

Leonard Cheshire Disability

# The Grange - Care Home Physical Disabilities

## Inspection report

2 Mount Road  
Parkstone  
Poole  
Dorset  
BH14 0QW

Tel: 01202715914

Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

Date of inspection visit:

13 March 2018

14 March 2018

16 March 2018

Date of publication:

25 April 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 13, 14 and 16 March 2018. At the last inspection in September 2016 the service was rated as 'Requires Improvement' with four requirements to meet breaches in the Regulations. At this inspection progress had been made; however, there were still areas for improvement, which are detailed within the report. Following the last inspection the provider sent us an action plan to show what they would do and by when to improve the service.

The Grange is a care home for up to 27 adults who have a physical disability. There are four apartments on the ground floor of the home providing accommodation for a total of 20 people. A further living unit on the first floor providing further accommodation for people either on a temporary or permanent basis. Nursing care is not provided.

There was a registered manager at the home who has been registered since 2011. A registered manager is a person who has registered with the Care Quality Commission 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.

The Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider had taken action to address the concerns about staffing levels we identified at the last inspection. However; people still felt staffing levels could be improved at weekends and peak times of the day. We made a recommendation that the provider continues to work with people in seeking improvement.

There was an improvement in medicines' management, meeting a requirement made at the last inspection. The provider had introduced a new electronic system and staff felt this system was less fallible and was an improvement.

At the last inspection we identified shortfalls in some people's needs and preferences being fully met and care plans were not being consistently followed by staff. At this inspection we found the provider to have complied with this Regulation and people's need were being met and care plans followed.

The provider and registered manager had taken action to address the concerns raised at the last inspection. However, people wished for better engagement with senior management about changes to the service and the running of the home.

The registered manager had a system in place to maintain and promote safety in the home. Environmental risks had been identified and action taken where appropriate. The delivery of people's care had also been

risk assessed to make this as safe for people as possible.

Staff were recruited in line with policies and procedures. All the necessary checks had been carried out before staff started working at the home.

Staff were supported through indirect and formal supervision as well as an annual performance review.

The home was working collaboratively with health services so that people's needs were met.

People's consent was sought and granted with regards to the way they were cared for and supported. Where people could not make specific decisions because they lacked mental capacity, staff were following The Mental Capacity Act 2005 and any decisions made in people's best interests.

The home provided a good standard of food with people having choice of what they wanted to eat and their individual needs catered for.

Staff were kind, caring and compassionate and respected people's dignity.

People were satisfied with the activities provided at the home.

Complaints were responded to and the procedure was well-publicised.

People were consulted about wishes and preferences for end of life care.

There were auditing and monitoring systems being followed seeking overall improvement.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe with people being protected from abuse. We recommend the provider continue to seek improvements in deployment of staff to meet people's needs.

There was improvement and compliance in managing people's medicines.

The provider ensured the premises were safe through risk management and servicing of equipment and installations.

**Requires Improvement** 

### Is the service effective?

People's nutritional needs were being met and people were satisfied with standard of food provided .

Staff were supported through supervision and annual appraisal and received appropriate training.

The service was compliant with requirements of the Mental Capacity Act 2005.

**Good** 

### Is the service caring?

The service was caring.

People were complimentary of the staff and said were kind, caring and compassionate.

People's privacy and dignity were respected.

People could receive visitors at any time.

**Good** 

### Is the service responsive?

The service was responsive.

People had up to date, personalised care plans in place that were being followed by staff.

There was a well-publicised complaints procedure and

**Good** 

complaints were investigated in line with the home's procedures.

**Is the service well-led?**

The service was well-managed; however, there were still areas such as satisfaction with staffing levels that needed improvement.

People would welcome better engagement with senior management in putting forward their views on development of the service.

There were quality monitoring systems in place.

**Requires Improvement** 

# The Grange - Care Home Physical Disabilities

## **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 checked whether the provider is meeting 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 for the service under the Care Act 2014.

