

Grange Care Services Limited

Old Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Old Grange provides accommodation for up to seven people who have a learning and physical disability. It is not registered to provide nursing care. There were seven people accommodated at the home at the time of this inspection.

The inspection took place on 09 May 2016 and was unannounced.

When we last inspected the service on 27 July 2015 we found breaches of regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to maintain appropriate standards of cleanliness and hygiene, failed to operate effective systems and processes to assess and monitor their service and failed to ensure that enough suitably qualified, competent and experienced staff were deployed to meet the needs of the people who used the service.

Following the comprehensive inspection, the provider wrote to us on 03 September 2015 to tell us how they would make the required improvements to meet the legal requirements by October 2015. At this inspection we found that the provider had made the necessary improvements in relation to staff deployment and had made significant improvements in relation to the furnishings and some bathrooms. However, the lack of awareness within the management team about infection control and standards that we identified at this inspection meant that further improvements were necessary.

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

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

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

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

People's care and support was planned around their needs and decisions about their care were made in

consultation with family members and health and social care professionals. The provider had made arrangements to support people's relatives to raise any issues of concern. People's relatives were not always kept up to date with activities and events that took place in the home. People were provided with some opportunities for engagement but would benefit from more individual support to explore new opportunities for stimulation and engagement.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

Staff knew how to recognise and report abuse.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

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

The staff and management team had an understanding of their roles and responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to enjoy a healthy diet.

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

Is the service caring?

Good ●

The service was caring.

People were treated with warmth and kindness.

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

People were supported to maintain family relationships.

People's dignity and privacy was promoted.

Is the service responsive?

The service not always responsive.

People's relatives were not kept up to date with activities and events that took place in the home.

People were provided with some opportunities for engagement and were supported to go on annual holidays. However, people needed more individual support to be able to discover new opportunities for stimulation and engagement.

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

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

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service. However, the management team did not always have the necessary level of understanding to support them to monitor specific areas.

The atmosphere at the service was open and inclusive.

Requires Improvement ●

Old Grange

Detailed findings

Background to this inspection

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

This inspection took place on 09 May 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

Some people who used the service were not able to share their views about the service provision with us and some people were out of the home during the majority of the inspection. We spoke with four people's relatives subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We received feedback from a representative of the local authority health and community services. During the inspection we observed staff interact with a person who used the service, and spoke with one staff member, the deputy manager, the registered manager and a representative of the provider.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

At our previous inspection in July 2015 we found that the provider had failed to ensure that people were protected from the risk of infection because they had failed to maintain appropriate standards of cleanliness and hygiene in the home. The provider had sent us an action plan in September 2015 that stated appropriate actions had been taken to address the identified shortfalls.

At this inspection we found that the provider had made significant improvements towards the overall cleanliness of the home. For example, damaged furniture and soiled carpets had been replaced and repairs had been made to sealant and some tiling in people's bathrooms. Work had also been undertaken in the kitchen to help promote good infection control practice and communal areas had been 'deep cleaned' and paintwork had been repainted. Flooring to the communal toilet had been renewed and the net curtains in the lounge had been replaced.

We saw that equipment and hoists were clean and in good order and personal protective equipment such as gloves and aprons were available for staff to use as needed. Relatives told us they found Old Grange to be 'charming' because of its age and homely feel but one relative said they felt there could be more done to keep it maintained and appearing fresh.

At our previous inspection of Old Grange in July 2015 we had found that people who used the service were at risk because people who were not authorised to do so, could enter the building unobserved and unchallenged. At this inspection we found that the entrance to the garden at the rear of the property was secure and the back door to the house was locked. There was a notice to direct all visitors to the front door of the home where a door bell was available to attract staff's attention in order to gain admittance to the home.

Relatives of people who used the service gave us positive and complimentary feedback about the safety of the service and said that they had no concerns about the care and support their family members received. When we asked relatives if people were safe living at Old Grange one person responded by saying, "Absolutely, completely and entirely. If I didn't feel that way I would have done something about it."

The staff and management team demonstrated an understanding of how to recognise different types of abuse and how to report any concerns to outside agencies such as the local authority safeguarding team. Records confirmed that the staff team had received safeguarding training.

Risks to people's health and well-being had been identified and management plans were clear and available in the care records. These included risks relating to individual health conditions such as epilepsy, the risk of developing pressure ulcers and risks associated with being supported to transfer by means of a mechanical hoist. The risk management plans were routinely reviewed which ensured the management strategies continued to effectively reduce or minimise the risks.

