

# Grange Care Services Limited

## Old Grange

### Inspection report

College Road,  
Cheshunt  
Herts EN8 9LT  
Tel: 01992 633694  
Website: [www.grangecareservices.com](http://www.grangecareservices.com)

Date of inspection visit: 27 July 2015  
Date of publication: 18/08/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 27 July 2015 and was unannounced.

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.

When we last inspected the service on 16 June 2014 we found that the provider had failed to maintain appropriate standards of cleanliness and hygiene. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken some steps to improve the standards of cleanliness and hygiene but that some shortfalls still remained.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

# Summary of findings

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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to four people who lived at Old Grange and were pending authorisation.

People and their relatives felt that people were safe living at the Old Grange. However, security measures did not ensure that unauthorised people could not enter the home unobserved. Risks to people's health and well-being had been assessed and were routinely reviewed. New staff members were safely recruited. People's medicines were managed safely.

The staff team had received training in such areas as moving and handling, first aid, infection control, epilepsy awareness and safeguarding. However, training had not been provided to give the staff the knowledge about individual's specific health conditions. Staff did not always have the skills necessary to communicate effectively with the people who used the service. People enjoyed a varied healthy diet and their physical health needs were 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 be involved in decisions about their care and to visit at any time. People who used the service were actively supported to maintain family relationships. Staff promoted people's dignity and treated them with respect.

People's care and support was planned around their needs and they, along with family members and professionals, were involved in decisions about their care. However, care plans did not provide detail to support the staff to provide personalised consistent care. People were provided with various activities to engage with however, people's relatives felt that more could be done to stimulate people on a personal level. The provider had made arrangements to support people and their families to raise concerns.

The manager and provider had systems to continuously check the quality of the service provided. These needed further development to ensure they were effective.

At this inspection we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not always safe.

People could not be confident that unauthorised people could not enter the home unobserved.

People and their relatives said that people felt safe living at the Old Grange.

People were supported by staff who had been safely recruited.

People's medicines were managed safely

**Requires Improvement**



### Is the service effective?

The service was not always effective.

People received support from a staff team did not always have the necessary skills and knowledge to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

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.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

People's relatives were encouraged to be involved in decisions about their care and to visit at any time.

People who used the service were actively supported to maintain family relationships.

People's dignity and privacy was promoted.

**Good**



### Is the service responsive?

The service was not always responsive.

People's care plans did not provide staff with sufficient detail to support the provision of consistent person centred care.

People were supported to be involved in decisions about their care as much as possible.

People were supported to engage in a range of activities.

**Requires Improvement**



### Is the service well-led?

The service was not always well-led

**Requires Improvement**



# Summary of findings

The provider's arrangements to monitor the quality of the service were not effective and failed to drive forward improvements.

People had confidence in the manager.

# 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 27 July 2015 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.

During the inspection we observed staff support people who used the service, we spoke with three people who used the service, one staff member and the manager. Subsequent to the inspection we spoke with five relatives by telephone to obtain their feedback on how people were supported to live their lives. We received feedback from a healthcare professional and three representatives from the local authority social working team. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records for 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 June 2014 we identified 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. The provider had sent us an action plan that stated appropriate actions had been taken to address the shortfall in June 2014.

At this inspection we noted that a previously identified soiled and damaged carpet on the first floor landing had been replaced with laminate flooring and records showed that the whole staff team had undertaken infection control training in April 2015. We saw that equipment and hoists were generally kept clean and in good order however, one hoist viewed was overdue for a service. The manager had developed an infection control audit that was undertaken monthly. The audit addressed areas such as supplies of personal protective equipment, handwashing facilities and furnishings, walls and work tops to ensure that they were in good order and therefore able to be cleaned.

Whilst it is acknowledged that some actions had been taken to improve the standard of cleanliness and hygiene in the home some shortfalls remained in this area. For example, the leather effect sofa in the second lounge had ripped arms and a hole in the cushion and the leather effect armchair was breaking out at the seams. This meant that this furniture could not be wiped clean and was therefore an infection control risk. We noted in some bathrooms there were cracked wall tiles which presented an infection control risk. The kitchen had an unpleasant smell which people who used the service told us had improved greatly because it had been much worse a few days prior to the inspection. We noted that sealant joining the kitchen work units to the tiled wall was coming away and presented an infection control risk.

