Mr Neil Bradbury

The Grange

Inspection report

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

The Grange provides accommodation for up to 13 people. The home provides care and support for people with a range of complex needs including learning disabilities, autism and mental health needs. The accommodation is arranged in two separate buildings; one unit is called the Grange and the other is called the Courtyard. People live in self-contained flats in both units.

The Grange can accommodate up to four people. People that live in the Grange unit have high levels of support and have limited communication skills so require alternative forms of communication such as Picture Exchange Communication System (PECS), which is a method of using pictures to initiate communication for people and enable them to make choices. The Courtyard unit can accommodate up to nine people. People living in this unit have a range of needs including mental health and autism; these people are working towards improving their independence and require varying levels of support.

This inspection was unannounced and took place on the 30 June 2015 and 3 July 2015.

Summary of findings

There are two unit managers who are responsible for the day to day running of their designated unit and these managers are overseen by the registered manager. A registered manager is a person who has been 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.

Although people told us that they felt safe, there were risks to their safety. The provider did not follow their own guidelines as risk assessments were not in place to ensure staff were suitable to work with vulnerable people. People and staff were at risk because one evacuation plan could not be followed in a fire as there was a problem with a door not opening. Some staff were concerned about changes that were going to be made at night to the staff levels in the home.

All new staff completed thorough training before working in the home. The staff were aware of their responsibility to protect people from avoidable harm or abuse. They knew what action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home and they knew who to contact externally. The medication processes in the home were good.

The staff had an excellent knowledge of the people they supported. They understood how to help people become more independent and how to respect their privacy and dignity. Staff supported people to see other professionals to help with their care. Staff supported and respected the choices made by the people and actively involved them in their care.

In the Courtyard unit, people had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and they had the opportunity to shop for and prepare their own food. In the Grange unit, alternative ways were found to help the people communicate their food choices, but these were not always followed as people did not choose their evening meal.

People were supported to have visitors or see their friends. There was a clear understanding of how important this was to the people who lived at the home.

There were detailed care plans for all individuals to reflect their complex needs. People and their relatives had input into the care plans to ensure they were person centred. The environments in flats were not always reflecting the needs of the people who lived in them.

People knew how to complain and when they had raised concerned they had been managed well.

The Grange had a clear management structure in place. They had a quality assurance system in place but it was not fully effective. The staff did find the management team supportive and did not always receive formal support and development through regular meetings.

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?

Requires improvement

The service was not safe.

The recruitment process was not always followed correctly and a fire escape route was out of use.

Staff understood how to keep people safe and who to tell if they had concerns around safeguarding people. There were enough staff to meet the needs of the people that used the service.

People's medication was stored and administered correctly.

Is the service effective?

Requires improvement

The service was not always effective.

Staff understood that when people's liberty were restricted they had to take appropriate action and they had some understanding of how to make best interest decisions on behalf of someone who did not have capacity.

There was a comprehensive training plan in place for staff which led to excellent understanding of the people.

Most people were supported appropriately to eat and drink. The flat environments did not always match the needs of the people living in them.

Is the service caring?

Good

This service was caring.

People told us that they were well looked after and we saw that the staff were caring.

People and their families were involved in making choices about their care and the staff used their knowledge to help care for the people.

People's wellbeing was supported as staff took time to speak with people and to engage positively with them

Is the service responsive?

Good

The service was responsive

It had detailed person centred plans for each person that used the service.

Appropriate actions were taken to update care plans and support following input from other professionals.

People knew how to make complaints and complaints were handled in a timely and effective manner.

Summary of findings

Is the service well-led?

The service was not always well-led.

There was a strong presence of management in the units that provided positive support and there were some clearly defined ethos within the units.

Although the service has a clear management structure, there were inconsistencies between the two units and the quality assurance system had not always identified areas that needed addressing.

The service worked in partnership with other health and social care professionals to help them deliver high quality care.

Requires improvement

The 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 June 2015 and 3 July 2015 and was unannounced. It was carried out by two inspectors. Before the inspection, the provider completed 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. We reviewed this and it helped us plan the inspection.

We spoke with five people and visited three people at their day service on the farm site. We spoke with the operations director, the registered manager, the two unit managers and nine staff members. We spoke with two relatives and two social care professionals on the telephone.

We looked at seven people's care records, observed care and support in communal areas and spoke to people in private. The medicine records and storage was looked at in both units. We looked at seven staff files, rotas from both units, the last internal quality assurance report from both units and a selection of the provider's policies.

Requires improvement

Is the service safe?

Our findings

We looked at the recruitment practice operated by the service. We viewed seven staff personnel files. Each had references from the staff member's two previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Two members of staff's DBS checks showed they had received a caution or conviction by the police for particular offences. We spoke with one unit manager and the registered manager about these checks. Both explained separately that if the DBS checks noted a conviction or a caution this should be passed to a member of the provider's senior management team so that the risks of employing these members of staff could be assessed. The unit manager, operations director and registered manager separately confirmed this procedure had not been followed. No risk assessments were in place in the relevant staff files and the members of staff had already started work. The provider's recruitment practice had not been followed. This meant people were not safe from inappropriate staff being employed. However, the provider resolved this on the second day of inspection and produced risk assessments for the staff members.