The registered manager told us that staffing levels at Old Grange were effective to meet people's individual

needs, and that periods of sickness and annual leave were covered by the permanent staff team thus removing the need for agency cover. This meant that people consistently received their support from staff that were known to them. One member of staff told us that staffing levels were good and allowed them to have enough quality time when supporting people. The management team told us that there were three staff members on duty every morning to support five people to wash, dress and have their breakfast and prompt and encourage two more independent people to prepare for their day.

Staff only commenced work in the home when all the required recruitment safety checks had been satisfactorily completed. We looked at recruitment documents for two staff members and found that the recruitment process was robust and that the staff members had not been able to start work until the manager had received a copy of their criminal record check and satisfactory references. This helped to ensure that staff members employed to support people were fit to do so.

People's medicines were managed safely. Records showed that staff had received training to support them to administer and manage people's prescribed medicines safely. Medicine Administration Records [MAR] showed that medicines had been administered as prescribed. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with records maintained. This helped to ensure that people received their medicines safely.

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

Is the service effective?

Our findings

At the previous inspection of Old Grange in July 2015 relatives of people who used the service and social care professionals told us that some of the staff team lacked the language skills to communicate effectively with people. At this inspection the management team told us that this was an area that had been focused on during recent recruitment to help ensure that staff members could effectively communicate with people who used the service. People's relatives told us that there had been a marked improvement in this area since the last inspection and one relative told us that the staff team were now, "More obliging and friendly" than they had previously experienced.

On the day of the inspection we saw four people who used the service communicating with the staff and management team. They were confident to approach staff and it was clear that there was a two way understanding between people who used the service and the staff who support them.

At the previous inspection some relatives had shared with us that they did not think the staff team always had the knowledge of people's individual support needs and conditions to be able to provide effective support. At this inspection the management team told us that staff had received the training to give them the knowledge of conditions such as autism, epilepsy and behaviours that may challenge others. Records confirmed this and that basic core training had also been provided and updated including areas such as safeguarding vulnerable adults, infection control and moving and handling. Staff training was kept up to date and monitored by the registered manager in conjunction with the organisation's training policy and procedures. The registered manager told us that they were exploring additional training opportunities for the staff team to give them greater skills to manage behaviours that could challenge others. We noted that where people had very specific health conditions information was provided for staff to be able to easily access in people's care plans.

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

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. All staff had completed relevant

training and understood their role in protecting people's rights in accordance with this legislation. The 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. They had a clear awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty were lawful. The registered manager told us, "We have a duty to make sure that people are assessed in relation to their capacity to make day to day decisions and choices." At the time of the inspection four applications had been made to the local authority in relation to people who lived at Old Grange. At the time of this inspection one application had been authorised, one had been rejected and two were pending authorisation.

There was a four weekly menu that had been developed around people's choices. The management team told us, and we saw from records that people's cultural and religious dietary needs were supported. The kitchen had lowered worktops to support people to take an active part in preparation and cooking of meals. Two people who used the service required a pureed diet due to swallowing difficulties and we noted that they had received external support from a speech and language therapist (SALT). The management team told us that the whole meal was pureed as one and that they believed this to be as a result of SALT guidance. The management team agreed to check with the SALT to confirm if the elements of the meal could be pureed separately to maintain the individual tastes of the foods.

People were supported to attend regular appointments with health care professionals. These included appointments with a GP, dentist, chiropodist and an optician. Relatives of people who used the service were positive about how well people's health and support needs were managed. One relative said, "[Person] has good contact with the community dentist now as a result of good liaison between us, the management team and the key worker. This has worked well to the benefit of [Person's] dental well-being." Another relative confirmed that good healthcare support was provided and told us, "I accompany [Person] to pre-arranged appointments because I want to, they [staff] will support them to see the GP if they need to." This demonstrated that people were being supported to access a range of health care professionals ensure that their general health was being maintained.

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

Is the service caring?

Our findings

People's relatives gave us positive feedback about the caring attitudes of the staff members. One relative said, "We are very lucky with the staff, they really know and understand [Person]." They went on to say, "The key worker really understands [Person], they have a sense of fun and it is really lovely to see them together."

Where the people who used the service lacked the capacity to contribute to their plan of care we noted that family members had been involved. Relatives told us they had been invited to planning meetings and enjoyed being able to contribute to decisions about people's care and support needs. The registered manager told us that all people who used the service had family members that were involved with their care and support. There were no external advocacy services involved at the home at this time.

