

Lifetime Care Development Limited

The Grange

Inspection report

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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

About the service

The Grange is a residential care home without nursing for five people who have learning adaptive needs/autism. At the time of this inspection there were five people living in the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who live in a service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning adaptive needs and/or autism to live meaningful lives that include control, choice and independence. People living in the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

People's experience of using the service and what we found

People and their relatives were positive about the service. A person said, "I like the staff and they're nice." Another person smiled and pointed in the direction of their bedroom when we used signed-assisted language to ask them about their home. A relative said, "I think The Grange is excellent. It's not posh but they completely understand my family member."

The outcomes for people living in the service reflected the principles and values of Registering The Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become as independent as possible.

People were safeguarded from the risk of abuse. People received safe care and treatment in line with national guidance from care staff who had the knowledge and skills they needed. There were enough care staff on duty and safe recruitment practices were in place. People were supported to take medicines safely and lessons had been learned when things had gone wrong. Good standards of hygiene were maintained and people had been helped to quickly receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The accommodation met people's needs, people's privacy was respected and confidential information was kept private.

People were consulted about their care, given information in an accessible way and supported to pursue their hobbies and interests. There were arrangements to quickly resolve complaints and people were treated with compassion at the end of their lives so they had a dignified death.

Quality checks were completed and people had been consulted about the development of the service. There was good team-work, regulatory requirements had been met and joint working was promoted.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement at our inspection (published 11 October 2018) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

The Grange

Detailed findings

Background to this inspection

The 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 http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png registered provider was 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the sole director of the company who ran the service and who was the registered provider. The registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection because some of the people living in the service could not consent to an inspector visiting their home. This meant we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the registered provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with all the people living in the service using sign-assisted language when necessary.

We spoke with three care staff, the deputy manager and the registered manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for three people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used by the registered manager to assess, monitor and evaluate the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to support staff to keep people safe from harm and abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Care staff had received training and knew what to do if they were concerned a person was at risk. A person said, "I like it here, it's home to me." A relative said, "I've no concerns about my family member being safe. It's like a big family there and it feels right."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People were supported to be as independent as possible by taking sensible every-day risks. This included safely using kitchen appliances.
- People who needed extra help due to having reduced mobility were assisted to transfer in the right way. When necessary, care staff helped people to get into/out of the bath and to use the shower.
- People were helped to promote their continence by correctly using aids prescribed by community nurses.
- A person said. "I get lots of help and the staff don't mind helping me."
- People had been helped to avoid preventable risks to their health and safety. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns.
- The service was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Using medicines safely

- People were helped to safely use medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines.
- Consideration had been given to whether people could be supported to manage their own medicines. All the people had chosen to have care staff do this for them.
- There were suitable arrangements for obtaining medicines to make sure there was enough stock. Medicines were stored securely and at the right temperature.
- Care staff had received training and we saw them administering medicines in the correct way so each person received the right medicine at the right time. A person said, "The staff give me my tablets and make sure I take them."
- There were additional guidelines for administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.

- The registered manager regularly audited the management of medicines so they were handled in the right way.

Staffing and recruitment

- The registered manager had calculated how many care staff needed to be on duty taking into account the assistance provided for each person. Records showed planned shifts were being reliably filled. We saw people promptly being supported to do a range of everyday activities. These included washing and dressing, using the bathroom, making themselves drinks and sorting out their laundry
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done so assurances could be obtained about their previous good conduct.
- References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only trustworthy and suitable people were employed to work in the service.

Preventing and controlling infection

- Care staff were correctly following guidance about how to maintain good standards of hygiene. A relative said, "This place is lived -in but clean like anyone's home."
- People were supported to keep their clothes clean. They were also supported to clean their bedrooms whenever they wished and to change their bed linen.
- Care staff were neatly presented and there were disposable gloves and aprons for use if people required close personal care.
- There was an adequate supply of cleaning materials. Fixtures, fittings and furnishings were clean as were mattresses, bed linen, towels and face clothes.
- Audits had been completed to check suitable standards of hygiene were being maintained.

Learning lessons when things go wrong

- Accidents, near misses and other incidents were analysed so lessons could be learned and improvements made. An audit tool identified what had happened and what needed to be done to reduce the likelihood of the same thing reoccurring.
- When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was arranging for a person to see their doctor if they appeared to have become unsteady on their feet due to being unwell.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One person had moved into the service since our last inspection and careful preparations had been made to introduce the person to their new home. They had visited the service and discussed their needs and expectations so a joint decision could be made about whether the service was the right place for them.
- The registered manager had also established what needed to be done to respect the person's protected characteristics under the Equality Act 2010. An example of this was asking the person if they needed support to meet their spiritual needs. Another example was establishing if a person had cultural requirements about the meals they wanted to have.

Staff support: induction, training, skills and experience

- New care staff received introductory training before they provided people with care. Care staff had also received refresher training to keep their knowledge and skills up to date.
- Care staff knew how to support each person in ways right for them. An example of this was a member of care staff responding appropriately when a person became upset and was at risk of placing themselves and people around them at risk of harm. The person was anxious because they could not recall when a family member was due to telephone them. The member of care staff quietly reminded the person when they usually received a telephone call resulting in the person becoming settled, smiling and going to make themselves a drink.
- Another example was care staff supporting people to maintain good oral hygiene by cleaning their teeth and attending regular dental check-ups. A relative said, "I'm sure the care staff are on the ball as I can see they know all my family member's little ways."

