Grange Care Services Limited

Grange Care Services Limited - 27 Flamstead End Road

Inspection report

27 Flamstead End Road
Cheshunt
Hertfordshire
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Tel: 01992638591

Date of inspection visit:
17 January 2018

Date of publication:
05 February 2018

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 17 January 2018 and was unannounced.

Grange Care Services – Flamstead End Road 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.

Grange Care Services -Flamstead End Road is a small residential centre registered to provide accommodation without nursing and accommodates up to six adults with learning disabilities in one adapted building.

The service had a registered manager who was also registered with CQC to manage another Grange Care Services learning disability service locally. 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 registered manager was not at the service on the day of this inspection however, support was provided by the area manager and a representative of the provider.

When we last inspected the service on 14 January 2016 we found that the provider was meeting the standards assessed at that time. However, at this inspection we found that well led was an area that required improvement.

The provider's quality monitoring of the service had not identified areas of shortfall identified through this inspection and the management of the service was not always robust. Investigations into concerns raised with the service were not always robustly undertaken. CQC had not been notified of some incidents that had potential to affect people's safety and well-being which meant we could not check that appropriate action had been taken. Satisfaction surveys were distributed annually to relatives of people who used the service and relevant professionals.

We were advised that there were regular networking meetings held for registered managers within the provider's services to share good practice and explore ideas. However, the senior management team were not aware of updated sector guidance such as Registering the Right Support (RRS) which sets out CQC's policy on registration and variations to registration for providers supporting people with a learning disability and/or autism. This Guidance discusses the impact of RRS on inspections of relevant existing services.

People's demeanour indicated that they felt safe living at Flamstead End Road. Staff understood how to keep people safe. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines

were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued and received training to support them to be able to care for people safely. People received support they needed to eat and drink sufficient quantities and their health needs were catered for with appropriate referrals made to external health professionals when needed. Staff understood their role in protecting people's rights in accordance with the Mental Capacity Act 2005 (MCA).

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people's relatives had been involved in the planning of care where appropriate. Visitors to the home were encouraged at any time of the day.

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:

People's demeanour indicated that they felt safe living at Flamstead End Road.

Staff understood how to keep people safe.

People's needs were met in a timely manner by sufficient numbers of skilled and experienced staff.

The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training to support them to be able to care for people safely.

There was a programme of staff supervision in place.

Staff had completed relevant training and understood their role in protecting people's rights in accordance with the Mental Capacity Act 2005 (MCA).

People were provided with a varied diet and people were provided with appropriate levels of support to help them eat and drink.

Appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Is the service caring?

Good

The service was caring.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

The environment throughout the home was warm and welcoming.

Staff had developed positive and caring relationships with people they clearly knew well.

People's care records were stored in a lockable cabinet in order to maintain the dignity and confidentiality of people who used the service.

Relatives and friends of people who used the service were encouraged to visit at any time.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

People were supported with a variety of activities.

Concerns and complaints raised by people's relatives or external professionals were appropriately investigated and resolved.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality monitoring of the service had not always identified areas of shortfall and management of the service was not always robust.

Investigation into concerns raised with the service were not always robustly undertaken.

CQC had not been notified of some incidents that had the

potential to affect people's safety and well-being which meant we could not check that appropriate action had been taken.

Satisfaction surveys were distributed annually to relatives of people who used the service and relevant professionals.

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 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.

This inspection took place on 17 January 2018 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. We also reviewed the provider information return (PIR) submitted to us 23 March 2017. 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.

During the inspection we observed staff support people who used the service. We spoke with three staff members and two representatives of the provider's senior management team. Subsequent to the inspection site visit we spoke with relatives of three people who used the service by telephone to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority adult disability service. 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 due to their complex health needs.

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, recruitment records, medication records and quality audits.

Good

Is the service safe?

