

# Inspection report

## Grange Hall Care Home Service

Drygrange  
Melrose TD6 9DH

**Inspected by:** Carol Moss  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 25 July 2008

**Service Number**

CS2003009179

**Service name**

Grange Hall

**Service address**Drygrange  
Melrose TD6 9DH**Provider Number**

SP2003001966

**Provider Name**

Grange Hall (Scotland) Ltd

**Inspected By**Carol Moss  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

25 July 2008

**Period since last inspection**

7 months

**Local Office Address**South East Region  
Stuart House  
Eskmills  
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## **Introduction**

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.

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.

Residents' 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".

Based on the findings of this inspection the 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 inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

### **Before the Inspection**

The report was written following announced inspection visits carried out on the 16, 17 and 25 July 2008 between the hours of 9.00 and 17.15hrs.

### **The Annual Return**

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

### **The Self-Assessment Form**

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

### **Views of service users**

Prior to the inspection visit twenty relatives, friends or carers questionnaires were sent out.

### **Regulation Support Assessment**

The inspection plan for this service was decided 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 (CCO) 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 CCO 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. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

This service will receive a number of inspections over the year 08/09.

During the inspection process

Staff at inspection

The inspection was carried out by CCO Carol Moss. During the inspection the CCO spoke with the manager and nine other members of staff.

Evidence

During the inspection, evidence was gathered from a number of sources including:

Discussion with residents and relatives/carers.

Sampling a range of policies, procedures, records and other documentation, which included the following:

- results of internal audits/questionnaires
- residents' personal plans
- staff meeting minutes
- policies and procedures relating to care practices
- policies and procedures relating to recruitment and staff development
- induction programme
- policies and procedures relating to quality assessment
- staff recruitment/training records
- duty rotas

A tour of the accommodation was made and staff practices were observed.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:  
<http://www.carecommission.com/>

Findings are reported on under the relevant Quality Theme in conjunction with the National Care Standards Care Homes for Older People and the Regulation of Care (Scotland) Act 2001 and associated regulations. The Inspection Focus Area of Notifications is reported under statement 4.4.

Each Quality Theme has associated quality statements, not all statements were inspected.

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](http://www.infoscotland.com/firelaw)

### **Action taken on requirements since last Inspection**

There were no requirements made at the last inspection that was conducted on the 6 December 2007.

### **Comments on Self Assessment**

A completed self assessment document was submitted by the service. This was completed to a high standard and gave relevant information which reflected the findings of each Quality Theme and Statements. The service identified its strengths and some areas for future development. The service gave good examples of service user involvement and how they had implemented changes.

### **View of Service Users**

During the visit eight residents were spoken with individually. They were all very satisfied with the overall quality of the service. Their views are reported in the main body of the report against the appropriate Quality Statement.

### **View of Carers**

Seventeen relatives/carers completed and returned "How satisfied are you with this care service?" questionnaires. All agreed or strongly agreed they were happy with the quality of care their relative/friend received at the home.

Ten relatives/carers were spoken with during the course of the inspection. Feedback was very positive and is referred to in the main body of the report against the appropriate Quality Statement.

## **Quality Theme 1: Quality of Care and Support**

**Overall CCO Theme Grading: 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**

The service had a written participation strategy. A variety of methods were used to obtain views from residents and relatives/carers. These included:

Resident and relative meetings

Suggestions box

Yearly satisfaction survey

Newsletters

Information on notice boards

Complaints procedure

Reviews of care

The CCO viewed documentation and spoke with residents and relatives to evidence that these methods were being used. Minutes were seen of resident and relative meetings. These indicated that views were being sought with regard to improving the quality of care and support provided by the service. Examples of developments that had arisen from these meetings were seen. Information regarding developments was fed back at meetings and were seen recorded in the minutes, and noted in the service's newsletter.

Residents and relatives/carers that the CCO spoke with gave examples of how they had been encouraged to discuss their thoughts about the care that they or their relative/friend was receiving. They confirmed that staff had listened to them and had offered choice in meeting care needs.