Some communal areas of the home were not clean. There were dirty finger marks on doors, the floor in communal toilet was not clean. The net curtains were grey and despite some refurbishment that had taken place earlier this year, the environment was 'tired'. The manager told us that the service did not have dedicated cleaning staff but that night staff had a cleaning schedule and that staff also generally, "Clean as they go."

Relatives told us that they found the home to be generally shabby and unkempt. One person told us they thought it appeared, "Grubby and dull" and that it wasn't a nice place for people to spend their time.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person who used the service told that they felt safe at the service and that staff helped to keep them safe. For example they told us, "They remind me to keep away from the flame on the cooker so I don't burn myself when I am cooking." Relatives told us that they believed people were safe living at Old Grange. A social worker from the community learning disability team told us, "I have had no concerns in relation to the safety and care provided to service users who reside at the Old Grange."

When we arrived at the Old Grange on the morning of the inspection there were three support workers and the manager on duty. We were able to enter the home and talk with people who used the service without any staff members being aware we were there. Three relatives and a social worker confirmed that they had been able to enter the home at will at various times and that sometimes there were no staff in the communal area to acknowledge their presence in the home. Relatives also confirmed that the back gate had been broken for some time which meant that people could easily gain access to the back of the home. This meant that people who used the service may be at risk because people who were not authorised to do so, could enter the building unobserved. We brought this to the attention of the manager who acknowledged the risk and instructed staff to lock the doors. Later, when we came to leave the building we noted that the door was secured and the key was in the lock on the inside so that people were able to leave the building but no-one could enter without permission.

Records showed that safeguarding training had been provided for the whole staff team in 2015. The manager reported that this had been face-to-face training delivered by an external training provider. The manager was able to clearly explain his responsibilities to the people who used the service and how he would report any safeguarding concerns. We asked a staff member what they would do in the event that they suspected abusive practice. However, the staff member on duty was new in post and had not yet attended the training so we were not able to confirm their

## Is the service safe?

knowledge and understanding. The person had been booked to attend the necessary training as part of their induction and the manager told us that there was always a senior person on duty at the home to support newly recruited staff.

Risks to people's health and well-being had been identified and management plans were clear and available in the care records. These included mobility assessments, risks relating to people accessing the community and use of bedrails and wheelchairs. The risk management plans were routinely reviewed which ensured the management strategies continued to effectively reduce or minimise the risks.

There were mixed views in regards to whether staffing levels were sufficient to meet people's needs. A relative told us they felt that there were not always enough staff members available to provide the care and support that people needed. They told us that their relative required prompting to maintain their personal hygiene but there had been occasions when they clearly had not received this support. They also said that the person required prompting and encouragement to keep their room clean but there had been occasions when family had visited and found the person's room to be a mess and had to spend time helping them to clean it up. On the day of the inspection we noted that people received their care as required.

The manager 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. One person who used the service was assessed as requiring one to one support 49 hours per week. Relatives told us that there were occasions when the staff member employed to provide the 1:1 support was included as part of the staff team for the home. This meant that the person did not always receive the one to one support to go out of the home. We discussed this with the manager who told us that the person was supported on a one to one basis and

that they chose to spend time doing activities of daily life with the other people who used the service. This included accompanying people in the minibus when they were travelling to their individual activities.

We were told that the service did not use any agency staff because most of the permanent staff lived local to the home and were able to be contacted to cover at short notice if needed. This meant that people received their support from staff that were known to them.

