

Grange Residential Homes Limited

The Grange Residential Home

Inspection report

The Grange
30 Vinery Road
Bury St Edmunds
Suffolk
IP33 2JT

Tel: 01284769887

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08 November 2017
16 November 2017

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Grange Residential Home is a residential care home that provides accommodation and personal care for up to nine people who have a learning disability. There were eight people living in the service when we inspected on 8 and 16 November 2017. The inspection was unannounced on the first day. On the second day we arranged with the registered manager the date that we would return as we wanted to speak with people who lived at the service at this was when they were at home.

At the last inspection in July 2016 the service was rated as 'Requires Improvement' in three of the key questions we ask and overall. At this inspection we have continued concerns in a number of the key questions. The service has been rated 'Requires Improvement' in three of the key questions and as a result overall again.

The Grange Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Grange Residential Home accommodates up to nine people in a house which was situated in a residential area of Bury St Edmunds, Suffolk.

The care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People did not live in an environment that valued and underpinned the best practice guidance.

There was a registered manager in post at the time of our visits. The registered manager was also the provider and the owner of the company Grange Residential Homes Ltd who runs the home. 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 provider and registered manager has been referred to as the registered manager throughout this report.

Staff did not always encourage choice and independence for people by providing opportunities for people to increase their independence. People did not always receive personalised care that was responsive to their needs. Quality assurance systems in place had not identified areas where we found concerns, and therefore these needed improving.

There were sufficient staff deployed to support people with their personal care and their preferred activities at home and in the wider community. Staff had an understanding of abuse and safeguarding procedures. They were aware of how to report abuse as well as an awareness of how to report safeguarding concerns

outside of the service. Staff undertook safeguarding training providing them with knowledge to protect people from the risk of harm.

People's medicines were administered safely by staff who were trained to do so, and medicines were stored securely. Risks to people and the environment were assessed but not always and reviewed and updated in a timely manner. Staff knew people very well which helped to mitigate against any risk assessments not reviewed.

People's right to make decisions about their care was respected and those people, who lacked capacity to make their own decisions, had been appropriately supported under the principles of the Mental Capacity Act 2005.

People received a service that was caring. The registered manager and staff knew people very well and supportive. Staff treated people with dignity and respect. People were offered a range of activities both at the service and in the local community.

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

Sufficient numbers of staff were available to meet people's individual needs.

People were receiving their medicines safely.

Risk assessments were in place but required updating and reviewing, mitigated only by the staff detailed knowledge of people.

Is the service effective?

Good ●

The service was effective

Staff received training in order to support people and were supported through regular supervision.

People were supported to maintain a healthy, balanced diet.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's independence was not always promoted.

People had developed positive relationships with staff who knew them well and understood their needs.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans did not always reflect people's changing needs and were not up to date.

Opportunities were provided to help people pursue social interests and take part in activities.

There was a complaints system in place and people felt able to raise concerns.

Is the service well-led?

The service was not consistently well-led.

The service lacked appropriate governance to ensure that people were supported in a person centred way.

People were supported by a dedicated team of management and staff.

Requires Improvement 

The Grange Residential Home

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 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.

This inspection took place on 8 and 16 November 2017 and was unannounced on the first day. The inspection team consisted of one inspector and an expert by experience on the first day and one inspector on the second day.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of two people in detail to check they were receiving their care as planned. We also looked at records including, training records, meeting minutes and management records.

On the day of the inspection visit we spoke with six people who used the service. Not all people who used the service were able to tell us verbally about their experience of care. We used observation to help us understand people's experience of the care and support they received. We spoke with five members of care

staff, the deputy manager and the registered manager. We also spoke with relatives of three people currently living at the service. After our visit we received feedback from a healthcare professional.

Is the service safe?

Our findings

At our last inspection in July 2016 this key question was rated Requires Improvement. This was because we were concerned that whilst risk assessments were completed action was not taken to minimise the risk and some risk assessments had not been reviewed. At this inspection we found some improvements had been made and we have now rated this key question Good.

We spoke with six people who were living at The Grange. Everyone told us they felt safe in their home. One person said, "I feel safe here. I'm not worried about anything, I like living here." Another person told us, "Staff are nice here; they never get angry with me."

The registered manager and deputy manager had systems in place to help protect people from the risk of abuse and avoidable harm. People's relatives told us they felt their family member was safe living at The Grange. One relative said, "I don't have to worry, [person] is totally safe here."

Many of the people using the service required assistance from staff to ensure their safety. Most risk assessments were up to date and improvements had been made in this area since our previous inspection. Staff were able to give examples of specific areas of risk for people and explained how they worked with individuals to help them understand the risks.

