and support plans. We saw that there was regular contact with GPs and other health professionals, such as podiatrist, when needed.

Nursing care was available to all residents and records to support nursing care were seen in all of the files sampled.

We saw that, where residents with dementia were unable to consent to medical treatments, GPs had signed the appropriate documents to enable proper treatments to be given. Proper records regarding welfare guardianship etc. were seen.

We saw staff supporting people during lunch. Our observations verified very good rapport and staff demonstrating a respectful, knowledgeable approach to ensuring people enjoyed their dining experience. The people using the service were very complimentary about staff and the standard of food.

Staff demonstrated their personal knowledge and expertise regarding the way people living here wanted to be cared for and what their support needs were.

A comprehensive range of policy documents is in place to guide and support staff.

Care records examined were legible, signed and dated. All care was based upon assessment and there were a variety of care plans in place to guide and support care staff.

There was strong evidence that advice and guidance had been sought from external agencies.

There was very good evidence to support that people who use the service are involved in activities that formed part of their normal routine.

People using the service had no complaints and staff demonstrated good knowledge regarding the people in their care.

Observation and feedback from people using the service and staff, verified that a wide range of individual and group, social and recreational activities were organised. People using the service also reported that the meals were good and that there was always choice.

The risk assessment process, evident within the care records examined, was seen to consider a balance between maintaining safety and promoting individual's rights. The staff continue to be interested in what matters to the individual and remain flexible in their approach.

We confirmed there is a regular activities plan. The people using the service and relatives confirmed their influence on all aspects of the care and support they or their relatives enjoyed.

We observed staff offering a range of support and activity, encouraging residents choice throughout the visit.

We confirmed the home operates a key worker system.

Staff were observed maintaining the privacy of people living here. Providing discreet care and support, knocking on doors, making phone calls in private and storing written communication securely.

Examination of the management of medication verified proper storage, administration and records are being maintained.

From our Inspection Volunteer's report:

"My observations were that the majority of bedrooms that I was in had the named keyworker displayed in the room.

Regarding choices in care.

Residents' comments were:

"I can choose what time I get up, and when I go to bed".

"I can choose what time I go to bed".

With regard to food, residents' comments were:

"The food is semi good".

"The food is not so good and choice is not so good. I like plain home cooking".

"Food is not too bad".

Another resident commented:

"We always get the same food as what is on the menu that day".

Relatives' comments were:

"The food looks nice".

"Residents are not given an alternative if the food put in front of them is not liked, they may be offered a sandwich".

"I have never seen fresh fruit, only the tinned fruit".

"The portions can be very small and my relative has a big appetite".

Another comment from a relative was:

"In regards to fruit, it is not fresh fruit only tinned fruit here, however there is home baking".

Whilst sitting with residents at lunch time, my observations was that the food served was exactly as stated on the menu for that day. Each table had a menu.

I had intended to have my lunch with the residents and I had a small bowl of carrot and coriander soup, which I am not a fan of, however the soup was lovely. I decided against the main course which was fish and chips which I did not think looked appetising.

The dessert was a choice of yoghurt or ice cream and I observed that due to the disorganized fashion of serving by staff members many of the residents did not receive dessert, while other residents had to ask staff members for what they wanted.

I observed this resident having to ask staff members for hot chips as their chips were cold; they also had to ask for grated cheese which they had asked for a considerable time prior to this.

I observed that cold drinks were offered but I was not aware of residents being asked if they would like more.

Food seemed to be plentiful with a few residents requesting more soup and fish and this was served swiftly.

Regarding activities, residents I spoke to commented:

"Staff members take me out on the bus".

"Other residents go out on the bus, but I do not want to go".

"I attended the church service yesterday".

Another comment from a resident was:

"I never get taken out by staff, they tell me I have a disability, so pointless being taken anywhere".

Relatives' comments were:

"My relative does not want to go out".

"My relative goes on outings".

I observed residents having chair exercises and there were quite a few participating and looking like they were having an enjoyable time".