The inspection took place on 13, 14 and 16 March 2018 and was unannounced and was carried out by one inspector on the first and third day and two inspectors on the second.

Before the inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also liaised with local authority and health commissioners to obtain their views.

The registered manager assisted us over the three days of the inspection. We met and spoke with seven members of the staff team, a visiting relative and ten of the people living at the home. They were able to tell us about their experience and what it was like to live at The Grange. We also spent time in communal areas and observed the care and support people received.

We looked at three people's care records in depth as well as sections of other people's personal files. We reviewed everyone's medicine administration records, three staff recruitment files, staff rotas and other records relating to training, supervision of staff and management of the service.

## Is the service safe?

### Our findings

At the last inspection in September 2016 we identified breaches in medicines' management and made a requirement under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we had found, people did not have PRN 'as needed' medicine plans in place so that staff knew when to administer these medicines and there was not a consistent system for staff to record PRN medicines. There were also some gaps within people's medication administration records (MARS). For one person, who was living with dementia, their pain relief had not been administered as prescribed. Procedures for managing a person's PEG (percutaneous endoscopic gastrostomy) were also not being followed fully.

At this inspection we found the service was now compliant with this Regulation. Since the last inspection the organisation had introduced a new electronic system for managing medicines in the home. The registered manager reported that there had been an increased incidence of medicines' errors, largely due to ordering medicines and staff getting used to the new system. However; overall, the registered manager and the staff felt the new system was better and should lead to safer administration of medicines as the system flagged any medicines not given. The system was also safer with regards 'as required' medicines, as the system would not allow for medicines to be administered if outside the timeframe when medicines should be given. There was now guidance for staff in respect of people administered 'as required' medicines within their care plans. It was agreed that this information would be entered into the electronic medicines' system, so that the information was readily available to the staff member administering medicines, rather than their having to go to the care records for the guidance.

The staff were now using pain assessment tools for people who could not communicate their levels of pain. There were no gaps within MAR charts, showing that people had been given their medicines as directed by their doctor. People spoken with had no concerns about the way their medicines were managed.

The home had suitable storage systems for storing medicines, including a fridge for medicines requiring refrigeration. We noted that staff were recording the maximum/ minimum temperatures of the medicines' fridge; however, it was evident that the thermometer was not being reset each day and so the previous maximum reading was being recorded and not the new daily recording. By the second day of the inspection, the pharmacist had been contacted and a new fridge had been ordered on advice of the pharmacist.

We found the staff were now following the care plan for the person who had a PEG fitted.

At the last inspection in September 2016 we made a requirement for a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were times when planned staffing levels were not met because of staff sickness and people living at the home felt there were inadequate levels of staff at periods of the day and also at weekends.

At this inspection we found that management had taken steps to improve staffing at the home, through a

recruitment campaign, changes to the staff pay and conditions and an increase in staffing hours at critical times of the day. This had led to a reduction in the use of agency staff and more stable team of recruited workers. Some people had additional one to one funding to meet their care needs. The registered manager told us of occasions where staffing had been increased by one person when a person had been admitted with high care needs that had stretched staff cover.

Since the last inspection the registered manager had also introduced a call bell audit, looking at the amount of time it took for the staff to respond to calls, as part of monitoring staffing levels. The organisational expectation was that there should be no longer than a ten minute wait for the answering of a bell and audits showed that this was largely being achieved.

Some people however, still felt staffing levels could be improved. One person who had lived at the home for many years told us, "It is not as good as it was. If I call for staff, the staff will come quickly but then I often have to wait for a long time for them to come back to me." Another person said, "During the daytime things are okay but at night time I often have to wait for staff to help me to bed". Another person told us, "The evenings and weekends are still a problem". Not all people felt there was an issue with staffing levels and many people felt their needs were being met by the staffing levels provided. Some of the staff team also felt staffing levels were still in need of improvement. One member of staff told us that management had increased the allotted administration time for the Team Leaders, and that if there was a need on the floor, there was now some capacity for Team Leaders to assist care workers when times got busy. One member of staff told us, "It is still a stretch on some evenings". Another member of staff told us that with the recruitment of new staff things had improved things but there were still times when the staff team felt over-reached. A staff member commented, "We are run ragged at times".

