

Inspection report

Grange Hall Care Home Service

Drygrange
Melrose TD6 9DH

Inspected by: Carol Moss
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 21 June 2007

Service Number

CS2003009179

Service name

Grange Hall

Service addressDrygrange
Melrose TD6 9DH**Provider Number**

SP2003001966

Provider Name

Grange Hall (Scotland) Ltd

Inspected ByCarol Moss
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

21 June 2007

Period since last inspection

4 months

Local Office AddressStuart House
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Introduction

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

Grange Hall is registered to provide care and accommodation for up to 49 older people. The home is able to offer both long term care and respite care. Accommodation is provided over four floors with access to each floor provided by stairs and a lift. All residents' bedrooms are single rooms. Appropriate bathing and toilet facilities are available on each floor. There are separate kitchen, laundry and staff facilities in the home.

The home has been registered with the Care Commission since 1 April 2002.

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".

Basis of Report

The report was written following announced inspection visits which were carried out over three days, 21 June, 21 August and 23 August 2007. The visits were carried out by Care Commission Officers Carol Moss and Annwyn Noble, referred to in the report as the Officers.

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Evaluation Form

The service submitted a self-evaluation form as requested by the Care Commission.

Views of service users

Six residents were spoken with individually.

Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The Officer will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was then based upon the relevant inspection focus areas and associated National Care Standards Care Home for Older People and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity. This assessment and outcome was explained to the Manager of the service.

This inspection visit focused on the previous inspection recommendation and the focus area of Protecting People. Protecting People includes Adult Protection, Restraint, Child Protection (for visiting children) and Staff training/Training plans. The other focus area of palliative care

will be reviewed at the unannounced inspection planned for later in the year.

During the inspection process

Staff at inspection

Two carers and one staff nurse were spoken with individually and in private.

The Officers observed the work practice of the carers and nurses over the three dates of the inspection and spoke informally with carers as they went about their duties.

The Nursing Sister was spoken with as she assisted a resident in the lounge area.

The Manager, Depute and Administrator were all consulted with during the inspection.

Inspection feedback was given to the Manager, Depute, Nursing Sister and Administrator.

Evidence

Further inspection evidence was gathered from a tour of the accommodation and reviewing a range of policies, procedures, records and other documentation, including the following:

Residents' personal plans

Medication records

Policies and procedures relating to Children visiting the home, Child protection, Restraint, Adult protection and Training/ Development

Training records

Staff rotas

Recruitment records.

All of the above was taken into account during the inspection process.

Inspection Focus Areas and associated National Care Standards for 2007/08

The following National Care Standards for Older People were taken into account during this inspection to support the inspection focus area of Protecting People and the follow up on the service's actions in relation to the recommendation made at the last inspection.

Standard 4 -Your environment

Standard 5 - Management and staffing arrangements

Findings are reported on under the relevant Standard in conjunction with the Regulation of Care (Scotland) Act 2001 and associated regulations.

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Reports

There were no requirements made at the last inspection visit conducted on the 26 March 2007.

Comment on Self-Evaluation

A completed self-evaluation document was submitted by the service. This was completed to a satisfactory standard and gave relevant information on each of the Standards associated with the inspection focus areas. The service identified its strengths and stated that on going training and updating of staff's knowledge and skills was planned as areas for future development.

View of Service Users

Time was spent over the three days of the inspection speaking generally with residents in the lounge areas and individually with six residents who were able to engage in conversation. Comments made by residents which indicated that they were happy with the care that they received within the home were:

"The staff treat me very well"

"I have a good laugh with the staff"

"I have nothing to worry about living here, I am waited on by the staff"

"The staff are very, very nice".

All residents who expressed a view about living within the home confirmed that there was variety of social activities arranged within the home that they could choose to join in with if they wished. They confirmed that the home's environment was always clean and homely and that the food was very nice.

No residents gave any suggestions for improving the quality of their care.

View of Carers

The Officers had the opportunity to speak with seven relatives individually and in private. All confirmed that they, as visitors, were made to feel very welcome when in the home. Comments made in support of the care that their relative's received were:

"It's a lovely home"

"I know that my mother is happy living here"

"My relative is very well cared for"

"Socially, the home does very well"

"My wife gets on fine with all the carers"

"The staff are delightful"

"My mother's health has improved greatly since coming to live in the home"

" The home is in a beautiful setting and it is always well maintained and homely"

All visitors spoken with were aware of their right to raise concerns to the Manager or staff at any time.

Suggestions for improving the quality of care were made in relation to:

The variable verbal communication skills of the staff whose first language was not English.

The possibility of increasing the knowledge of carers in specialist areas of care, for example learning the causes, symptoms and management of a resident with Parkinson's Disease.

This was fed back to the management team who agreed to consider how this could be included in the service's staff training plan.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

Only elements of this standard relating to areas noted following a tour of the accommodation, which included viewing the laundry area, were reported on.