Our findings

People's relatives told us that people were safe living at Flamstead End Road. One relative told us, "Oh yes, [person] is definitely safe there. I visit without telling them I am going and have never had any concerns." Another relative said, "I do feel [person] is safe. They are very happy there, there has been a consistent group of people living there for some time which is nice."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm. A representative of the provider gave assurances that the service worked closely with the local authority safeguarding team.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from an armchair to a wheelchair. We noted that a senior staff member was observing this practice and encouraged the staff members to reassure and talk with the person throughout the procedure.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. Care plans stated, and staff confirmed that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

People's relatives and staff members told us that there were enough staff available to meet people's needs. Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their care and support when they needed it and wanted it. Staff went about their duties in a calm and organised way. However, a relative of a person who used the service told us that the deployment of staff may not always be appropriate to keep people safe. For example, where some people needed personal care early in the morning to help prepare them for going to the day centre it meant that there were not always staff around to supervise a person who was able to mobilise independently. This has meant that the person had a fall and it was not clear how long they had been lying on the floor before staff found them. We spoke with a member of the provider's senior management team and the local authority adult disability team who both confirmed they were in discussion to explore securing additional staffing hours to help support this

person safely.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People's relatives told us that people received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained.

The home was clean; records showed that staff had received training in infection control procedures and were able to demonstrate their competency in this area.

There were arrangements in place to support the staff and people who used the service in the event of any concerns out of hours. We were told that the management team ensured they were not all away from the service at the same time so that there were always senior people available to support the staff team.

We asked a staff member and a member of the provider's management team about how learning from incidents was shared through the staff team to help reduce the chance of recurrence. We were told that there had not been any incidents but that regular staff meetings were held and daily handovers and that was where information would be passed on. However, whilst reviewing a person's care records we noted an incident where an injury had occurred to a person who used the service. Staff told us that in response to this, minor amendments had been made to the person's care regime which meant that the chance of recurrence was minimised. Staff we spoke with had not recognised that this had been a safety incident.

Good

Is the service effective?

Our findings

People's relatives told us that the care and support provided at Flamstead End Road was appropriate to meet people's needs. One relative said, "[Person] does receive the care and support they need. They are taken to the GP as necessary but to be honest that doesn't happen much because they keep very healthy. If there is anything wrong staff will do what they need to do to sort it."

Staff received training to support them to be able to care for people safely. The area manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as epilepsy, autism, end of life care and dementia awareness.

The management team and staff confirmed that there was a programme of staff supervision in place. All staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a DoLS Application that had been authorised by the supervisory body, in this instance this was the local authority. There was a condition attached to state that the managing authority (In this instance the provider) must ensure that a mental capacity assessment was carried out and best interest decision made in relation to a person having bedrails to help prevent them falling from their bed. This condition was placed by the supervisory body because bedrails can be seen as a form of restraint as they restrict a person's ability to move freely. We could not find any evidence that a mental capacity assessment or best interest meeting had been undertaken in this regard. The area manager was not aware that this condition existed. This meant that we could not be confident that the service was working within the principles of the MCA. The area manager and the provider's representative assured us that all DoLS authorisations would be checked immediately for any conditions and acted upon.

All staff had completed relevant training and understood their role in protecting people's rights in accordance with MCA. The provider's senior management team 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. At the time of the inspection six applications had been made to the local authority in relation to people

who lived at Flamstead End Road and three were pending authorisation.

Despite the fact that people were not able to communicate their needs to staff we noted that in the majority of cases staff explained what was happening before they provided people's day to day care and support.

People were provided with a variety of food. Staff advised that people were not able to verbalise their choices and preferences but told that it was clear if people did not like the food they were being offered as they refused to eat it. The staff team at Flamstead End Road were an established group and had worked closely with people for an extended period of time so had an innate understanding of their likes and dislikes.

We observed the lunchtime meal and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind, discrete and considerate manner indicating that nothing was too much trouble.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs. For example, one person had recently lost their appetite and was starting to lose weight. Appropriate health professionals had been involved with the care and support of this person and their weight was being closely monitored to gauge if the support plan in place was appropriate to meet this need.

Records showed that people's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists. A relative told us how a person had been recently unwell and that staff had taken the person to hospital. The relative said this gave them confidence that the staff would take the right action to promote people's health and wellbeing.

However, one relative shared told us of a person's health need that had gone unnoticed despite staff members regularly providing the person with personal care. Once this was brought to the attention of staff the person was immediately supported to access a health professional. We discussed this with the provider's senior management team who confirmed they had worked closely with the staff team to understand why this matter had previously gone unnoticed. They were able to tell us of learning that had been taken forward to help ensure this did not happen again.