The staff responsible for medicines' administration told us that one solution would be for five, rather than three terminals and scanners to be available for medicines administration. This would allow for trained staff to administer medicines quicker with one terminal and scanner for each section of the home and would allow staff to then be able to assist the other staff in meeting personal care needs. We discussed this with the registered manager who agreed that they would consider taking this suggestion forward. Overall, we recommend that the provider continue to seek improvement in staffing levels, looking at how staffing hours could be deployed at times of greatest need.

The registered manager had followed recruitment processes before new staff began working at the home. Staff files showed photographic identification; at least one reference, and a Disclosure and Barring Service check (DBS) had been obtained. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

The registered manager had put systems and processes in place to make sure people were safeguarded from abuse. All staff had annual mandatory training in safeguarding adults to make sure staff had the knowledge of how to keep people safe and how to report any concerns. Staff we spoke with confirmed they had received this training and were knowledgeable about safeguarding procedures. Staff told us that there was an open culture and that needs of people were paramount.

The registered manager had also put systems in place to ensure the premises were safe as possible, although one person with a sight disability told us that they had had to complain in the past about corridors not being kept clear of hazards. The building had been assessed for hazards with action taken appropriately. For example, window restrictors had been fitted to windows above the ground floor to prevent accidents, thermostatic mixer valves installed on hot water outlets to protect people from scalding



water and portable electrical equipment tested to make sure it was safe to use. There was also a system for ensuring checks and servicing of the fire safety and equipment was carried out.

Some people had particular personal risks associated in the delivery of their care, such as the use of bedrails or a 'safe swallow' plan. Where bed rails were used, people had bed rail risk assessments in place because of the risks of entrapment or of a person climbing over the top and injuring themselves. People had been referred to the speech and language therapists where there was a risk of choking. Our observations showed that those people who needed to have their drinks thickened had these thickened to the required consistency and the thickener agent stored safely out of reach, as these products could pose a risk to people if ingested.

Emergency plans had been developed for the event of situations such as loss of records, power or heating. Certificates showed that the home's boilers, wheelchairs and hoists, the lift, and electrical wiring were tested and maintained for safety.

The registered manager had put systems in place to ensure people's records were stored confidentially.

A member of staff had been delegated to act as lead for the prevention and control of infection. Infection control and cleaning audits were regularly carried out to check that the risks of cross infection were minimised. People living at the home told us that the home was always clean and kept free from odours. The provider therefore had taken steps to minimise the risks of cross infection and to maintain infection control standards.

The registered manager had taken other steps to promote safety in the home, for example, the reviewing of any accidents and incidents affecting people living at the home. These monthly reviews looked to see if any remedial action could be taken to minimise the risk of accidents or incidents recurring.

# Is the service effective?

## Our findings

At the last inspection in September 2016 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not been effective in managing a person's pain by failing to give their medicines for pain. In respect of another person living with dementia and nutritionally at risk, the staff had failed to monitor the person's weight on a weekly basis as identified within their care plan. We also found people assessed as being at risk of dehydration, there was poor oversight of the fluid monitoring which could have meant some people were not having enough to drink.

At this inspection we found improvements had been made and there was compliance with this Regulation. There was better monitoring of fluid intake charts as these now recorded a target input and the amounts of fluid drunk. From the records, we could see that people were being supported to have enough to drink. We also attended a staff handover meeting where each person was discussed and any concerns handed over to the staff coming on shift. This included information being passed on about the people on fluid monitoring so that the next shift was aware of whom they should be encouraging and supporting with fluid intake.