The home was seen to be kept clean and tidy. This was also commented on by relatives and residents spoken with.

Areas for Development

On visiting the service on the 21 June 2007 the Officers noted that a small number of window opening retainers were in need of replacing. The Manager informed that the maintenance man was in the process of addressing this as it had been noted to be a problem on windows that were frequently being used. At the following visit on the 21 August the Manager informed the Officers that this work had been completed and Officers observed the fitting of a new type of retainer on a previously identified window.

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

As stated in the basis of this report, Protecting People was the focus area for this inspection. The following areas were explored and validated as part of the inspection process.

With regard to the Inspection theme, Child Protection, since the first inspection date of 21 June 2007 the service had developed a comprehensive Child Protection policy to be read in conjunction with the Visitors policy. All staff had read and signed the new document to indicate their understanding of the contents. The policy clearly stated what action should be taken in the event of a child protection incident. This was consistent with the local Inter-agency Child Protection guidance, which the service had a copy of.

The service had a range of policy information including Whistle Blowing, Adult Protection and

the use of restraint. There was evidence of continual updating to ensure up-to-date knowledge and best practice guidance was included in the policy and procedure folder. The folder was seen to be accessible to staff. By completing an induction programme new staff were made aware of the home's policies and procedures.

Conversations with staff members during the course of the inspection indicated that all had a good understanding of their responsibilities to protect the residents in their care from harm. One carer spoken with had a very good understanding of the child protection issues involved in child visitors to the home.

All staff spoken with confirmed that the staff team worked well together at present and two carers stated that they enjoyed working within the home and found everyone helpful.

Residents have an initial risk assessment conducted on admission. Residents' personal plans reflected specific care needs in relation to the use of restraint, this included the use of bed rails and pressure pads. Documentation seen evidenced that this was regularly reviewed and updated as needed. Developments in the recording of changes to care needs were noted.

The service had copies of "Rights, Risks and Limits to Freedom" and "Safe to Wander" published by the Mental Welfare Commission which provides good practice guidance on the use of restraint. These were seen to be accessible to staff.

The service notified the appropriate authorities of an allegation of adult abuse which occurred since the last inspection visit and cooperated fully with all authorities concerned. The service cooperated with a further investigation into allegations of adult abuse that were evidenced by the investigating authorities as unfounded. Following the first incident the service's management team reviewed and developed their Adult Protection policy and procedure and ensured that staff were informed of the appropriate contact arrangements.

The Manager reviewed training needs through the use of appraisal and supervision. Five staff appraisal forms were viewed by Officers and were seen to identify training needs. Training records indicated that staff were completing both mandatory training and additional training according to their identified training needs.

The home had systems in place to evaluate the effectiveness of training. This included use of questionnaires, observation of practice, systems of supervision, appraisal and feedback from residents and relatives.

The service presently have thirteen members of care staff with a Scottish Vocational Qualification (SVQ) at either Level 2 or 3, with further staff identified to commence this training.

Three weeks of duty rota were reviewed and the numbers of staff on duty on the days of the visit were noted. These figures evidenced that staffing levels agreed with the Care Commission were maintained in accordance with occupancy levels.

Areas for Development

To ensure consistency with the Child Protection policy the service should appoint from within the staff team a designated person to take the lead on matters of child protection. In addition this designated staff member will need to undertake relevant training to equip them for this

position. The Manager was in the process of identifying an appropriate member of staff to take on this role.

The Adult protection policy and procedure had been developed since the first inspection date of 21 June 2007. This linked with the Areas Inter-agency Adult Protection procedures and gave appropriate contact details for staff. The policy also linked with the service's Grievance and Disciplinary procedures that gave appropriate actions to be taken regarding staff.

The service's management were in the process of developing a formalised staff training programme that would include both mandatory training as well as additional training relevant to the service's client group's needs.

The recruitment files of five members of staff were viewed. The files did not contain evidence that all of the service's policies and procedures covering safe recruitment had been followed. The service was required to ensure that recruitment files contained evidence that safe recruitment practices had been completed. (See requirement 1)

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

At the previous inspection carried out on the 26 March 2007 one recommendation was made. This was that the Manager/Administrator should develop a system for finance records to ensure all checks were carried out by two staff and signed accordingly. The Administrator confirmed that the service's system now included obtaining two signatures and examples of such recordings were seen.

Requirements

1. The provider is required to ensure that staff are recruited through a process that ensures they are fit to be employed within the home. In order to achieve this the service must ensure that recruitment files evidence that safe recruitment practices have been completed.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002; No 114: 9 (1) - A Provider shall not employ any person in the provision of a care service unless that person is fit to be so employed.

Timescale: 4 weeks from receipt of this report.

In making this requirement the following National Care Standard has been taken into account: Standard 5 Management and staffing arrangements.

Recommendations

There were no recommendations made at this inspection visit.

Carol Moss

Care Commission Officer