People's personalities and support needs were reflected in the home and in the decoration of people's personal rooms. People had access to outside space that had been assessed for risk and suitable communal space to receive visitors, relax and do activities. Specialist equipment was available as needed to enable staff to deliver safe and effective care and support.

Good

Is the service caring?

Our findings

People's relatives told us they were happy with the staff that provided people's care. One relative told us, "Staff are all very caring, they all seem pretty good to me." The relative went on to say, "[Person] is always laughing and smiling when I visit so I know they are happy." Another relative said, "The staff are very kind, caring and courteous."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our inspection we noted that staff were always courteous and kind towards people they supported. We saw staff approach a person and very discretely ask if they needed to use the toilet, we noted another instance where staff needed to know some personal information about a person's continence needs. The staff member approached a colleague and asked for the information they needed very quietly. This showed that staff promoted people's dignity.

The environment throughout the home was warm and welcoming. People's individual bedrooms were bright, fresh modern and personalised.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable receiving care and support from an established team of staff and management alike.

People's care records were stored in a lockable cabinet in order to maintain the dignity and confidentiality of people who used the service. We noted that the cabinet was locked when staff were not using it. However, on three occasions we were able to open the cabinet to access people's information without physically undoing the lock, staff were aware of this. This meant that people's personal and private information may not always be securely maintained. We brought this to the attention of the provider's representative who undertook to take the necessary action.

Relatives and friends of people who used the service were encouraged to visit at any time. We spoke with three relatives who visited people living at the home, they told us they were made welcome by the staff team.

Good

Is the service responsive?

Our findings

People's relatives had been involved in developing people's care plans where appropriate. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. A relative told us that the staff were good at keeping them up to date with important events in people's lives. One relative said, "I am always involved if I am needed they call me, they keep in touch."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, the care plan for a person who received their nutrition via a percutaneous endoscopic gastrostomy tube (PEG) provided clear detail for staff to follow to help ensure the person received their fluid, medicines and nutrition safely. Another care plan for a person who lived with epilepsy provided staff with clear information about how to recognise signs of an impending seizure and what actions they needed to take to promote the person's safety and wellbeing.

We noted one care plan that was not detailed and did not support staff to provide the person's care. The management team reported that this person's needs were changing on a daily basis at this time and that there was daily involvement and monitoring from the local authority adult disability service to help establish an effective plan of care. Representatives from the local authority adult care services confirmed their continuous involvement.

The service did not have care plans in place in relation to people's end of life care and it was not documented if people or their relatives had any specific wishes in this regard. We discussed with the management team that it was important for people and their relatives to make a plan for the end of life and the need to help people with learning disabilities to understand what is happening and to plan ahead. The provider's senior management team undertook to take this as an action point and to develop care plans for end of life.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

There were a variety of activities taking place during the course of the inspection. For example, one person sat at the dining table colouring, another person was watching television whilst another person went out for a walk with a staff member. We saw newsletters that informed the reader about summer parties and annual holidays. One relative told us, "[Person] goes out every day, they are always very busy." However, a further relative told us that they felt the lack of engagement and one to one activity was having a negative effect on a person's wellbeing and that they believed the person's health needs were escalating as a result. We spoke with representatives of the provider's senior management team and the local authority adult care service team who told us that arrangements were in hand to provide additional staffing hours to support this person.

Concerns and complaints raised by people's relatives or external professionals were appropriately

investigated and resolved. People's relatives told us that they would be confident to raise any concerns with the staff team. For example, one relative told us, "I raise things with [Name of senior staff member] if I have any concerns and I am very confident that they would take the proper action." Another relative said, "I think we would be confident to raise anything that was bothering us. [Name of senior staff member] has cared for [person] for many years and we would have complete confidence to speak with them if we had any concerns. However, we feel that [person] has been very lucky to have Flamstead End as their home, we have no complaints."

Requires Improvement

Is the service well-led?

Our findings

The provider's quality monitoring of the service had not always identified areas of shortfall and management of the service was not always robust.

