

Grange Care Services Limited

Grange Care Services

Limited - 27 Flamstead End  
Road

### Inspection report

27 Flamstead End Road  
Cheshunt  
Hertfordshire  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 14 January 2016 and was unannounced.

Grange Care Services at 27 Flamstead End Road is a small care home registered to provide accommodation without nursing for up to six adults with learning disabilities. There were five people accommodated at the home at the time of this inspection.

We last inspected the service on 17 September 2013 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were not able to share their views with us however, all relatives we spoke with gave us positive and complimentary feedback about service and said that they had no concerns about the care and support their family members received.

Detailed health care and support plans were in place to ensure that staff knew how people liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely.

Staff members understood their individual roles and responsibilities and received support to maintain and develop their skills and knowledge. People were provided with a varied healthy diet and their health needs were well catered for.

The atmosphere in the home was welcoming and there was a warm interaction between the staff and people who used the service. People's relatives were kept up to date regarding people's health needs and were encouraged to visit at any time. Staff promoted people's dignity and treated them with respect.

People's care and support was planned around their needs and decisions about their care were made in consultation with family members and health and social care professionals. The provider had made arrangements to support people's relatives to raise any issues of concern.

The registered manager promoted a positive culture that was transparent and inclusive. The registered manager and provider had robust systems to continuously check the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and report abuse.

People were supported by staff who had been safely recruited.

Support staff had been provided with training to meet the needs of the people who used the service.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care services to ensure that their general health was being maintained.

### Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People were supported to maintain family relationships.

People's dignity and privacy was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with opportunities for engagement and were supported to go on annual holidays.

People received care and support that was responsive to their changing needs.

Relatives were aware of the provider's complaints policy and procedure, they were confident to approach the manager should they have any concerns.

### **Is the service well-led?**

The service was well-led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

**Good** ●

# Grange Care Services Limited - 27 Flamstead End Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider met the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating under the Care Act 2014.

This inspection took place on 14 January 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The people who used the service at 27 Flamstead End Road were unable to share their views about the service provision with us. We spoke with three relatives subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services. During the inspection we observed staff support a person who used the service, and spoke with three staff members, the deputy manager, the registered manager and a representative of the provider. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to

people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

Relatives of people who used the service gave us positive and complimentary feedback about the service and said that they had no concerns about the care and support their family members received. One relative said, "I am more than happy with the care they provide for my relative, I am satisfied that they are in safe hands." Another relative said, "The service is very safe, I have no concerns. Even when staff don't go in because they are ill the quality of care is not impacted upon because either the manager or the deputy manager cover shifts as needed."

Staff demonstrated that they had an understanding of how to recognise different types of abuse and how to report concerns. They told us that they received safeguarding training and felt confident dealing with safeguarding issues. They were aware of the safeguarding reporting procedures to follow and were aware of the whistle blowing policy. Staff told us that they had received training and knew where to access contact details for the local authority safeguarding team. One person said, "I would not hesitate in reporting any suspicions of abuse to my manager or to the local authority safeguarding team".

Risks to people had been identified so that staff were aware of any associated risks when providing support to each person. Examples included assessed risks regarding eating and drinking, bathing and showering, use of wheelchair and lap belt. These risks were kept under regular review to ensure that they accurately reflected people's needs.

The manager told us that staffing levels in the home were effective to meet people's individual needs, and that periods of sickness and annual leave were covered by the permanent staff team thus removing the need for agency cover. One member of staff told us that staffing levels were good and allowed them to have enough quality time when supporting people.

Staff only commenced work in the home when all the required recruitment safety checks had been satisfactorily completed. We looked at a sample of two recruitment records and we saw that all appropriate checks had been carried out, these included criminal record checks and references. This showed that the provider only employed staff who were suitable to work with people living in the home.

Staff had received training so that they could administer and manage people's prescribed medicines safely. Medicine Administration Records [MAR] showed that medicines had been administered as prescribed. MAR sheets were checked during the handover of each shift to ensure that stock levels were correct and that medicines had been safely administered. We saw that dates of opening had been recorded on medicines such as creams and liquid medicines. Medicines were stored safely and at the recommended temperatures. This showed that arrangements were in place to help manage people's medicines in a safe way.

Staff members were able to clearly explain what procedures were in place to evacuate the home in the event of an emergency such as a fire.

## Is the service effective?

### Our findings

Relatives of people who used the service were positive about how well people's health and support needs were managed. One relative said, "They take excellent care of [Person's] health needs and they are very good at keeping us up to date." Another relative confirmed this and added, "They [staff] are really good at getting health care assistance for them where needed."