Some relatives told us that they felt there was a large turnover of staff at the home however others felt there was an established staff team. The manager reported that four new staff members had been recruited in the past 12 months and that there was a team of 12 staff members working at the home. We looked at recruitment documents for two staff recently recruited to the service. Records confirmed 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. A person who used the service told us that staff supported them with their medicines. They said, "The staff hand me my tablets for me to take." People's medicines were stored in a trolley which was locked in the manager's office when not in use. The manager reported that all staff members were responsible for administering medicines and that they had all received training to give them the skills and knowledge to do so. Records confirmed that 10 of the 12 staff employed to work at the home had attended this training in September 2014. The manager reported that the two newly employed staff would attend the relevant training before supporting people with their medicines. We viewed monthly audits of medicines and saw that there were no controlled drugs used in the service. We noted that boxes of medicines were not signed and dated to indicate when they had been opened. We discussed this with the manager who noted this area of good practice as an action for improvement.

# Is the service effective?

## Our findings

A person who used the service told us that staff provided them with good support. They said, "They help me with my behaviours they give me advice how to get on with people."

Training records showed that the staff team had received training to support people with their health needs in such areas as moving and handling, first aid, infection control, epilepsy awareness and safeguarding. Relatives expressed various views about the skills and knowledge of the staff team. One relative told us, "They do seem to be quite competent." Whereas another relative told us they did not think the staff team had the knowledge of people's individual support needs and conditions to be able to provide effective support. They told us, "I don't think they understand [my relative's] specific condition and how to manage their fears and anxieties." They told us that this had resulted in a person losing confidence and withdrawing from some social activities.

The manager confirmed that staff had received training to support people who lived with conditions such as epilepsy and behaviours that may challenge but could not confirm that training had been provided to support all the individual needs of all the people who used the service.

On the day of the inspection we observed a member of staff gently communicating with a person whilst they were supporting them to eat their lunch. However, the staff member was not able to communicate with us when we asked them about safeguarding matters or the needs of the people who used the service. The manager told us that the newly recruited staff member, whose first language was not English, and was less able to communicate with us because they were nervous talking to an inspector. The manager told us that there was always a person on duty who could clearly communicate with the people who used the service. For example, on the day of the inspection the manager was available to communicate with people who used the service and to liaise with relatives and health professionals.

However, relatives and social care professionals told us that some staff lacked the skills to communicate effectively with people. One relative said, "Many of the staff do not have English as their first language and I find they often don't understand me. That worries me because if they can't communicate with me how do they communicate with the residents?" Another relative told us, "I have given up trying

to ring the home because there is such a language barrier. I can't communicate with the staff. I just ring the manager and ask him anything that I need to." A social care professional told us, "I have noted that they tend to employ some people with poor English language skills which can have a negative impact on those people who use the service that have limited communication. However, I have always been able to effectively communicate with staff about people's needs."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager reported that staff supervision took place every two months with the entire staff team and records confirmed this. The staff member on duty was new in post and therefore was not able to share their views with us about line management supervision.

Records showed that the staff team had received training about the MCA 2005 and DoLS. The manager told us that all staff had a good understanding of mental capacity and their responsibilities. However, the member of staff on duty was new in post and had not yet attended the training so we were not able to confirm this. We saw that records of assessments of mental capacity were in place for people who lacked the ability to make their own decisions. However, we noted that the assessment for one person who clearly did have the capacity to make decisions was documented as having no mental capacity. We brought this to the attention of the manager, who acknowledged that this was an error and undertook to amend it immediately. Two people who used the service had their medicines administered covertly and this was done with GP and occupational therapist involvement. There were care plans in place to support this activity.

The manager 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 an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection we found that applications had been made to the local authority in relation to four people who lived at Old Grange.

The service had a four weekly menu that had been developed around people's choices. We saw from records that people's cultural and religious dietary needs were



## Is the service effective?

supported. One person was enabled to cook the meals for the home with staff support two days per week. The kitchen had lowered worktops to enable 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 had dietician involvement to support staff. The manager told us that the whole meal was pureed as one; we discussed this and made a suggestion to puree the elements separately to maintain the individual tastes of the foods. We noted on the day of this inspection that this suggestion had been carried forward and a person told us they had really enjoyed the meal.