With regards to pain management there was also an improvement with pain assessments charts being used with people with communication needs. People we spoke with told us that they had no concerns about the way their medicines were managed, telling us that they received their pain medicines if they experienced pain.

There were procedures in place for making sure the service could meet the needs of people who moved into the home. A pre-admission assessment had been completed, with more in depth assessments being completed once a person moves into The Grange. The assessments were comprehensive looking at the person's personal care needs.

Each person was fully involved and consulted about how their needs should be met by the staff. People all told us that their consent was sought about their care and how their personal care needs should be met. The majority of people living at the home could give their consent.

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. We checked whether the service was working within the principles of the MCA. There was easy to read information displayed for people and staff that outlined the principles of the MCA. Where people lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the last inspection the registered manager was not aware if the people, whose assessment indicated a person was not able to give consent, had a representative with lasting powers of attorney who could make the decision on their behalf. Since the last inspection the registered manager had obtained this information from relatives so that staff were aware of the legal status of representatives in situations where a person at

the home was unable to make a specific decision themselves.

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 responsibility for this rested with the manager and we saw applications had been made where there was a risk people were being deprived of their liberty. The registered manager was also aware of when DoLS were due to expire so that a new referral could be made to the local authority if appropriate.

People had access to specialist health care professionals, such as physiotherapists, community mental health nurses, dieticians, occupational therapists, multiple sclerosis nurses, speech and language therapists and specialist consultants. Health and social care professionals told us the service made appropriate referrals, actively sought advice for people and followed through on any advice given.

Overall, people were satisfied with the standard of food provided in the home. People planned meals for the week ahead and ordered their shopping on-line for delivery. Staff then supported people in the different units to cook each day. One person said they had to sometimes get their own salad as there was not enough for the week ahead. We discussed this with the registered manager, who informed this should never be the case and that they would look into this matter. On the last day of the inspection we spoke again with this person who told us that this situation had been rectified. People made comments such as; "We always get a decent meal", "Generally good but Sundays is sometimes a problem.....depends on who is on duty cooking", and "Very good".

People were also keen to tell us about discussions and plans to change the catering arrangements to that of a central kitchen and the appointment of a chef. Some people felt this would be an improvement whilst a minority said they worried there would be less choice. We discussed this issue with the registered manager who told us that the proposed changes should not lead to less choice. They told us that the plans had been postponed because of financial restraints. Overall, employing a chef and installing a centralised kitchen had capital implications but would release staff from cooking in the separate units to be able to meet people's care and support needs better.

Staff told us they felt supported both through one to one supervision and also access to line management on a day to day basis. Those staff who had been employed for over a year told us they had received an appraisal.

The manager sent us a training summary for the staff. This showed the staff had received training in moving and handling theory and practical, medicines management, safeguarding, behaviour support awareness training, food safety, fire safety and infection control, emergency first aid, Mental Capacity Act 2005 (MCA), Deprivation of Liberty safeguards (DoLS), nutrition, and epilepsy and dementia awareness. Named staff had been trained in the PEG procedures for one person.

The premises had been purpose built for people with physical disabilities and were equipped with adaptive equipment, such as automatic doors to the units, to support their independence. Communal areas and people's bedrooms were in reasonable decorative order throughout.

## Is the service caring?

### Our findings

People felt they received good care from the staff team and were not critical of the staff even though some felt the staff were stretched at times. Some of the comments made included: "The next best thing to home.....I am very happy". "The staff are very good at supporting me". "The staff are all very good, kind and helpful". "It is very good here; the staff make the place".

Staff showed genuine concern and care for people's well-being and they were knowledgeable about each person and how they wished to be supported. The registered manager gave us examples of how they had provided support to meet the diverse needs of people using the service, including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and staff we spoke with knew the needs of each person well.

People's preference in relation to gender of care worker was recorded and people told us that this was respected.

People and their relatives told us they were made to feel welcome when they visited the home. One person told us about how they were supported to have a friend stay at the home.

Staff respected people's privacy as they knocked and sought people's permission before going into their bedrooms.