The atmosphere in the home was welcoming. Relatives told us that they were able to visit at any time and often visited without giving any notice. One relative told us that it gave them peace of mind because, "[Person] is very happy and settled at the Old Grange." The management team told us that people who used the service were supported to maintain family relationships. The service had the use of a mini bus and driver which meant that staff were able to support people to go home and spend time with their families.

We observed sensitive, respectful and kind interactions between the management team, staff members and the people who used the service. Staff and management had a good understanding of the support people needed and people were clearly comfortable and at ease with the staff who supported them. Staff were aware of people's body language and any sounds that they made which showed if they were unhappy or upset. For example, the provider's representative explained to us how one individual communicated to the staff team when they were not happy with something such as pulling away from the spoon in the example of a food that they did not want or like.

Staff treated people with dignity and respect. People were appropriately dressed and appeared well groomed. A relative told us that they found staff to be kind and caring. Another relative told us, "[Person] is always happy and is content to return to Old Grange."

Records relating to people's care and support were maintained in a lockable office to promote their dignity and confidentiality. We saw that people's own bedrooms were personalised with individual items and clearly reflected the personality of the individual.

Is the service responsive?

Our findings

People's relatives all told us that they were not always kept informed about life at Old Grange. People who used the service did not have the capacity to be able to make decisions for themselves about their health, finances and social needs and therefore their relatives advocated on their behalf. Relatives told us that staff contacted them in relation to people's health needs but that there was little communication about activities undertaken, outings planned and staff changes which meant they felt disengaged with people's lives. One relative said, "I think they could be better at communicating with parents. [Person's] key worker is very good about communicating with us about outcomes from dental and health appointments but we don't get to hear routine information about the home such as new staff members for example." Another relative told us that if they had a regular update from the service it would help them have topics of conversation to engage their relatives with when they met up. We discussed this with the registered manager who told us they had already identified this as an area for improvement and planned to create a regular newsletter with the help of the people who used the service. They said that they intended to email these out to families regularly and that the newsletters would cover such areas as activities undertaken, outings and trips, forthcoming events and staff updates. The registered manager also told us that they had met with people's relatives in the short time that they had been at the service and had established a good communication with them.

The management team told us that people's families were involved in developing their care plans. The registered manager also said when families visited they would discuss any issues that were important to them. People's care plans had been further developed since our previous inspection of this service. The information for staff had been developed in a more person centred format to provide detailed guidance for staff to follow. For example, a care plan relating to a person's personal hygiene needs stated, "Staff need to wipe [Person's] face with a wet face towel then turn [person] from side to side and wash the rest of their body with shower gel on a flannel." This level of detail helped to ensure that all staff provided consistent care and support in accordance with people's needs and wishes. Care plans and risk assessments were reviewed monthly to help ensure that they continued to meet people's needs.

People had regular access to activities in the community. People had individual interests, such as one person went to music therapy and others enjoyed artwork and reading. Some people were involved in volunteer activities in the local area. For example, working at a supermarket and a charity shop.

We were told that people enjoyed attending a gardening project where they had a picnic lunch one day a week and visiting day centres and church groups where they were able to meet friends and socialise. We were told of this year's annual holiday that had been chosen collectively by the people who used the service and had been arranged in two groups in order to better cater for people's different levels of ability. The registered manager told us that in-house activities included baking sessions that were planned for Fridays where people were supported as much as they wished and needed to make cakes for afternoon tea. We noted that much of the activity provision in the home had been arranged on a group basis such as outings in the minibus, the gardening project, massage and relaxation and baking on a Friday. The registered manager told us that this was historical and that people had enjoyed doing activities and sharing holidays with the people that they had lived with for many years. People's activity planners submitted as evidence following

the inspection showed that people undertook some activities on an individual 1:1 basis. However, these planners did not reflect that people were being given the opportunity to expand their horizons and experiences in order to enjoy full and active lifestyles as possible.

We were provided with minutes of regular meetings took place to support people to make choices and be involved in the running of the home. The notes stated that people were happy to be living at the Old Grange and thanked the staff for the support they received in such areas as arranging annual holidays and transport to attend activities outside the home. The minutes confirmed that the staff team tried to encourage people to be actively involved in making suggestions about new activities or outings they would like to do but it was clear that more 1:1 support was needed to achieve this. The management team told us that this was an area that was under further development with the staff team at this time.

The provider had a complaints policy and procedure in place to support people who used the service, relatives and other stakeholders to raise any issues of concern. A relative of a person who used the service told us that that they knew how to raise concerns and said, "I am confident that they would take any concerns I raised very seriously."