Where people had been assessed as being at risk from inadequate nutritional intake, we saw that dieticians and speech and language therapists (SALT) had been consulted to help ensure people ate and drank sufficient quantities to maintain their health. Where risks associated with eating

and drinking had been identified there had been professional guidance sought and the guidelines were followed. For example the care plan for a person assessed as being at risk of choking clearly detailed the actions the staff should take to support the person to eat safely.

People told us that their health needs were well catered for and that they received support from staff to attend appointments as needed. We saw that chiropodists, dentists and opticians visited the home when people needed them. Relatives told us that they were satisfied with the health care people received and said that people had received all the external support they had needed to promote their health and well-being. These included the GP, community learning disability nurse, chiropodist, occupational therapist, dentist and speech and language therapist (SALT).

# Is the service caring?

## Our findings

People and their relatives were positive about the caring and respectful attitude of the staff team. A person who used the service told us, "Staff are very kind and very helpful. They give me great care and support." Relatives told us that the staff team were kind and caring. One person said, "We have no concerns with [relative's] care, I find that the staff are really caring." Another relative said, "They are very caring, they seem very loving towards people. One thing that really struck me when [relative] moved there was the caring respectful attitude of the staff."

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 were invited to planning meetings and enjoyed being able to contribute to decisions about people's care and support needs. The 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.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. People who used the service and their relatives told us that they were supported to maintain family relationships. The service had a dedicated mini bus and driver which meant that staff were able to support people to go home and spend time with their families.

The atmosphere in the home was welcoming. Relatives told us that they were able to visit at any time and often visited with giving any notice. One relative told us, "It seems to be a happy place, they always make us a cup of tea, and it is like going to visit family. Staff are always willing to talk to us, they are open."

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 told us that staff kept them up to date with people's health needs. One person told us, "They always keep me informed about [relative's] health needs and contact me if [relative] is unwell. They always invite me to the regular review meetings and to social events such as the Christmas Party."

The manager told us that people's families were involved in developing their care plans. The manager also said when families visited they would discuss any issues that were important to them. We saw that care plans and risk assessments were reviewed monthly to ensure they continued to meet people's needs. Care plans were in place to address all areas of need however we noted that these lacked the specific detail to guide staff to provide personalised care. For example, in order to support somebody with a shower their care plan stated that the person needed to be transferred by hoist onto a shower bed. The care plan lacked the detail necessary to guide staff to provide this support consistently. Another example was that instruction in the care plan was for staff to wash and dress a person whilst encouraging them to do as much as possible for themselves. However the care plan didn't indicate how and what the person could do for themselves or even how the person needed the support to dress in light of their physical disability. We discussed this with the manager, who acknowledged there was a need for more detail within the care plans to provide staff with the necessary guidance.

People had regular access to activities outside the service. We were told that people enjoyed attending a gardening project where they had a picnic lunch one day a week and enjoyed visiting day centres where they were able to engage in social interaction. We were told of this year's annual holiday to the Norfolk Broads that had been chosen

collectively by the people who used the service. We were also told of day trips to Southend using the minibus that was shared with the sister service locally. People had individual interests, such as one person went to music therapy and others enjoyed artwork and reading. The manager told us that in-house activities included baking sessions.

Relatives told us they found that the environment was not stimulating for people. They said that people were always sat in front of the television with nothing else to occupy them. One person said, "There is no sensory equipment; there are no books or magazines. There are no pets, I am sure the people there would really enjoy having a rabbit or something." The person went on to say, "They are all lovely people but I just wish they would do more. For example, take people out to museums or for a walk along the river."

The provider had a complaints policy and procedure to support people to raise any concerns. We saw that this was available in an easy read format. We noted that seven complaints had been documented since our last inspection in June 2014. These included various issues such as the lack of hot water, a broken toilet seat and broken television. Records showed that these concerns had been resolved in a timely manner.

Regular meetings took place in order to support people to make choices and be involved in the running of the home. The minutes of these meetings stated that people were happy to be living at the Old Grange and thanked the staff for the support they received. The minutes did not confirm that people were actively engaged in the meeting or encouraged to bring forward suggestions for things they would like to do or to improve the service. We discussed this with the manager who acknowledged that the minutes did not reflect people's involvement. The manager was not able to provide examples where people's views had been incorporated into daily life at the home.