Checks were carried out to ensure that people who used the service were living in a safe environment. Portable Appliance Testing (PAT) and servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, a fire risk assessment was in place and completed in the past year. Appropriate fire safety checks and fire drills were carried out, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who lived at the service.

We discussed staffing levels with the registered manager and deputy manager. Staffing levels depended on the needs of the people who used the service and were covered around people's activities. There were occasions when agency staff were needed to cover gaps in the rotas however the service used a pool of five regular agency staff. The registered manager told us that the five agency staff had worked at the service for a number of years on a 'when required basis' and that they also were the same staff that worked at the day service that a number of people attended during the day. This ensured continuity of care for the people who used the service.

There had been no recent changes to the staff team. The service had a very low turnover of staff and no new staff had been recruited since our previous comprehensive inspection. The registered manager assured us recruitment practices remained the same and therefore we did not look at this area in detail. We will continue to monitor this at our next inspection.

Medicines were stored securely and at safe temperatures. Accurate records were maintained of medicines administered and we saw that people received their medicines as their prescriber intended. Regular stock checks were undertaken, and the audit checks we undertook on the day of the inspection showed all

medicines were accounted for. Protocols were in place instructing staff about when to give people their 'when required' medicines. There were systems in place to ensure safe disposal of unused medicines.

People were protected from the risks associated with infection. The premises were clean and staff had personal protective equipment, such as gloves, to reduce the risks and possibility of cross contamination. There was an infection control policy and the staff received appropriate training in infection control and food hygiene.

We found that the registered manager had ensured that lessons were learned and improvements made when things had gone wrong or people's needs had changed. These actions included practical measures such as a person being provided with a bedroom downstairs in order that they could still access their bedroom despite their challenges with their mobility.

Is the service effective?

Our findings

At our last inspection in July 2016 this key question was rated Requires Improvement. This was because we were concerned that staff did not all receive the training they needed to carry out their roles and formal supervision of staff was not in place. We were also concerned that staff knowledge of the Mental Capacity Act 2005 (MCA) was not good and the service had not always operated in accordance with the legal framework of the MCA. At this inspection we found improvements had been made and we have now rated this key question Good.

The majority of people living at the service had done so for many years, two people for over 30 years. The most recent person to move in had done so sixteen years ago. This meant that the assessment of people's needs had been completed a long time ago. It was clear from the consistent staff team that staff had a good understanding of people's support needs and their communication preference. All of the staff we spoke with told us it was important to people that there was a consistent approach to communication. Staff spoke clearly to people and at the pace appropriate to the person.

People could be confident that they received support from staff that had the training and experience to meet their care needs. Staff had access to training and following our last inspection the registered manager and deputy manager had made contact with the local authority provider support team who had supported and signposted them to access some additional training. One member of staff told us, "We've [staff] have just done more training, new training. We did [sign language] and some other training where we wore glasses to understand what it is like to be blind. I also did some MUST training (MUST is a nutritional screening tool screening tool to identify adults, who are malnourished, at risk of malnutrition or obese). If we see training we need, they [management team] will always consider it."

Staff spoke positively about the support and supervision they received and told us improvements had been made. One member of staff said, "We have supervision. This is now a visual supervision as well. If the managers see something good or a concern with staff practice they tell you about it straight away so you know, that way it can be put right if needs be." Supervisions provide an opportunity for management to meet with staff, give feedback on their performance, and identify any concerns, and offer support and learning opportunities to help staff develop.

People told us they enjoyed the meals and drinks provided in the home. One person told us, "I think the food is very nice." People did not have access to the main kitchen at their home. The main meals were prepared and cooked by a chef or staff member although there was a kitchenette area adjoining the dining room where staff told us people were able to prepare their own snacks and drinks. People told us they were included in choosing the meals and planning the menu for each week.

People were supported to access health services as they needed. They were supported by a range of appropriate services such as their GP, dentist and occupational therapy. Staff we spoke with had a good understanding of people's individual healthcare needs and told us that they always supported people in hospital to ensure their needs were understood and met.

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.

We spoke with staff and observed their practice and approach when supporting people. Staff had a more comprehensive understanding of the MCA than when we last inspected the service. They told us that they had attended training on the MCA and were aware of the implications. We heard people being asked verbally for their consent prior to staff supporting them, for example before assisting them with their care tasks. One member of staff told us, "The only rules here are the ones people set themselves. We always ask people what they would like, it's about them." The registered manager had applied for DoLS authorisation when this was appropriate and in line with the legislation and was awaiting approval from the local authority for DoLS authorisation when this was appropriate and in line with the legislation and was awaiting approval from the local authority.