We discussed with the management team how everyday 'grumbles' were captured in order to support improvements. At the time of this inspection there was no process in place to log minor day to day issues raised verbally with the staff team. The registered manager told us that staff recorded in daily records any concerns that were raised by people who used the service. They went on to say that they reviewed the daily records and managed any issues raised in line with the complaints policy where appropriate. The registered manager undertook to start a log that would enable them to have an overview and identify trends of day to day issues that may concern people who used the service.

Is the service well-led?

Our findings

At our previous inspection of Old Grange we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of effective monitoring systems, poor response to feedback and delays in taking remedial action.

Previously we had found that where shortfalls had been identified through the registered manager's and provider's routine audits, they had been itemised on an action plan. However, the action plans had not included detail of the actions to be taken, the timescale for the issues to be resolved or who would be responsible for this. This meant that there had been no systems to monitor progress against action plans to improve the quality and safety of the service. Action plans we reviewed at this inspection showed a clear trail of when they had been identified and who was responsible for taking actions to address the issue and in what timescales.

Previously we had found that issues identified during the provider's audits had been carried forward from month to month with no agreed date for completion. At this inspection we reviewed a provider's audit and noted that the action plans had dates for completion of tasks and the name of the person allocated to undertake the task.

Previously we had found that there were regular meetings arranged to provide the staff with the opportunity to contribute to the running of the home. We had reviewed minutes from the meetings and found there was nothing to confirm that the staff team had been encouraged to be involved and bring ideas to improve the service. At this inspection we reviewed minutes of two recent staff meetings and found that they continued to focus on areas such as maintenance issues, staff training matters and responsibilities alongside health and welfare issues of people who used the service. However, staff told us that the registered manager was open and approachable and they did not feel that they needed a formal forum to bring forward ideas for improvement. We discussed with the management team ways of capturing ideas put forward by the staff team as this would provide positive evidence that they were involved in driving forward the standard of service provided at Old Grange.

We found that whilst the provider had addressed areas we had highlighted at the previous inspection there were some areas of the home that had not been maintained to appropriate standards and that had not been identified through routine audits. For example, where items had been previously fixed to walls in people's bathrooms and had been removed there were holes left that had been filled with rawl plugs and grout. This did not leave a 'wipe clean surface' appropriate for cleaning in line with control of infection guidelines. A drain cover in a person's ensuite wet room had been cemented into place. This meant that the drain cover could not be lifted for effective cleaning and the wipe clean flooring was compromised by the rough surface produced by the cement. We discussed this with the management team and it was clear they did not have the relevant knowledge and understanding in this specific area to be able to undertake effective audits. The management team undertook to access external professional advice and guidance immediately following this inspection.

Current best practice guidelines state that people who use services should receive the individual support they need to make meaningful choices in all areas of their lives. This would include areas such as the food people eat and being part of the planning, shopping and cooking process, involvement in choosing the staff that provide their support as well as having individual leisure activities according to their individual needs, skills and interests. The registered manager acknowledged that the philosophy of the service needed to be further developed to encompass current best practice guidelines in relation to individual choice and involvement.

There had been a change of registered manager at Old Grange since the previous inspection in July 2015. The current registered manager had been in post since February 2016 and had registered with CQC in April 2016. The registered manager told us that they had contacted relatives of people who used the service in order to introduce themselves and to start to build a relationship with them. People told us they were confident in the management structure within the service from the provider's representative (Director of Care) to the registered manager and deputy manager. One person said, "[Director of Care] has my total confidence and support. They have always been available, approachable and open minded."

A quality assurance survey involving the views and opinions of the relatives of people who used the service had been undertaken in July 2015. The management team told us that further satisfaction surveys had recently been distributed however, they had received a limited response to date. The management team also told us that they were members of a local care provider's association and were considering commissioning an independent satisfaction survey through them. They said this would be in order to give them the re-assurance that the service they provided was safe and that people were happy with the care and support they received.

The local authority had conducted a quality monitoring visit in October 2015, the provider's representative shared the action plan that had been developed in response to this visit. This showed that all required actions had been completed in a timely manner. For example, the action plan stated that training relating to safeguarding matters, deprivation of liberty standards and other basic core training needed to be prioritised for the new staff with immediate effect. We noted that the training had been provided in October 2015. This showed that appropriate actions had been taken in a timely manner in response to the local authority external monitoring process.

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

The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice.

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