For example, we found that people's personal and private information was stored in a cabinet that was not secure. Routine management audits had failed to identify that conditions attached to authorised deprivation of liberty applications had not been complied with. Audits had not identified that people did not have care plans in place in relation to their end of life care and that it was not documented if they or their relatives had any specific wishes in this regard.

We reviewed three recent infection control audits undertaken by the registered manager. These audits gave the name of a staff member that had been nominated as infection control lead for the home. We talked with this staff member and found that they not aware that they had been given this area of responsibility. We went on to discuss a matter that had been identified as requiring improvement at three previous infection control audits but still remained outstanding. There was no action plan to state what actions had been identified and in what timescales. We noted that bathrooms and en-suites required some attention where tiling and grouting was cracked or missing. These issues were acknowledged by the senior management team on the day of the inspection but had not been identified by the audit.

Investigation into concerns raised with the service were not always robustly undertaken. We had previously raised a concern with the registered manager about the management of people's personal finances and we followed up the outcome of the concern at this inspection. The investigation had found the concern had been unsubstantiated however, we found that some unsafe practice continued that had not been identified as part of the investigation. This indicated that the management of the concern had not been robust.

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. We found that CQC had not been notified of some incidents which meant we could not check that appropriate action had been taken. For example, records indicated that a person had been found on the floor and it was noted they had some bruising. The service had taken appropriate action in that they took the person to hospital to check that all was well however, CQC had not been notified of the incident. Other examples included where a person had received an injury as a result of gastric fluid leaking onto their skin and a person had been found to have an unexplained bruise. Actions had been taken to help ensure people were safe and comfortable and incidents had been reported to the local authority adult care services however, CQC had not been notified.

The provider's representative advised that they were confident that the service had been open and transparent in all aspects of care and had worked closely with local authority adult care services to help ensure that people's needs were met. However, the provider's representative had taken an action point from the inspection to review the overall governance of Grange Care services and they acknowledged that there was a need for the management team to be aware of "the need to see the bigger picture in terms of regulation."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We reviewed minutes of these meetings and noted that all aspects of people's lives and welfare were discussed at these meetings. However, the meeting notes did not confirm that practice issues, lessons learned and other matters relating to staffing were included. We discussed with the provider's representative that the meeting minutes did not evidence support provided for the staff team or indicate any inclusion, involvement or empowerment of the staff team in driving forward the quality of the service provision. The minutes appeared to the reader to be an overview of people's care needs. The provider's representative acknowledged this and advised that they had already identified it and were working towards improvements in this area.

Relatives of people who used the service knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "I am confident in the registered manager. You can always talk with him when he is there." Another relative said, "We met the new [registered] manager at the summer party, he seemed very pleasant."

The registered manager was away from the service at the time of this inspection. The senior management team attended the home to support the inspection and demonstrated an in-depth knowledge of the staff employed and of the people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive, warm and professional manner.

There were regular management meetings held between the registered manager and the area manager to discuss such issues as recruitment, the performance of the service and any matters arising. We were provided with a service improvement plan that detailed actions that had been identified to be taken by the registered manager to help improve the quality of the service provided for people. Actions included for all actions to any informal complaints to be recorded, for the registered manager to have an allocated time on shift to provide support, supervision and direction to the staff team and for the registered manager to provide an up to date list of planned maintenance and investment into the home. These areas were noted to be 'in progress' at the time of this inspection.

We asked how the management team kept up to date with changes to regulation and development of good practice within the care sector. A member of the senior management team advised that there were regular networking meetings held for registered managers within the provider's services to share good practice and explore ideas. However, the senior management team were not aware of updated sector guidance such as Registering the Right Support (RRS) which sets out CQC's policy on registration and variations to registration for providers supporting people with a learning disability and/or autism. This Guidance discusses the impact of RRS on inspections of relevant existing services.

Satisfaction surveys were distributed annually to relatives of people who used the service and relevant professionals. Once the completed surveys were received the registered manager produced a report of the findings which was shared with the staff team along with suggested actions. The report of the findings from a survey undertaken in September 2017 noted that people who used the service, their relatives, the staff team and external professionals were all satisfied with the care and support provided.