### **Areas for Development**

The service had stated in their QAF self assessment that they wished to further enhance their participation programme by encouraging more of their partners to become involved in their participation group. The service recognised that there was a need to provide a safe environment where people could express their views.

As an area of development the service should consider the use of independent facilitation of resident and relative/carer groups to further develop participation.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

### **Statement 3: We ensure that service user's health and wellbeing needs are met.**

#### **Service Strengths**

Staff that the CCO spoke with expressed a commitment to working with residents and relatives/carers in developing individualised care. Examples of such were given and confirmed by residents and relatives. Meeting residents' social needs was recognised as being of significant importance in maintaining well being by staff.

Staff facilitated residents to take part in activities of their choice which included visits outside the home, in house entertainment, group activities as well as activities on a one to one basis.

Observation of staff practices indicated awareness of individual resident's needs and promotion of choice. Relatives also commented that they saw staff behaving in a professional manner at all times.

The service's policy and procedure file was seen to be regularly updated and contained information to support care practices. The file was accessible to staff. Staff had signed to confirm they had read key policies and procedures appropriate to their role.

The documentation within residents' personal plans was sampled by the CCO. There were on going assessments of health and wellbeing needs. Plans of care were developed to address these needs. Personal plans contained recordings of residents' likes and dislikes and were seen to be updated as staff gained further information of residents. Senior staff in the home regularly audited the care planning documentation to ensure high standards were maintained. Completed audit documentation was seen.

Comments made by residents and relatives/friends in support of the care that they or their relative/friend received were:

"Really is 24 hour care here"

"care couldn't be better"

"pastoral care here is very good, staff very compassionate"

"staff very attentive"

"we're kept well informed"

"really well looked after"

"a friendly and stimulation environment"

"they care for both the relatives and the residents"

#### **Areas for Development**

Relatives had signed to confirm that their relative's personal plan had been discussed with them. As care may change over time as an area for development the service agreed to ensure that a date of signing was also included on this piece of documentation.

As recorded in their QAF self assessment under Quality Statement 3.2 and which also impacts on this statement the service intended to make more use of external consultant advice. This was to maintain a contemporary knowledge base and to free up more time for direct resident care.

#### **CCO Grading**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Quality Theme 2: Quality of Environment**

**Overall CCO Theme Grading: 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**

Methods of participation used in Quality Statement 1.1 enabled residents and relatives/friends to be involved in the assessing and improvement of the quality of the environment within the service. These methods had been developed over a prolonged period of time and had this year been formalised within the home's participation strategy. Documented evidence of meetings, events and feedback from residents, relatives/friends and staff confirmed this.

The success of the service's commitment and facilitation of resident and relative/friends participation strategies was evident in the outcomes that it had achieved. These included larger print information posters, photographs and names of staff in the entrance hall, tablecloths and flowers on the dining tables, a multi-sensory room, development of the garden areas, refurbishment including the service's social centre and a positive community spirit.

### **Areas for Development**

In their QAF self assessment the service informed that they had recently completed another survey and that they would be reporting on this. They had contracted this out to an independent consultant to ensure greater objectivity. The multi-sensory room was to be further developed through staff training and raising awareness of its use and facilities via their newsletter.

Developments reported under Quality Statement 1.1 would take forward these very good strategies.

### **CCO Grading**

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**

On viewing the communal areas of the home as well as some of the residents' rooms the

CCO found that the property was well decorated and maintained.

Comments about the property from residents and relatives/friends evidenced that the character of the building was greatly appreciated and had played a significant part in many of them choosing this service. Comments included "plenty of space" and "fabulous rooms". Lifts assisted access to the four floors of the property. Gardens were seen to be accessible and included raised flower beds, a sensory area and a variety of outdoor furniture. Residents commented positively on their views from their rooms. There was a variety of communal rooms which could provide both smaller private areas and larger areas, such as the social centre, that could provide a venue for entertainment.

Artworks were used to create an attractive, interesting and homely appearance in the service. Some of the artwork included the work of residents and added to the positive impression gained of levels of involvement of residents in the service.

Relatives and residents confirmed to the CCO that repairs were promptly dealt with.