Supporting people to eat and drink enough with choice in a balanced diet

- People were helped to eat and drink enough. Most people had chosen to have their main meals prepared by care staff. However, some people went shopping for themselves and made their own snacks.
- Care staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The grub is great and we have takeaways sometimes."
- When necessary people were supported to manage their body weight. This included avoiding having too much sugary and high-fat food. Care staff recorded how much some people ate and drank so they could check that enough nutrition and hydration was being taken.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive coordinated care when they used or moved between different services. This included care staff passing on important information when a person was admitted to hospital.
- Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 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 make 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose what clothes they wanted to wear and what they wanted to do each day.
- When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example was the registered manager liaising with a person's relatives when it was necessary for them to receive significant dental treatment.
- Applications had been made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Adapting service, design, decoration to meet people's needs

- The accommodation was designed and adapted to meet people's needs and expectations.
- Each person had their own bedroom. People had been encouraged to personalise their bedrooms by decorating and furnishing them as they wished.
- There was enough communal space. Most of the accommodation was well decorated. Areas that required attention were being refurbished. The registered manager assured us these improvements would be continued until all parts of the accommodation were presented to a comfortable homely standard. A relative said, "Parts of the service are a bit tatty but it's the care that counts and the owner is doing a lot of repairs at the moment."

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Promoting people's privacy, dignity and independence

At our last inspection the provider had failed to consistently promote people's dignity and independence. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because a member of care staff had not always spoken to people in a kind manner. Some of the entries made in written records did not refer to people in a dignified way. Also, people had not always been supported to do things for themselves.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10. The member of care staff mentioned above had received extra training and guidance. Records had been reviewed and presented information in a respectful way. People were gently encouraged and supported to do things for themselves whenever possible.

- People were positive about the care they received. A person who had special communication needs smiled and held the hand of a member of care staff when we used sign-assisted language to ask them about their care. A relative said, "I can't fault the service because the staff are genuinely kind."
- People received care that promoted their dignity. Care staff spoke with people in a polite and respectful way. When they asked a question they waited for the person's response without rushing them.
- People's right to privacy was respected and promoted. Care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When care staff provided close personal care they closed the door and covered up people as much as possible.
- Communal bathrooms and toilets had working locks on the doors.
- The service had an internet connection that people could access in private from their bedrooms. Some people had their own mobile telephones and other people could use the service's business telephone in private if they wished.
- Equality and diversity were promoted. Care staff had received training and guidance about the importance of respecting choices people made about their identities and lifestyles.
- Private information was kept confidential. Care staff had been provided with training about managing confidential information in the right way. Written records that contained private information were stored securely when not in use. Care staff went into their office when discussing a person's care.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be actively involved in making decisions about things that were important to them as far as possible. An example was a member of care staff showing a person two cardigans they often liked to wear so they could choose between them. A person said, "It's up to me what I do each day. I go to bed when I want and chose about other stuff each day."
- All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. In addition, the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans were being regularly reviewed in consultation with each person so they accurately reflected people's changing needs and wishes.
- People received personalised care that was responsive to their needs. Some people needed more support than others. An example of this occurred when people came home from going out shopping with a member of care staff. Some people busied themselves taking things to their bedroom and making a drink while others looked to care staff to help them settle back into being at home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented to them in an accessible manner. Some parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics.
- There was a written picture-assisted menu and signs on communal bathroom and toilet doors. People had been supported to personalise the outside of their bedroom door so it was easier to identify which bedroom they occupied.
- Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details. The complaints procedure used graphics to explain how concerns could be raised and how they would be investigated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to keep in touch with their families. With each person's agreement the registered manager and care staff contacted family members to let them know about any important developments in the care being provided. A relative said, "I really appreciate being kept up to date by the staff so I know what's going on. It puts my mind at rest."
- People were supported to pursue their hobbies and interests. Each person had been supported to develop a calendar of vocational and social activities they wanted to enjoy. One person attended a local day

opportunities service to undertake courses in subjects such as literacy and horticulture. Care staff also supported people to enjoy a range of social activities including eating out and visiting places of interest. People had been supported to enjoy going on an annual holiday.

Improving care quality in response to complaints or concerns

- The complaints procedure reassured people about their right to make a complaint. A relative said, "There's an open feeling in the service and so a complaints procedure isn't really necessary because anything that crops up is quickly dealt with."
- There was a procedure for the registered manager to follow when managing complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. They told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
- Records showed the service had not received any complaints since our last inspection visit.

End of life care and support

- There were arrangements to support people at the end of their life to have a dignified death. This included asking people how they wished to be assisted and comforted.
- The registered manager understood the importance of respecting people's cultural and religious choices about how they wished to experience the end of their life.
- At the time of our inspection visit no one was receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the registered manager had not established all the systems and processes necessary to monitor and evaluate the running of the service. This had contributed to shortfalls in the service not being quickly put right.

At this inspection we found the registered manager had introduced additional quality checks in response to our concerns. These included monitoring more closely the way care staff respected people's dignity and promoted their independence.

- Other quality checks had also been completed in relation to the delivery of care, management of medicines, learning lessons from incidents, health and safety and the maintenance of the accommodation.
- People and their relatives considered the service to be well run. A relative said, "Yes, the service is very well run, it's organised but still feels like being a family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been invited to comment on their experience of living in the service. There were regular residents' meetings at which people had been supported to suggest improvements to the service. People had also been invited to give feedback on an individual basis. Suggested improvements had been implemented including changes to the menu.
- Health and social care professionals had been invited to give feedback about their experience of working with the service.
- The service subscribed to a social media platform that can be used by anyone to submit anonymous feedback of their experience of using the service. Recent posts on the website were all positive about the care and facilities provided in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and

assistance to support staff.

- Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team.
- Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had established a culture in the service that emphasised the importance of providing people with person-centred care. A relative said, "I'm certain the residents come first at The Grange and that staff are committed to doing the best they can."
- The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support.
- The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with personal care. They had made preparations to introduce changes being made to the administration of deprivation of liberty safeguards (DoLS).