Areas for improvement

We examined seven care files. It was reported that within Seven Arches, the named nurse is responsible for maintaining two files. Within the Older People's service, the named nurse has up to nine care files to oversee. It was evident that this and recent changes in nursing staff within the three units on the first floor, has had an impact on the standard of record keeping in terms of reviewing and up-dating records.

The manager recognises the risks to sustaining good quality care and support where records are not consistently maintained. Maintaining consistently good care records remains an ongoing area for improvement.

We observed some inconsistencies with regard to the dining experience.

From our Inspection Volunteer's report:

"The dessert was a choice of yoghurt or ice cream and I observed that due to the disorganised fashion of serving by staff members many of the residents did not receive dessert, while other residents had to ask staff members for what they wanted.

I observed this resident having to ask staff members for hot chips as their chips were cold; they also had to ask for grated cheese which they had asked for a considerable time prior to this.

I also observed that there were no interaction between staff members and residents other than to ask what they would like".

This was in contrast to observations made within another dining area and was discussed with the manager at feedback as an area for improvement in terms of providing a consistent service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

Evidence in support of this statement can be found in Quality Theme 4, Quality Statement 1.

Areas for improvement

Please refer to Quality Theme 4, Quality Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

South Grange continues to perform well with regard to this statement. Our evidence verified a safe, well maintained environment.

Entry to the home is monitored during the day when visitors have to go past the front office staff. At night the entry into the home is restricted by staff.

There are good health and safety procedures in place and a robust audit trail to ensure all essential maintenance and repairs is carried out. It was heartening to see both passenger lifts fully functional.

Staff reported they had enough equipment and supplies to carry out care tasks.

Accidents and incidents are properly recorded and monitored.

Observation of the environment of the home showed a well-lit well maintained home which followed recognised safety protocols. Observations of staff showed good health and safety practice being carried out.

Recent exploratory work carried out within Seven Arches has been managed well and the finished room has been completed to a very high standard.

Areas for improvement

The service should continue to monitor developments in health and safety and strive to ensure best practice is followed.

Further work within Seven Arches is to be carried out and should be managed appropriately.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service strengths

Following discussion with people using the service, visiting relatives, staff and management, a review of records and observation of practice, the Inspectors found that this service has a good performance in relation to the quality of life enjoyed by people living here.

The service aims to provide an environment as comfortable and safe as possible to ensure a positive quality of life and to enable people to enjoy their surroundings. This was evident in the way care and support was delivered. Staff provide a very positive climate of care through friendly, supportive communication.

Rooms are routinely decorated to a high standard before someone moves in and people can choose colour schemes for their own living space. It was reported that the first year of the provider's refurbishment plan has supported work in 15 rooms.

Feedback from people living here confirmed a high level of satisfaction with the facilities and their rooms.

A nurse call system is fitted in every room and adapted equipment is provided within the home for those people with limited mobility. The aim is to maintain an individual's confidence and provide assistance and/or supervision as needed.

The management recognise the relationship between participation and quality of life. A wide range of ways to consult with people living here or who have relatives and friends here, are used.

The home has a minibus and car for taking people out.

Everyone involved in the provision of this service clearly demonstrated an understanding of the importance of supporting health and well-being in ensuring the best possible quality of life. Records clearly evidenced support from community health professionals.

The provider has increased the space available for people who choose to sit around the entrance area within the first floor. The provider has also involved this service in the corporate approach in developing their support for people living with dementia.

From our Inspection Volunteer's report:

"Residents spoken to commented about cleanliness and temperature in the home.

Comments were:

"I think the home is clean, it is a comfortable temperature and I have my bits and pieces in my room"

"I had to ask for a blanket four times yesterday as I was cold"

"I think that the home is really clean, but sometimes I find it a bit hot"

Relatives' comments were:

"I find the home to be warm enough, clean and welcoming".

"The home is clean, there are unpleasant smells at times, but I think it is more from residents' rooms rather than a lack of cleanliness".

My observation was that the home appeared to be clean, and there was work in progress which was improving the home".

Regarding newsletters and meetings,

Relatives' commented:

"I have been invited to meetings but I have not attended".

