

Grange Hall Care Home Service

Drygrange
Melrose
TD6 9DH

Telephone: 01896 848802

Type of inspection: Unannounced
Inspection completed on: 30 November 2017

Service provided by:
Grange Hall (Scotland) Ltd

Service provider number:
SP2003001966

Care service number:
CS2003009179

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service registered with the Care Inspectorate on 1 April 2011.

Grange Hall is registered to provide care and accommodation for a maximum of 50 older people. Within this maximum up to seven respite places may be offered at any one time. At the time of inspection there were 50 residents living in the home.

The service is able to offer long term nursing, residential and respite care. The service provider is Grange Hall(Scotland) Ltd.

Grange Hall was built in the 1800s as a large private house and was converted into a care home in the 1980s.

The home is set in extensive private grounds with its own parking. The home is situated between the Scottish Border towns of Earlston and Melrose.

Residents' accommodation is provided over four floors with access to each floor provided by stairs and a lift.

Some of the residents' bedrooms have en-suite facilities and there are bathing and toilets facilities available on each floor. Recent developments have included refurbishing some of the rooms with new carpets and vanity units and in some of the rooms that are able to accommodate an en-suite, this has been fitted. In addition the garden floor dining room has been refurbished and two shower/wet rooms brought into service.

There are separate kitchen and staff facilities in the home and there are future plans to redevelop the laundry. Both the kitchen and the laundry have benefitted from additional and upgrading of equipment

The philosophy of care and residents charter within Grange Hall states that "The company seeks to deliver the highest standards of care in a professional manner, within a safe, caring and homely environment within reach of the community".

What people told us

We received 14 care standard questionnaires prior to our inspection.

The feedback we received was very positive and very complimentary towards the Matron and the staff team employed.

Some of the feedback included:-

Cannot speak highly enough about the care my relative receives. Always clean, pleasant humour when appropriate"

"we are extremely satisfied with the care and support that my dad receives".

"The matron, nurses, seniors, support workers and admin staff are wonderful".

"Overall a massive well done to Matron and her amazing staff who welcome us each visit with a smile and a friendly chat and nothing is too much bother".

"I am satisfied that my relative is well cared for in a well-run and happy environment".

There were two comments from relative/carer service questionnaires highlighting "There is usually a smell of urine possibly due to the type of flooring" and "We do occasionally notice an odour in the communal sitting areas".

We discussed this with Matron and she said there are on-going problems with continence products, of which the continence service have been advised.

Grange Hall continue to work with the continence service to see if the products they provide could be improved to reduce this issue.

Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

From 1 April 2018 the new "Health and Social Care Standards" will replace the existing Care Standards. These Standards seek to provide better outcomes for people who experience care, and services should now be familiarising themselves with these. We would encourage services to prepare for the implementation of the standards by working with staff and people experiencing care to raise awareness and explore what they mean in their specific setting, and consider how they impact on their work.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	not assessed

What the service does well

We spoke with the GP who visits on a weekly basis and said "Matron has a good understanding of what is needed, and that the staff are very good at asking for support when they need it".

One relative that I spoke with said "her mother had been very poorly recently and that the care had been very supportive".

The social carer encouraged residents to participate in the organised activities and we saw various murals around the home that residents had been involved in creating. Other activities included knitting, baking, games and reminiscence. The social carer had taken residents to visit a local nursery and was keen to encourage future

involvement along with links to the local scout group. We could see the benefits this had for the residents which were inclusive and responsive to the residents' wellbeing.

We saw evidence of feedback surveys which displayed good participation and had a focus on wellbeing and quality of life. This information was shared with relatives and identified a good quality of care that was supportive and right for the individual.

The staff team we observed displayed good outcomes and interactions with the residents in their care, this reflects the comments we received from families which included, "I feel as if a weight has been taken from me as I am happy she is being well looked after by the matron and her wonderful staff" and "from dad's reactions and demeanour he seems to feel safe and well looked after. He is content and relaxed most of the time which speaks volumes".

