

Grange Hall Care Home Service

Drygrange
Melrose
TD6 9DH

Telephone: 01896 848 802

Type of inspection:
Unannounced

Completed on:
13 June 2024

Service provided by:
Grange Hall (Scotland) Ltd

Service provider number:
SP2003001966

Service no:
CS2003009179

About the service

Grange Hall is registered to provide care and accommodation for 51 older people with nursing, residential and respite needs. The provider is Grange Hall (Scotland) Ltd. Within these numbers, seven respite places are available.

At the time of inspection, the service was supporting 49 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 Borders 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 other bathing facilities on each floor. Each room is decorated to the taste of each supported person.

About the inspection

This was a short notice inspection of the service which took place on 11 June 2024 between 09:30 and 16:00, 12 June 2024 between 07:30 and 16:00 and on 13 June 2024 between 09:30 and 12:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire.
- We talked with members of staff and the management team.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the care home.
- Personal plans were well written, person centred and gave a good insight into the persons care. Further work was needed to ensure daily notes completed by staff were reflective of individual assessed care.
- People's health needs were recorded and monitored in their personal plans with recognised assessment tools in place.
- All staff received a range of online and face to face training and guidance to ensure they were competent and skilled in their roles.
- Staff supervision was taking place, however improvements needed to be in relation to recording of discussions held.

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

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the care home. People looked well and were well presented. People were supported by staff who clearly knew them well. Some of the comments from people supported included: "Most of the staff are kind, patient and friendly." "I am well looked after." "I prefer to stay in my room but get invited to join activities."

Families we spoke to, told us that staff kept them well informed and involved in their relative's care. Relatives told us they were "always contacted if anything changed in their relative's health or wellbeing". Comments from relatives included: "I am happy with the care and support delivered". "I'm extremely happy with the care my husband is receiving and the support I receive is second to none".

We found people were supported to maintain contact with family and friends. Visiting was unrestricted and staff understood the benefits associated with maintaining relationships. This meant important connections with family, and their involvement in decisions around care and support, could be maintained.

A range of activities had been developed within the home through the process of assessing the needs, wishes and abilities of people using the service. The social activity coordinator was very enthusiastic about their role and was aware of the positive impact meaningful activity can have on an individual's well-being. However, for future development thought should be given to reassessing the number of activity workers in the home. Several people spent time in their rooms and commented they would have liked to have staff spend more time with them. Group activities could be difficult to sustain, given the different abilities and cognition of the people living in the home.

Although there were inconsistencies around the way mealtimes were supported, we found choice was available at each mealtime and alternative meal choices were provided for those who requested them.

Staff provided room service for people who chose to remain in their own rooms, and this was well organised.

We discussed with the manager introducing a mealtime audit to ensure good oversight and management of people's food and nutrition needs, staff practice and the experience for people overall.

Personal plans were well written, person centred and gave a good insight into the persons care. Further work was needed to ensure daily notes completed by staff were reflective of individual assessed care. This is further discussed under key question five.

People's health needs were being met through links with healthcare professionals. A general practitioner visited the home on a weekly basis. This helped to support, monitor and assess people's health and wellbeing. One visiting professional told us they were confident that staff would make appropriate referrals when required.

People's health needs were recorded and monitored in their personal plans with recognised assessment tools in place such as falls risk assessments, malnutrition screening tools and pressure care assessments.

The management team regularly checked the medication practice of staff and recorded the findings. We looked at a sample of people's Medication Administration Records (MARs) and established that staff had given the correct medication to people at the stated times. For a minority of people there were some gaps in missed signatures for medication administration, this was discussed with the manager.

We discussed with the manager the need for handwritten entries on MARs to match the instructions given by the prescriber to ensure effective medication administration. The manager took immediate action to resolve this concern. We concluded that people could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

Staff had access to sufficient personal protective equipment (PPE) and this was being used appropriately. This helped protect individuals from the risk of infection.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were good, documented clearly with relevant checks being undertaken.

Staff we spoke with were positive about working at Grange Hall and commented on the induction and training they received. Managers supported new employees assisting them to integrate into the staff team. All staff received a range of online and face to face training and guidance to ensure they were competent and skilled in their roles.

Staff told us they felt supported by their managers. Regular supervision and direct observations of staff practice had been undertaken. However, records we sampled lacked details of discussions held in relation to evaluating staff's competency or learning and development needs. Staff meetings supported staff to share and discuss information about the service. We made a previous area for improvement in relation to supervision of staff at the last inspection, this has been revised to allow further improvements to be made. **(See area for improvement one).**

During the inspection we reviewed staff numbers, skill mix and deployment of staff within the service. The leadership team used a recognised dependency tool to assess the staffing hours required to meet people's needs. This was being completed on a regular basis and kept up to date with people's changing needs.

Areas for improvement

1. To ensure people experience high quality care, the provider should enable opportunities for staff to reflect on their practice through formal supervision with their manager. The manager should ensure they:

- Evaluate staff's competency
- Identify learning and development needs
- Include feedback from service users and/or their representatives
- Document discussions held.

This is in order to comply with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service used an electronic personal care planning system. The personal plans contained well written person-centred information, including detailed risk assessments. However, for some people, who were less able to communicate their wishes, there was a lack of detail of preferences for care.

People had access to external professional support such as GPs, opticians, and occupational therapists when this was needed. This ensured that people were receiving regular routine health screening and had access to other peripatetic professional support. We found that guidance from other professional staff was recorded well within plans sampled.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. However, we observed that for some people who required pressure relieving mattresses these weren't always set in relation to people's weights. This has the potential to cause harm to people's health and wellbeing. We discussed our concerns with the manager.

Whilst personal plans contained detailed information about care, daily records of care were inconsistently completed which meant agreed care could not always be accurately evaluated. This included personal care, oral care, and food and fluids. Whilst staff appeared attentive to people's needs and knew them well, records should accurately reflect the care given as described in the personal plan. **(See area for improvement one)**

Family and friends were asked to be involved in the six-monthly reviews of support however, often there was a lack of detail about their opinion of the care. Activities formed part of the reviews of care, however there was little information about what the person had enjoyed or if it met their preferences for activities. From speaking with the manager, the written reviews were not reflective of the detailed discussions undertaken with family and friends. As future development, written records of the reviews of care should be expanded.

Areas for improvement

1. People's needs should be fully met as agreed in their personal plan, the manager should ensure:

- All documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.
- Staff practice fully reflects the care as written in the personal plan.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 1.19), "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27) and "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people experience high quality care, the provider should enable opportunities for staff to reflect on their practice through discussions at regular supervision with their manager.

This is in order to comply with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This area for improvement was made on 8 March 2023.

Action taken since then

The service has undertaken regular supervision with the care staff. However, documentation we sampled lacked detail in relation to discussions held, did not link to competency checks or include feedback from supported people. We have revised this area of improvement to reflect further improvements to supervision and how it is recorded.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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