"Yes we are invited to meetings".

"I attend meetings when I can".

Areas for improvement

We recognise the provider has made progress with the first year of their five year refurbishment plan. Work to be carried out within the Seven Arches unit could present the opportunity to consider the current dining and lounge area and increase the designated space available.

The constant demand for communal space on the first floor, indicates the need to examine how best this environment could be developed.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

Evidence in support of this statement can be found in Quality Theme 4, Quality Statement 1.

Areas for improvement

Please refer to Quality Theme 4, Quality Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

South Grange continues to perform well with regard to this statement. Our evidence verified a professional, trained and motivated staff team.

The home's policies and procedures are comprehensive. Staff verified that they had easy access to these and that this contributed to their confidence in the support and guidance available to them in their day-to-day jobs.

Staff confirmed the positive impact training has on their personal development and their ability to do their jobs.

Staff surveys gather information on their views and encourage participation and therefore motivate staff. Staff confirmed management's open door policy and support.

There are regular staff meetings where staff gain day-to-day care knowledge and develop their professional skills.

Staff interviewed were aware of the values contained within the National Care Standards and SSSC code of practice.

From our Inspection Volunteer's report:

"Most of the residents gave favourable comments regarding staff values, comments were:

"All the staff are good with me and I am treated with dignity and respect".

"Staff are always attentive".

"The staff members treat me with dignity and respect".

Relatives also had positive things to say about staff values and comments were:

"Staff are excellent and they go out of the way for my relative".

"When my relative was very ill the staff was wonderful".

"The staff treats my relative with dignity".

I observed that members of staff knocked at the door before entering the residents' bedrooms and treated them with dignity and respect.

It would appear that there was a mix of opinions regarding quality of staff.

Comments from residents were:

"Staff answers the buzzer relatively quickly".

"Sometimes I have to wait a long time for staff to answer my buzzer, I am sure that they come as quickly as they can but all the staff are always in too much of a hurry".

"Everything is fine apart from the fact that I don't like the staff always rushing about".

Another resident commented:

"I just feel rushed by staff, they tell me to hurry up and are rude at times".

Other comments from residents were:

"Staff do not have time to sit and speak, they are always too busy".

"No cuddles, staff are too busy".

Relatives I spoke to commented:

"There seems to be a shortage of staff. Sometimes it can be 10-15 minutes before staff answer the buzzer and longer at weekends".

Another relative said:

"Staff do not come quickly enough, my relative had to wait at least 10-15 minutes for the toilet".

I observed this happening as I was going to speak to these relatives but because the resident was requiring the toilet and the buzzer was being pressed I informed them that I would go and chat with someone else and come back to them later. After interviewing another resident and returning the buzzer was still going and the resident was still waiting to be taken to the toilet.

Another relative commented:

"My relative always showered on a daily basis before coming into the home. I am unsure as to whether my relative refuses a shower sometimes, or whether there is no choice, but a shower is only given every second day and I think my relative should be showered daily, as that is what they were used to".

The relative went on to say:

"I also notice that nails are never cleaned and I have to ask staff for scissors so that I can cut my relative's nails".

When chatting to one of the residents in the home, I was informed by them that they were kept awake each night by another resident screaming. The resident said "This is very upsetting".

To which the resident sitting beside her commented:

"Yes it is very upsetting".

My observations were that these two residents' bedrooms were in close proximity to one another".

Areas for improvement

The manager identified supporting regular and individual staff supervision as an area for improvement.

In regard to the Nursing Home, we observed a very busy workforce. Discussions confirmed how important "being organised" and "working as a team" were in ensuring everyone received the care and support needed. It was evident that some of the documents used to record day-to-day information and inform care plans, were functional rather than person centred.

When discussing the level of dependency within the client group, staff were most concerned with the needs of people rather than their strengths. This was discussed with the manager in terms of the risk to individualised care. The manager identified the development of staff in terms of supporting people living with dementia as an opportunity to promote person centred care. This will involve staff training, supervision and managing change.