We found that people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. Adaptations had been made to provide a ground floor level bedroom for one person who had previously had a room upstairs but whose mobility needs had changed. This person was finding it difficult to access bathing facilities and as such the registered manager had made a referral to the occupational therapy services to seek alternative options.

People's diverse needs were being met through the way the premises were decorated. People's bedrooms had been personalised and reflected their individual choices and preferences. One person showed us their room and told us about their choice of décor. Another person had a large selection of models they had made and these had been displayed on shelves around their bedroom. We noted that the carpet in one person's bedroom was extremely worn and stained. The registered manager told us that this person chose to not have their carpet replaced.

Is the service caring?

Our findings

At our last inspection in July 2016 this key question was rated Requires Improvement. This was because we were concerned that whilst the service was caring staff did not always uphold people's rights. We also found that there had been a mixed approach by staff to respecting and promoting people's independence. At this inspection we still had concerns about the promotion of people's independence. We have rated this key question requires improvement again.

There was a continued mixed picture with regard to how people's independence was promoted. There was a strong family centred feel to the home which both staff and people's relatives told us about. The caring nature of the registered manager and staff team was clear however the caring often overtook the promotion and support of people's independence and rights to develop their own skills. There were some restrictive practices in place. For example, we saw that on the kitchen door there was a notice stating that people were not allowed to enter the kitchen. This rule was attributed to health and safety and food hygiene reasons however it also prevented people becoming involved in their meal preparation and did not enable them to develop independence in this area.

People had their meals served to them from the main kitchen. These were ready plated including simple snacks such as sandwiches. There was a kitchenette area adjoining the dining room which we were told people could use to prepare drinks and snacks however we did not see people using this area. One person told us, "I can get drinks or [food] treats when I want but I have to ask permission [from staff]." On one occasion one person stood up and asked to get some cake only to be told to sit down again and wait until other people were ready to eat. We asked the registered manager about this approach and they told us that this person would eat fast and rush their food if permitted to access it themselves. Another member of staff told us, "People know they can ask. They only have to ask and the food is given to them." We found that this was a missed opportunity to support people to develop their skills and independence.

Despite some people being at home and sitting at the dining table, a member of staff sat at one end of the same table folding laundry belonging to all of the people living at the service. There were no attempts to include people in this household task or to promote their independence in this area.

People's choice and preferences were not always promoted. A notice displayed on the wall in one of the staff areas instructed staff to ensure that one person was always woken at 06:45 in the morning with a drink. The purpose of this was, 'in order for everyone to enjoy breakfast in peace without having to listen to [person] moaning and shouting. This is [persons] daily routine'. This guidance for staff was not respectful of the person and neither was it supportive of the person's right to choose when they wished to get up in the morning.

People we spoke with were very positive about the care and support they received from staff. One person said, "I can go to staff if I have a problem. [Staff] is a kind lady and she'll always do her best to help me." Another person told us, "The staff are nice and they help me."

People's relatives were also complimentary about the caring nature of the staff. One relative told us, "The care is more than I could ever wish for here. Staff are marvellous." Another relative told us, "I don't think we would find another care home in the whole of Suffolk like it here."

People looked comfortable in the presence of staff. It was very clear staff knew people very well and as such they were able to share lots of memories and tell stories of events in the past together. People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness.

People received their personal care support in private. People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. One member of staff told us, "We [care staff] always ask permission to go into people's rooms. We always knock and wait. When I take someone a cup of tea first thing in the morning, if I knock and they don't answer I leave the tea on table outside their room."

Staff spoke of their fondness for the people they cared for and all stated they were very happy working at the service. One member of staff told us, "It's not work here, it's a second home." Another member of staff said, "I love [people] here. To be able to care whilst preserving people's dignity and give them choice is so rewarding."

Is the service responsive?

Our findings

At the last inspection in July 2016 the key question of Responsive was rated good. At this inspection it has been rated requires improvement. This means that we had concerns at this inspection that we didn't have at the previous inspection.

Care records we looked at lacked detail to enable staff to understand people's needs; they did not clearly set out how to support each person so that their individual needs were met. Whilst each person had a care plan in place the information within these was often dated and not current. Within one person's care plan there were a variety of documents that had not been reviewed, some dating back to 2004.

Where some people had established personal goals there was no practical plan to how these were going to be realised and fulfilled. One person had an overall long term aim, set in 2015, to 'work towards promoting independence working towards possibly living in the community'. There was nothing within the persons care plan about how they were being supported to achieve this aim and no reviews of any progress steps made. We found out from staff during our visit that over the past year this person's health needs and mobility had changed and that they now were reliant on a lot of staff support. This was not reflected in their care plan and we saw no opportunities for the person to enhance their independent living skills.