# Is the service well-led?

## Our findings

The systems to assess and monitor the service were not always effective. We saw that the manager undertook monthly audits of such areas as legionella, fire safety checks, infection control, health and safety and care plans. However, we found that these audits were not always effective. For example, the home was not clean and fresh and the areas for improvement had not been identified through the monthly audits that we were shown at the inspection.

Where shortfalls had been identified through the routine audits, they had been itemised on an action plan. However, the action plans did not include 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 were no systems to monitor progress against action plans to improve the quality and safety of the service. We discussed this with the manager who acknowledged that a more detailed plan of action to resolve outstanding issues would be beneficial and undertook to carry this forward.

The director of care undertook a monthly visit 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 reviewed the provider's monthly audit for July 2015 and found there were areas of shortfall identified that had been carried over from previous audits with no date for completion. These included the replacement of the flooring in the staff toilet, one person's bathroom and replacement of a stair carpet. We noted that some shortfalls had been identified as far back as November 2014 and still had not been completed but were constantly carried forward from month to month with no date for completion. For example, the worn stair carpet. This meant that the audits were effective in identifying areas for improvement but not in driving forward improvement in the service.

The provider had arrangements for an annual quality assurance audit. We reviewed the audit undertaken in February 2015 and noted that this had been completed by the home manager with support from the director of care and the outcome for the service had been rated as outstanding. However, these standards had not been maintained and did not reflect our findings at the inspection. For example the audit indicated that the lounge and dining rooms were clean with décor and furnishings in

good order, we found damaged furnishings and grey and tired net curtains. The audit stated that the garden area appeared welcoming and well maintained. We found that the back gate was broken and standing open.

Relatives told us that they were sent a tick box questionnaire annually to complete to indicate their level of satisfaction with the support and facilities provided at Old Grange. Family members told us they didn't see the point of returning the survey because nothing happened as a result of them responding. We noted that the recent relative feedback had identified concerns with the communication skills of the staff team. We asked the manager what action he intended to take in response to the feedback received via the surveys. We found that there was no process in place at the time of this inspection to analyse the feedback and create an action plan to drive improvements to the quality and safety of the service.

We were told that regular meetings took place to provide the staff with the opportunity to contribute to the running of the home. We reviewed the minutes from the most recent staff meeting and found there was nothing to confirm that the staff team were encouraged to be involved and bring ideas to improve the service. The meetings touched on maintenance issues, staff training matters and responsibilities but seemed to focus more on the health and welfare issues of people who used the service.

The lack of effective monitoring systems, poor response to feedback and delay in taken remedial action meant that this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and social care professionals told us that the manager was responsive and managed the home well. A relative said, "The manager is very good, he is the best support person there."

During our inspection we saw that the manager demonstrated a 'hands on' approach regarding how the service operated, staff supervision and the support provided. They worked alongside the support staff and had an in-depth knowledge of people who used the service, their complex needs, personal circumstances, goals and family relationships. This meant that the staff team had direct access to the manager five days a week from Monday to Friday. The manager was on call out of hours, and told us that there was always somebody available through the head office should staff have any concerns.

## Is the service well-led?

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. During this inspection process we were informed of an incident that had taken place between a person who used the service and a support worker. The manager was able to demonstrate that the incident had been reported to the local authority safeguarding team. However, the manager had not informed the CQC of the incident as required.

The director of care undertook regular monitoring visits on behalf of the provider. These visits were conducted in consultation with the manager and any shortfalls were discussed with the manager as part of this process. The manager told us that he had regular opportunities to meet with other managers within the organisation to share ideas and examples of good practice. This helped to ensure good practice and lessons learned were shared with the service and the manager kept their knowledge up to date.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider had failed to maintain appropriate standards of cleanliness and hygiene.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider failed to operate effective systems and processes to assess and monitor their service.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**The provider failed to ensure that enough suitably qualified, competent and experienced staff were deployed to meet the needs of the people who used the service.**