People were supported to be as independent as possible. Their assessments determined on an individual basis the levels of assistance they would require with things like their meal preparation, laundry and cleaning. Records were kept securely in either in people's bedroom or the locked care office.

Each person had a communication plan where this was an assessed need to ensure that people were able to express their views and be actively involved in decisions about their care

## Is the service responsive?

### Our findings

People told us they had been involved in developing their care plans and took part in reviews. Information from assessment tools and risk assessments had also been used to produce care plans that covered all aspects of people's needs, their health, personal care, social and spiritual needs. The plans gave clear instruction to the staff on each person's care needs and how staff should meet these. The plans were also person centred with everyone treated as an individual person. Care plans we reviewed were up to date and reflected the needs of those people.

The home employed an activities co-ordinator and everyone spoke highly of the activities provided. The home had a bank of volunteer workers who assisted with activities and escorting people from the home. Care plans detailed information about people's life histories, hobbies and interests and this information was used to inform the activities programme as well as suggestions and discussions at residents' meetings. Everyone had an activities programme that had been agreed with them. People made comments such as; "The activities are very good here but could be better if we had more volunteers", and "Ten out of ten for activities".

The provider complied with the Accessible Information Standard by identifying, recording and meeting the communication needs of people with a disability or sensory loss as identified through their assessments.

Within the main reception walkway there was a computer room to which people had access. Some people had their own computers and broadband connection. One person had the use of an electronic device to assist with their communication.

People had confidence that any concern or complaint would be listened to and investigated. They also were aware of the complaints procedure for the organisation as this was well publicised being detailed within their care plan, their bedrooms and on the service user notice board.

We reviewed the complaints received since our last inspection. The manager had responded in line with the policy and had acted appropriately where people had complained.

No one living at the home was receiving end of life care. People were consulted about their wishes for end of life care if this was their wish.

## Is the service well-led?

### Our findings

At the last inspection in September 2016 we made a requirement in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 , because of shortfalls in management in identifying and addressing the breaches of the last inspection . At this inspection we found that management had taken action to address the requirements from the last inspection but there were some areas for improvement, particularly regarding staffing levels.

Overall, people and staff felt the home was well-led. A person who regularly stayed at the home for respite care commented, "It was an eye opener the first time I came here as it was better than I had expected. The home is well-managed with good staff communication". Other people made similar comments. People at the home were able to articulate their views and some people felt that senior management was a little remote. People told us they would welcome more contact with senior members of the organisation for their views to be heard, particularly in reference to staffing levels and the proposed changes to the catering arrangements. They felt the registered manager was often left to 'field bad news' at residents' meetings, without an opportunity for people's views to be fully represented to the senior management. Many people had lived at the home for many years and these people overall felt the service was not as good as it had been in the past , particularly concerning staffing. People told us that over time, people's needs had increased and this had put increased pressure on the staff. This was an area for improvement.

The registered manager and people confirmed that a senior member of the organisational management team visited the home regularly as part of monitoring the quality of service provided.

From speaking with staff, it was clear that there was a very strong commitment to core values of supporting people to be independent and to respect that The Grange was their home.

There were written compliments from professionals, relatives and people's representatives and these were shared with staff.

Staff knew how to whistle blow and raise concerns. They were confident that any issues they raised would be addressed.

The registered manager held regular staff meetings and meeting with the people using the service. Management meetings involving team leaders were held monthly to ensure that key messages were delivered consistently across teams. Quarterly meetings were convened for support staff and people living at the home.

There were other good communications systems, such as staff handovers, communication boards books and staff meetings to ensure people's needs were met and the staff worked collaboratively.

The registered manager had set up systems to monitor the quality and safety of the service. These included an annual review of the home and themed audits in areas such as finances, food hygiene, nutritional needs

and infection control. There were weekly and monthly medication audits completed.

The provider was aware of the issues that required notification to CQC and had submitted notifications as required.