Internal reviews of care plans were held on a six monthly basis with residents and relatives. This suggested good involvement of relatives/carers who could be fully involved in decisions about the resident and be able to support changes as and when required.

The maintenance of equipment was fully documented. Grange Hall employs two maintenance people who maintain all equipment and are available to deal with issues as and when they arise.

We inspected five rooms and all were consistently well presented and clean, with adequate equipment to support residents' needs. Personal care items such as toothbrushes and toothpaste were evident and this was logged in a personal care file to identify when a resident had completed oral care. All rooms had personal items and a homely feel to them with appropriate decoration. This highlighted the support given to residents to support them to decide on the furnishings and layout of their bedroom including the option to bring their own furniture.

There are plans to refurbish the laundry in the future. It is very small and difficult to maintain adequate separation for clean and dirty laundry. The refurbishment would support better infection control if this is to be completed. Other refurbishments are to include the garden floor sitting room and ground floor small kitchen and before the end of 2017 improvements to the hot water system.

What the service could do better

Grange Hall have now moved to a digital care planning system (cool care 3) since the previous inspection. We could see from feedback and from the outcomes of individuals this has been a difficult transition and is still on-going with the possibility of purchasing a new system in the New Year.

The care planning system we observed is a needs led process and not outcome focused. The care plans did not reflect the good outcomes we saw staff deliver and more detail is recommended to clearly define preferences and choices of residents.

(See Recommendation 1)

Notes section on cool care 3 were observed as not documented daily. To ensure there is a good overview of the residents' well-being on a daily basis we would advise the service to ensure that all staff have the opportunity to

input to daily notes which will ensure meaningful and person led information for each resident. **(See Recommendation 2)**

From the previous inspection it was recommended that the service updated its medication audit tools. On this inspection we did not see enough evidence to meet this recommendation and this will be repeated. **(See Recommendation 3)**

We saw that some staff were being employed prior to PVG certificates being verified. In order that residents can feel confident that staff supporting them have been safely recruited, the provider must ensure staff are clearly PVG checked prior to commencement of employment in line with safer recruitment practice. **(See Requirement 1)**

Requirements

Number of requirements: 1

1. Records must be improved to demonstrate safer recruitment practice in line with the company policy and the Scottish Government's safer recruitment practice.

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: regulation 9(1) - requirement about fitness of employees.

Timescale: Immediately from receipt of this report

Recommendations

Number of recommendations: 3

1. Residents' care plans should provide staff with effective guidance on how to support residents. Care plans should :

- cover all care and support needs of each individual resident.
- detail what outcomes are expected to ensure the person benefits from a good standard of care and support.
- be accessible to all staff who provide care and support.
- provide sufficient guidance information for staff to follow to provide appropriate and safe care and support.
- detail individual preferences, daily routines including the time the person would like to get up in the morning and go to bed at night.
- record and evidence meaningful discussions when being reviewed and detail where changes to the care plan are being made.

This takes account of National Care Standards, Care homes for Older people, Standard 8 Making Choices.

2. The provider should review how they document their daily notes to enable all staff the opportunity to log information that is person led and identifies choices and preferences and when these are not being met.

This takes account of National Care Standards, Care Homes for Older people, Standard 14 Keeping well - Healthcare

3. It is recommended that the service updates its medication audit tools these should include:

- checking that the residents' identification sheets held with the medication administration records are fully completed.
- ensuring that the records of all medicines that have not been taken and are to be returned to the pharmacy.
- Checking of the services supply of homely remedies.

This takes account of National Care Standards, Care Homes for Older people, Standard 5 Management and Staffing Arrangements and Standard 15 Keeping well - Medication.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
8 Nov 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
19 Nov 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
30 Jan 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
21 Feb 2014	Unannounced	Care and support	5 - Very good

Date	Type	Gradings	
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
24 Aug 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	6 - Excellent
		Management and leadership	5 - Very good
12 Dec 2011	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Jan 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
9 Sep 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
18 Mar 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
21 Oct 2009	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	Not assessed
23 Mar 2009	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
25 Jul 2008	Announced	Care and support	5 - Very good

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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