Staff members received the training and support they needed to carry out their role. Staff confirmed that they that they had received an induction which covered a variety of care and support issues. They went on to say that they had 'shadowed' more experienced staff when they first started to work with people who used the service to help ensure that they clearly understood people's needs along with their role and responsibilities.

Staff told us they were supported to gain qualifications in health and social care to expand on their skills and knowledge of people and provide them with effective care. They told us that they enjoyed and benefited from their variety of face to face training sessions which included; fire safety, epilepsy awareness, safeguarding, infection control, moving and handling and dementia. Staff training was kept up to date and monitored by the manager in conjunction with the organisation's training policy and procedures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection we found that applications had been made to the local authority in relation to all the people who lived at 27 Flamstead End Road and these were pending authorisation at the time of this inspection.

People were not able to verbally communicate their food choices. The registered manager told us that people's choices relating to food were gradually gathered using a trial and error approach. The registered manager and staff team all confirmed that they clearly recognised when a person did not like the food they were offered.

Relatives told us that they thought people that enjoyed the food provided and confirmed that people had a clear way of registering their displeasure if they tried a food that they did not like. The registered manager told us that they had access to dieticians and speech therapists to discuss any issues regarding nutrition and

any concerns regarding people's eating and drinking. We saw correspondence in care plans from external professionals providing advice and guidance about a person's eating and drinking regime.

People were supported to attend regular appointments with health care professionals. These included appointments with a GP, dentist, chiropodist and an optician. Healthcare professionals involved with the service told us that where advice was given the staff ensured this was followed. A relative told us, "The manager rings me and updates me if there have been any changes in [relative's] health needs and they always make sure they attend routine health appointments so I am happy that [Person's] health needs are being met." This demonstrated that people were being supported to access a range of health care professionals ensure that their general health was being maintained.

Feedback from external health professionals was positive about the way that people's health care issues were managed. They said staff were knowledgeable and willing to approach the GPs for guidance when required.

Each person who used the service had a 'Purple Folder'. The Purple Folder was developed by health and social care professionals to support people who live with learning disabilities to get the best care and treatment. The Purple Folder provided health information about the person and was taken with them to routine health appointments or if they required admission/treatment in hospital.

## Is the service caring?

### Our findings

People who used the service were not able to tell us about the care and support they received due to their complex needs. However, we observed the staff and management team to be keen and attentive to people in order to meet their individual needs. A relative told us, "The staff team are all caring and kind, the manager makes sure of it." Another relative said, "The manager and deputy are lovely people; the whole staff team is so caring."

The management and staff team were aware of people's body language and any sounds that they made which showed if people were unhappy or upset. The registered manager explained to us how one individual communicated to the staff team that they were experiencing pain. Staff members also confirmed this and were able to tell us the methods they used to relieve the person's pain and anxiety. This included checking that the person warm and cosy, supporting them to lay down and administering pain relief medication.

The atmosphere in the home was warm and welcoming. People's bedrooms were in good decorative order and individualised. We observed sensitive, respectful and kind interactions between staff and the people who used the service. Staff clearly had a good understanding of the support people needed and people were clearly comfortable and at ease with the staff who supported them.

Staff treated people with dignity and respect. A relative told us that they had seen staff to be kind and caring. Another relative told us, "[Person] is always clean and seems to be well fed. Their room is spotlessly clean and the home feels like a proper home. I couldn't ask for them to be living anywhere better." People were appropriately dressed and appeared well groomed.

The registered manager told us that no one who used the service had a formal advocate in place because they all had family members to advocate on their behalf. However, the registered manager undertook to access advocacy information for relatives to use should they require and additional advice and support.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. Relatives told us that people who used the service were supported to maintain family relationships.

Private and confidential records relating to people's care and support were maintained in a lockable cabinet in a communal area. This helped ensure that people's personal information was treated confidentially and respected whilst being easily accessible to staff members.

## Is the service responsive?

### Our findings

Relatives told us that the staff supported people to do various things to try and provide them with engagement and stimulation. For example, one relative said how much a person enjoyed music and singing. They said, "[Person] loves the hymns when [Manager] takes them to Church."

People had opportunities to be involved in recreational activities both inside and outside the home. Some people attended a local day service which relatives told us they enjoyed going to. Relatives told us they did not know what people did at the day centre but they felt that their relatives benefitted from attending. The registered manager was not able to tell us what people were supported to do whilst at the day centre and agreed that they would explore this further.