The registered manager told us that improvements needed to the care plans had been identified by the local authority during peoples' care reviews in 2016 and that she was waiting for the authority to help with updating them, however she had the templates ready to start completing. We discussed with the registered manager their role in ensuring that people had individual care plans in place that were up to date and person centred. They told us that they would go ahead and start implementing care plans.

It was apparent that due to the long serving and consistent staff team, staff knew peoples' needs well; however this knowledge of peoples' individual care needs was not supported by clear guidance to ensure consistent care and the promotion of people's independence. We will follow this up at our next inspection.

Each person had a 'hospital passport' that included a range of information about their specific health needs and support they may like if admitted to hospital. The information within these documents was not dated so it was not possible to ascertain how up to date and relevant it was. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital. Staff told us that they always accompanied people to hospital appointments to ensure consistency.

People were supported to maintain hobbies or activities they enjoyed. People had some set and some flexible activities. The majority of people went to organised day care activities based in the local community as well as attending other activities arranged. People told us it was their choice whether they took part in the activity or not and what they did. One person said, "If I don't want to go I don't have to." Another person told us, "I can stay in my room if I want to and listen to music." A third person said, "I like listening to music and singing. We have games and I watch videos."

We looked at how the provider managed complaints. There was 'concerns and complaints procedure' in place for dealing with complaints. People's relatives that we spoke with told us that they would feel comfortable to raise any complaints or concerns with the staff or registered manager. Records showed the service had not received any formal complaints in the last 12 months.

There was no one receiving end of life care at the time of our inspection. People were receiving care and support to help them with health and physical conditions associated with them getting older however no one was at the end of their life or receiving palliative care.

Is the service well-led?

Our findings

At our last inspection in July 2016 this key question was rated 'Requires Improvement'. At this inspection we have rated this key question requires improvement again and overall the home is rated 'Requires Improvement' again.

There was a registered manager in post at the time of this inspection. The registered manager was also the provider and owner of the home. They had worked at the service for the past 29 years, 14 of which had been as the manager. One person had lived at the service for 31 years, another for 30 years and the most recent person to move in had lived there for 16 years. Staff were consistent and stayed working at the service for a number of years, several staff members were family members of the registered manager.

At our last inspection in July 2016 we were concerned that whilst the service operated on a family model which had many benefits, boundaries were sometimes blurred. We were also concerned that the registered manager took on a parental role which whilst well-meaning was not always appropriate. At this inspection we saw that some improvements had been made but further changes were needed to move the service forward and fully implement a person centred approach. Staff we spoke with all described the service as an extended family with one member of staff saying, "[Registered manager] is like the mum here. She's [people's] rock, always there to pick up the pieces." A healthcare professional told us, "The management team are aware of the need to change and move forward with the times."

We saw that there had been some improvements since our last inspection. The registered manager had a detailed action plan in place that was being worked through, however further work around the promotion of independence needing embedding into practice. The registered manager had been working with the local authority provider support team where some progression had been noted. A healthcare professional told us, "The home has some way to go in moving forward with improvements of which the management team are aware of, the home now have a robust improvement plan in place which is reviewed and actions taken." The registered manager had recognised since our last inspection, the possible conflict of interest due to their own relatives being employed at the home. As a result they had implemented a system where their own family members were line managed by the deputy manager who was not related. Staff told us this was working well.

There were no structured processes in place for regularly auditing support plans or other records relating to people's care. The registered manager told us that she was aware people's care plans needed an overhaul and updating however she had been waiting for nearly a year for the local authority social work team to help with this. We discussed with the registered manager their responsibility for ensuring that the service worked with people to ensure their care records were up to date and they agreed to commence this piece of work. We found the concerns we have highlighted within this report were either not identified through the monitoring systems or appropriate action had not been taken to address these in a timely manner.

It was clear that the registered manager was very committed to the care of the people who lived at the home and was knowledgeable about people's histories, families and support. Relatives we spoke with were

complimentary about the management of the service and how it was it was run. One relative told us, "It's more than I could ever wish for."

Staff we spoke with described team work as good. They told us that they felt their colleagues and the management team were supportive. One member of staff said, "There is nothing [registered manager] wouldn't do for people here, whatever they need. It's not just a business, it's a passion."

There was a process in place for gathering feedback from people, their relatives and stakeholders using quality assurance questionnaires. This meant that people's relatives had the opportunity to put forward their views and opinions about the service. The last quality assurance questionnaire had been carried out during April 2017 where positive feedback about the service had been submitted. We saw relatives comments included statements such as, 'They always go the extra mile' and 'In the many years my relative has lived there I have nothing but praise'.