It is worth noting that staffing levels and performance was identified in some feedback as an area for improvement.

From our Inspection Volunteer's report:

"Comments included:

"I just feel rushed by staff, they tell me to hurry up and are rude at times".

"Staff do not have time to sit and speak, they are always too busy".

"No cuddles, staff are too busy".

Relatives I spoke to commented:

"There seems to be a shortage of staff. Sometimes it can be 10-15 minutes before staff answer the buzzer and longer at weekends".

Another relative said:

"Staff do not come quickly enough, my relative had to wait at least 10-15 minutes for the toilet".

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

South Grange continues to perform well with regards to the involvement of people using the service and their relatives/representatives in assessing and improving the quality of all aspects of the service.

South Grange continues to provide regular opportunities for people using the service and their relatives/representatives to get involved in all aspects of the service. The regular newsletter continues to publicise the activities on offer and to provide information about some of the people who live and work at the home. The provider continues to gather views from everyone with an interest in the home and produce relevant action plans.

Service user participation continues to be integral to staff training and assessment. Observation of staff confirmed the continuing culture of participation. Staff clearly demonstrated their knowledge of the people living here. They created a warm sociable climate, encouraging people to get involved in conversation, make choices and give their opinion. Those people who did not express their views directly were very well supported by staff who clearly demonstrated their knowledge of how best to provide care and support for the individual.

The service has good service user information, including their complaints procedure, displayed. People who spoke to us confirmed they felt well-informed and supported. Management and staff were described as welcoming and keen to assist wherever possible.

From our Inspection Volunteer's report:

"All residents and relatives stated that they knew who the manager was and spoke favourably about her.

The majority of residents and relatives would also happily and confidently approach the manager regarding anything that they were unhappy about.

Comments from residents were:

"I know the manager and if I was unhappy I would tell her".

"I do not have much dealings with the manager but I would if I had a complaint".

Relatives spoken to stated:

"I would go to the manager if I needed to, we have complained in the past".

With regards to feedback and improvement, both residents and relatives had similar comments.

Residents' comments were:

"I would complain if I needed to"

"I suppose if I was unhappy I would tell a member of staff if I had a complaint."

Relatives' comments were:

"If I was unhappy I would have a quiet word."

"They are doing a difficult job and there is nothing required to improve the service."

"I have never needed to make a complaint, should I ever have to make one it would not be a problem."

Areas for improvement

The management team recognise the need to continue monitoring discussions with people using the service and relatives to ensure participation is an ongoing process.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

This service has maintained a very good performance with regard to this statement.

The management team have good knowledge of what is happening in the home.

The management team use a system of quarterly clinical audits. These look at the quality of care and support given to residents. It is a good way of monitoring that each person receives all of the care required and that all documents are updated appropriately.

The management also monitor reviews of care. This helps to ensure that training programs includes all topics needed to ensure the continuity of very good care.

The Provider, Barchester, undertake audits of elements of the service to monitor all areas of care and support provision. The regional manager does unannounced visits monthly and monitors the quality of support, including speaking with residents and their relatives.

The last inspection report is on public display along with very good service user information. This supports communication by providing people with news or general information about the service.

The home has a complaint procedure and details of this are provided to service users and their relatives/carers.

Records of consultation with people using the service, staff and relatives/carers are maintained and a system of audits and evaluation is well established and in place to check all areas of service provision, identify training needs and promote further improvements.

Areas for improvement

The management remain committed to continue monitoring and discussions with all interested parties to ensure that the best and most appropriate quality assurance systems and processes, are accessed and used to assess the quality of service provision and identify areas for improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

N/A.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 4 - Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Statement 3	4 - Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
5 Sep 2014	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
21 Feb 2014	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing Not Assessed Management and Leadership 5 - Very Good
4 Nov 2013	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good

Inspection report continued

		Management and Leadership	5 - Very Good
8 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed 5 - Very Good
14 Dec 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
20 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
25 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good Not Assessed Not Assessed
8 Dec 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
29 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 6 - Excellent 5 - Very Good
2 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
11 Nov 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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