### **Areas for Development**

The original building had been converted to provide care home facilities. Whilst it was recognised that this resulted in a very original property retaining many original features it also meant that some of the corridors were narrow, with frequent turns and additional short flights of stairs.

Only a limited number of bedrooms had full ensuite facilities. However all bedrooms had a sink.

In their QAF self assessment the service have recorded as an area for further improvement, that now that they have an additional social organiser they would make more use of the minibus service that they access.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 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**

Methods of participation used in Quality Statement 1.1 enabled residents and relatives/friends to be involved in the assessing and improvement of the quality of staffing in the service. Areas for development identified from these methods, such as accessing additional English language training for some of the staff, have been implemented.

Feedback to the CCO from residents and relatives/friends about the quality of staff was very positive. Frequently commented on was the availability of staff to listen to them and provide support.

The satisfaction survey that had recently been completed by relatives had a section in it relating to staffing.

### **Areas for Development**

In their QAF self assessment the service recognised that much of their work in this area had been done on an informal basis. Therefore there was the need to consider the evidencing of this.

Developments of Quality Statements 1.1 would also apply to this statement.

The service had identified local and national issues with staffing in care homes and therefore had carefully considered how they would manage this issue within their service. They have with the involvement of appropriate partners looked at developing the skills of their own staff and reviewing the roles and responsibilities of these staff. The service have sought a variation of their staffing schedule to reflect these changes. The impact of these changes will continue to be monitored.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 2: We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.**

### **Service Strengths**

The service had comprehensive policies and procedures covering recruitment and induction processes.

The CCO reviewed three staff recruitment files. They contained evidence that the service's safe recruitment procedures had been completed. A comprehensive induction programme had been completed by these staff.

The CCO spoke with two new members of staff who confirmed that they had been well supported, had received an appropriate induction relevant to their role and were aware of their development plans. They both expressed a positive view to learning and the development of their skills. Both stated that they were proud to work at this home.

Residents and relatives confirmed to the CCO that new staff were well supported.

Minutes of staff meetings evidenced the sharing of good practices.

Duty rotas were viewed and the numbers of staff on duty on the days of the visits were noted. These figures evidenced that the staffing levels agreed with the Care Commission were maintained in accordance with occupancy levels.

### **Areas for Development**

In their QAF self evaluation the service intended to make more use of external consultant advice to maintain a contemporary knowledge base and to free up more time for direct resident care.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## **Quality Theme 4: Quality of Management and Leadership**

**Overall CCO Theme Grading: 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**

Methods of participation used in Quality Statement 1.1 enabled residents and relatives/friends to be involved in the assessing and improvement of the quality of the management and leadership of the service.

The satisfaction survey that had recently been completed by relatives had a section in it relating to management of the service.

Relatives were aware that external support was provided to the home's management.

### **Areas for Development**

Developments of Quality Statement 1.1 would also apply to this statement.

### **CCO Grading**

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**

"Notifications" was an inspection focus area for this inspection. The following areas were explored and validated as part of the inspection process and reported on under this theme.

The manager was aware of their responsibilities to report to the Scottish Social Services Council (SSSC) the dismissal on the grounds of misconduct of any care staff member. They were aware that they must provide the SSSC with any information it may reasonably require and were aware of their responsibility to notify the Care Commission of matters of misconduct.

The service had developed a Quality Assurance Policy which put feedback from residents and relatives as of the up most importance in their quality assurance process. Results of information identified from completion of quality assurance processes was fed back to staff, residents and relatives/friends. This was documented in minutes of meetings.

## **Areas for Development**

Following the development of the Quality Assurance Policy the service recognised that they will be developing their present audit systems and formalising of audit practices that had previously been carried out in an informal and or ad hoc basis.

## **CCO Grading**

5 - Very Good

## **Number of Requirements**

0

## **Number of Recommendations**

0

**Regulations / Principles**

**National Care Standards**

**Enforcement**

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

**Other Information****Requirements**

There were no requirements identified at this inspection.

**Recommendations**

There were no recommendations identified at this inspection.

**Carol Moss**

**Care Commission Officer**