Grange Hall
Care Home Service

Drygrange
Melrose
TD6 9DH

Telephone: 01896 848802

Type of inspection:
Unannounced

Completed on:
13 November 2019

Service provided by:
Grange Hall (Scotland) Ltd

Service provider number:
SP2003001966

Service no:
CS2003009179
About the service

The service has been registered since 2002.

Grange Hall (Scotland) Ltd is registered to provide care and accommodation for 50 older people with nursing, residential and respite needs. Within these numbers seven respite places are available. At the time of inspection, the service was supporting 49 older people.

The home is set in extensive private grounds with stunning views over the countryside and adequate private parking. The home is situated between the Scottish border’s towns of Earlston and Melrose. Accommodation is provided over four floors with access to each floor provided by stairs and a lift.

Some of the rooms have en-suite facilities with the option of communal bathing facilities on each floor. Each room is decorated to the taste of each of supported person.

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

What people told us

We sent out “How good is your care?” surveys to a sample of eight people who use the service and received eight back. We also sent out ten surveys to their friends and relatives and received four back.

Below are responses to a sample of the statements we asked people to score against on the surveys.

*How I feel* 100% said they felt respected, valued and listened to and 12.4 % felt bored.

*Overall I am happy with the care and support I receive at this home* 100% strongly agreed

*My wellbeing - I like the food* 100% agreed.

*My wellbeing - I get up and go to bed when I want* 87.5% strongly agreed and 12.5% agreed.

*My wellbeing - I am supported to keep as well as I can* 100% agreed.

*The staff team - I am able to get help from staff when I need it* 100% strongly agreed

*I feel my relative is - safe* 100% strongly agreed.

*I feel my relative is - bored* 20% strongly agreed, 40% disagreed, and 40% strongly disagreed.

*Overall I am happy with the care and support that my relative/friend receives at this home* 100% strongly agreed.

*My relative gets the care they need* 100% strongly agreed.

Other comments included;

*Staff encourage resident to be as independent as possible*
“I would like to see my relative in a more comfortable chair and with their legs elevated and reclined if they get tired”

“All staff are very friendly and helpful”

“The staff team could not be more helpful, they are all Great, they are always smiling. The social side is excellent there is always something on”

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>How well do we support people’s wellbeing?</td>
<td>4 - Good</td>
</tr>
<tr>
<td>How good is our leadership?</td>
<td>not assessed</td>
</tr>
<tr>
<td>How good is our staffing?</td>
<td>4 - Good</td>
</tr>
<tr>
<td>How good is our setting?</td>
<td>not assessed</td>
</tr>
<tr>
<td>How well is our care and support planned?</td>
<td>4 - Good</td>
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people’s wellbeing? 4 - Good

There was evidence that the staff team were able to demonstrate dignity and respect in line with the principles of the Health and Social Care Standards. However, we did identify at busier times of the day some of the care and support that was delivered was around routines and tasks which does not support positive interactions where people’s choices and individual needs would be considered.

Dignity and respect are not only about how people engage with one another, but also about how people are supported to live in a comfortable environment which is homely and well maintained. This supports people to feel safe and secure in a setting with good quality facilities and that promotes independence and links with the wider community.

(Area for improvement 1)

Where people’s choice and control were restricted, legal arrangements and appropriate supports were put in place. Restrictions were kept to a minimum and supported in a sensitive way.

People were supported to get the most out of life with options to maintain and develop their interests, activities and what matters to them as much as they were able. Families were encouraged to get involved in activities and welcomed to attend events such as the summer fair and their most recent event, the bonfire and fireworks night.
There was a very good activities agenda and the activities co-ordinator went above and beyond to ensure people were being kept as occupied and engaged as they could. The programme of activities had a good balance of one to one events, as well as in social groups. Activities that were available for people to attend included dominoes group, reading/library group, arts and crafts, and visiting entertainment.