Staff told us that the people who used the service enjoyed group outings in the summer when the weather was pleasant. Two people enjoyed listening to music. Staff told us that this was easy to recognise as one person got up to dance and another person broke into a smile when music was played. We were told of Christmas parties and summer barbecues that were arranged for the people who used the service and relatives told us they were invited to attend these. The registered manager and relatives of people who used the service told us of the annual holiday that was arranged for people each year. A relative said, "They go on holidays every year, [Person] really enjoys that."

People were not able to tell us about the care and support they received, due to their complex needs. However through discussion with the management team and observations we made showed that staff were knowledgeable and reacted to people's non-verbal cues to ensure their support needs were being met. Relatives told us, "The manager has been with them all so long that she recognises instantly if they are in pain or feel unwell."

The manager and staff were able to demonstrate that they regularly sought the guidance of health care professionals where any changes to people's support were needed. One member of staff told us, "We are in regular contact with a variety of healthcare professionals when there is a concern or health problem." Health professionals told us that staff were proactive in accessing support and guidance as needed. This demonstrated that people's care needs were effectively responded to.

We observed staff assisting a person who lived in the home and it was evident that they understood and responded to the person's physical care needs. We saw the person being helped by staff with their mobility in a reassuring and patient manner so that they safely navigated their way around the home.

Care records contained guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how to support people including; their personal hygiene needs, mobility needs, epilepsy management guidelines and pressure care. Relatives told us that the staff and management team kept them up to date with any health needs of people. One relative said, "The manager and deputy go the extra mile to make sure people's needs are always met. If anything is wrong, [Person] being unwell for example, the manager is in the phone to me straight away." Another relative told us that communication

was good with the manager and staff and they were kept informed of any changes to their family member's care.

The provider had a complaints policy and procedure in place to support relatives and other stakeholders to raise any issues of concern. A relative told us that that they knew how to raise concerns and said, "I have absolutely no concerns at all, I can't ever imagine having to make a complaint but, if I needed to I would have no qualms in contacting the manager directly. I have the utmost confidence that any issues would be dealt with to my satisfaction immediately."

# Is the service well-led?

## Our findings

Relatives of people who used the service told us that they were satisfied with the way the service was managed and the care and support that their family members received. One relative said, "I am very happy that [Person] is living at 27 Flamstead End Road, it is like home from home. The manager is marvellous; she is like a mother to all of them. You could not get a better person to run that home." Another relative told us, "It's absolutely brilliant, I am more than happy for [Person] to live there. They are well looked after, the home is managed well, I have no fears or concerns."

Staff told us that the registered manager was very supportive and always available to assist or provide advice. One staff member said, "The manager is very supportive, she is more like my mother than my manager." Our observations showed that people who used the service responded well to the registered manager in a comfortable manner.

Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency. During our inspection we saw that the registered manager demonstrated a 'hands on' approach regarding how the service operated, staff supervision and the support provided. They worked alongside the staff team and had an in-depth knowledge of people who used the service, their complex needs, personal circumstances, goals and family relationships. This meant that the staff team had direct access to the registered manager five days a week from Monday to Friday. The registered manager was on call out of hours, and they told us that there was always somebody available through the head office should staff have any concerns.

The provider had systems in place to monitor satisfaction with the service provided. In August 2015 satisfaction questionnaires were sent to four health and social care professionals and to all family members of people who used the service. The people who used the service were unable to complete the surveys themselves and were supported to do this by their keyworkers. Relatives were asked to raise comments on behalf of their family members. All relatives completed and returned their survey responses and two professionals responded. We reviewed a summary of the responses and found that all were positive with no concerns raised.

The local authority had conducted a quality monitoring visit in October 2015, the provider's director of care shared the report from this visit with us. We noted that there were some actions had been required as a result of this visit; the registered manager shared their action plan with us and this showed that all required actions had been completed in a timely manner. For example, the provider's complaints policy had been amended to include contact details for the ombudsman.

The provider had systems in place to assess the quality of the service provided for people. The director of care told us that they undertook monthly visits on behalf of the provider and routinely checked all areas of the service, such as the environment, care plans, staff files, staff supervision and health and safety. We viewed records of these visits for November and December 2015; these confirmed that all areas of the service were regularly reviewed to help ensure that people received a safe service. This showed us that the

provider had systems in place to monitor the quality of service being provided at the home.

The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice. One staff member said, "If I was concerned about anything at all I would be confident to report it."

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.