The nursing staff team had a good overview and knowledge of people’s health needs. This ensured confidence with residents and their families/carers that the staff team could respond promptly to any changing health needs and be reassured that these could be dealt with promptly.

Visiting professionals worked with the staff team to achieve good outcomes for the people they support. Treatments and interventions that people experienced were safe and effective. Where they could people were involved in making decisions about their care and support and for those that were unable to contribute family and relatives were encouraged to be involved.

The staff team worked hard to ensure that people benefited from having a robust medication management system, which adhered to best practice guidance. However we were unable to see that there was regular reviews of peoples current medication which identified the most current and up to date medications or plans for each person, including creams and lotions.

(Area for improvement 2)

People could choose from a variety of well-presented healthy meals, snacks and drinks. The dining room at times could be busy but people we spoke with said that the food they had was very good and that the dining experience was enjoyable.

Areas for improvement

1. In order to make sure that peoples dignity and respect is maintained in all areas of daily living which includes a safe and clean environment, the service should identify that staff are clear about the principles of the Health and Social Care Standards and how they inform their practice and interactions with the people they support.

   This is to ensure care and support is consistent with the Health and Social Care Standards which state:
   ‘I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.’ (HSCS 5.21)
   ‘I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.’ (HSCS 5.22)

2. To reassure people experience safe and effective medicine administration and management in a manner that protects the health and well being of supported people. The service should develop better systems to:
   - Make sure that the home maintains appropriate and accurate records of topical medication administration sheets (TMAR) which are reflective of where and when a cream or lotion should be administered. This should also be supported with a clear body map.
   - Identify that medicines are administered as instructed by the prescriber.
   - Regularly review any trigger to documented challenging behaviour.
   - Demonstrate that staff follow policy and best practice about medication administration records documentation.
As required medication should have clear documentation of when and why these medications should be administered, especially for those medications to support distressed behaviours.

- Staff receive training and refresher training appropriate to the work they perform.
- Involvement of the manager in the audit of medication record keeping.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'My care and support meets my needs and is right for me.' (HSCS 1.19)
- 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

**How good is our leadership?**

This key question was not assessed.

**How good is our staff team? 4 - Good**

We looked at five staff files and we could see that the service was adhering to safer recruitment. However, we did see some inconsistencies and we would advise the service to look at how they can identify that they fully comply with safer recruitment. The areas we would like the service to develop is evidencing that the relevant identity documents are verified and confirmed that the original has been seen. The service should also look at developing a checklist that includes dates of when specific pieces of information are either requested or received to ensure that they are able to track where potential staff are on their recruitment journey. We will look to see how this has progressed at the next inspection.

Staff training was logged under each individual staff member. This method of logging staff training did not enable the service to have a good overview of when staff had completed training and when they needed updates to their training. There was a proportion of staff that had not completed their mandatory training or had but was not reflected in the records the service kept.

Induction training was not being completed robustly for all new staff. Induction training enables the new staff member the opportunity to look at care plans and get to know people prior to being counted in the overall staff numbers. This ensures that staff know how to support people and have a knowledge of their likes and dislikes, choices and preferences on how they should be supported.

*(Area for Improvement 1)*

The numbers and skill mix of staff are determined by a process of continuous assessment featuring a range of measures linked to people’s complexity of need. We found that this assessment was not being completed appropriately and the service was at risk of not having enough staff on at any one time to facilitate the full safety of the people they support.

When there is not the appropriate amount of staff on duty this can lead to increased pressure on staff where they can only react to or carry out specific designated tasks. Despite staff’s best efforts care and support has the potential to become basic with little time to engage and speak with people while supporting them in all aspects of daily living.

*(Area for Improvement 2)*
Areas for improvement

1. To reassure residents and their relatives/carers that the staff team have the knowledge and skills to meet the needs of the people they support the service should develop better systems to identify this by:

- Developing a training needs’ analysis which takes the aims and objectives of the service and the needs of service users into account for all staff employed by the service.
- Implement a staff development plan, including timescales and informed by the training needs’ analysis.
- Continue to develop a training plan which will include but is not limited to include, Adult Support and Protection, Moving and handling, Medication, Dementia and Diabetes Awareness.
- Maintain systems for the monitoring of practice and the support of practice development, such as supervision and appraisal in accordance with corporate policies.
- Identify Systems and address any allegations of poor practice, such as disciplinary, whistle blowing and complaints procedures, are implemented in accordance with corporate policies and statutory requirements, including, where applicable, notifying the Scottish Social Services Council of staff misconduct.
- A staff development plan detailing numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.
- Full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:
' I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes.’ (HSCS 3.14)

2. To make sure that people experience care that is led and delivered well the service should undertake regular dependency assessments and identify that the appropriate level of support from both care staff and qualified staff is taken into consideration to deliver a good quality of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:
'I use a service and organisation that are well led and managed.’ (HSCS 4.23)
'My needs are met by the right number of people.’ (HSCS 3.15)
'I am confident that people respond promptly, including when I ask for help.’ (HSCS 3.17)

How good is our setting?

This key question was not assessed.

How well is our care and support planned? 4 - Good

The service has recently introduced a new digital care planning system, where people will benefit from dynamic care planning. This system will enable people to identify information that consistently informs all aspects of the care and support they experience. This ensures that staff can be led and guided by the information within the care plan to meet people’s health and social care needs.
All the staff, via handheld devices, can input information about the person they support on a “real time” basis. This ensures that staff can input immediately what care that person had received and highlight anything that needs to be completed. This demonstrates a sustained approach to ensuring that all residents have continuity of care and relevant information to make sure that peoples care and support needs were being met daily.

The information contained in the care plans did identify peoples wishes, choices and aspirations. However, the use of charts and some of the other functions within the system which enables the manager and seniors to have a good overview of how peoples care is being monitored continues to be a work in progress.

We discussed this with the manager, and they agreed that there was some functions they were still not using but hope as they become more familiar with the system this will develop. We can acknowledge though how much work the service has done to date to move from a paper system to a digital one.

Care reviews were carried out every six months, and the service did their best to invite the relevant people to attend these meetings. This meant that there was an inclusive approach to care planning and delivery of care.

The digital system is now able to identify on a monthly basis what support plans have been updated and there are alerts in place for those that have not. This reassures people that the information contained in these plans is the most relevant and up to date information which identifies a good level of support for the people they support.

Where people were unable to make choices or decisions, the service worked with relatives to be involved in obtaining the correct supporting legal documentation. This ensured that staff were clear about their responsibilities on how to support an individual with any important decisions and who to involve.

Anticipatory care and supporting people to live well right to the end of their life is important. We saw that this was included in the digital system and contained good information. A good anticipatory care plan makes sure that staff know what they should do if a person health deteriorates quickly. This ensures that each person’s wishes, and choices are respected in such an event.

**Complaints**

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

### How well do we support people’s wellbeing?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rating</th>
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<tbody>
<tr>
<td>1.1 People experience compassion, dignity and respect</td>
<td>4 - Good</td>
</tr>
<tr>
<td>1.2 People get the most out of life</td>
<td>5 - Very Good</td>
</tr>
<tr>
<td>1.3 People’s health benefits from their care and support</td>
<td>4 - Good</td>
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### How good is our staff team?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rating</th>
</tr>
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<tbody>
<tr>
<td>3.1 Staff have been recruited well</td>
<td>4 - Good</td>
</tr>
<tr>
<td>3.2 Staff have the right knowledge, competence and development to care for and support people</td>
<td>4 - Good</td>
</tr>
<tr>
<td>3.3 Staffing levels and mix meet people’s needs, with staff working well together</td>
<td>4 - Good</td>
</tr>
</tbody>
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### How well is our care and support planned?

<table>
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<tr>
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<tbody>
<tr>
<td>5.1 Assessment and care planning reflects people’s planning needs and wishes</td>
<td>4 - Good</td>
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