In the Courtyard unit, people told us it was a safe place for them to live; some people stressed they felt more safe than when they lived elsewhere. Comments from people included: "I am happy with how people treat me but if I wasn't I would definitely talk to the staff. They would help me", "There are no problems with the staff; it's a good place to live" and "Nobody would treat you badly here. Nothing like that would ever happen here. If anything like that did ever happen I would talk to [the unit manager]." The relatives and social workers spoken with said that the home was a safe place. One relative said "I do feel [their family member] is safe."

Staff spoken with said they thought the home was a safe place; they had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for staff to follow.

Some people were unable to talk to us about their plans so we looked in their care plans for information. There were plans in place for emergency situations. People had their own emergency plan, such as if they needed to be admitted to hospital. Staff had access to an on-call system; this meant they were able to obtain extra support to help manage emergencies.

We spoke with the unit manager of The Grange unit who told us fire risk assessments and evacuation plans had been completed. This included individual plans for people that require additional support during an emergency. On the day of the inspection there was a door to the garden area of one of the flats that was unable to be opened due to the fob system not working. This had been identified as an emergency evacuation route in the event of a fire. The unit manager confirmed that this had been identified as a maintenance issue and the maintenance list confirmed this. There were only two exits out of the flat; one was through the kitchen and one through the broken door. Having one emergency exit unavailable increased the risk to the person and staff in the flat during a fire.

There were plans in place to change the number of care staff on night duties. Staff expressed their concern regarding these changes. However, these had not been implemented at the time of the inspection. The registered manager and operations manager told us they would take these comments into consideration.

In the Grange unit, there were high levels of one-to-one staffing and at times two-to-one so that people could access the community safely. On the day of the inspection staffing levels were good to ensure people's safety. Staff confirmed that enough staff were on duty to keep people safe and rotas confirmed that staff levels had been managed well.

People had prescribed medicines to meet their health needs. One person said "I self-medicate; I've been doing it about 18 months now. I get a new pack of medicine every week. I've only ever forgotten to take them once but I told the staff. I've got a medicine cabinet in my flat and I keep my key with me all the time." Two people self-medicated and another two people were working towards self-medication. There were care plans and risk assessments in place to support this practice. All medicines were stored appropriately and securely, including medicines which required additional safe storage or

Requires improvement

Is the service safe?

refrigeration. Staff supported other people to ensure they took their medicines. Each person had a care plan which described the medicines they took, what they were for and how they preferred to take them.

Staff said they only helped one person at a time to take their medication and always checked to ensure the correct medicine and dose was given. Some people took 'as and when required medicines' such as medicines to reduce anxiety. When these were required a senior member of staff authorised their use to ensure they were used appropriately. Staff received appropriate training before they were able to give medicines. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed. Medicine stock and records were audited each day as part of checks completed by senior staff to ensure people had taken their prescribed medicines and that stock levels were accurate.

Requires improvement

Is the service effective?

Our findings

People told us staff understood their care needs and provided the support they required. Comments from people included: "The staff are really good. They know how to help me" and "All of the staff are pretty good. They know what I can do for myself and what I need help with." People had a variety of needs and the level of support they required varied. Each person had one to one support at times; one person had two members of staff support them when they went out into the community. Some people were independent and at times did not require staff to support them.

Staff spoken with confirmed that they had received high levels of relevant training and one member of staff said "The training is really, really good." Another staff member said "This morning I had autism training." There was a comprehensive staff training plan which included in-house, external and developmental training. Records showed that training was up to date or planned refreshers were due for individual staff members.

During our inspection we observed some staff members completing additional training specific to the needs of an individual living at the home. As a result of the training and thorough induction, staff had an excellent knowledge of the needs of the people living in both units. We were shown the new induction plan that had been created for any new member of staff. This was comprehensive and reflected the new national Care Certificate for care staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was evidence that these were worked through and completed alongside the team leaders and unit managers.

We were told that all staff should receive supervision every six to eight weeks by the unit managers. Staff had a mixture of responses around supervision and how frequent it was in practice. One staff member said "I have regular supervision; every six to eight weeks. Another staff member said "I am meant to get supervision every six to eight weeks" and then told us their last supervision was "months ago". The supervision records from both units confirmed that not all supervisions were completed in the target time scale. The registered manager explained that all staff should have supervisions every six to eight weeks; this means that systems in place to support the staff are not being monitored effectively so staff may not have the forum to highlight their concerns or learning opportunities.

In the Grange unit, there were inconsistencies around how the Mental Capacity Act 2008 (MCA) was being applied. The Mental Capacity Act is legislation to empower and protect people that may not be able to make decisions for themselves. If a person cannot make a decision then the decision must always be made in their best interest and this should be documented. As the people were unable to tell us we looked in care plans. In one care plan there was a detailed capacity assessment and best interest decision reached with relatives and professional involvement. People were deemed to have capacity when making choices about food; they were able to choose their breakfast and lunch. However some people were having decisions made for them about their dinner with no capacity assessment or best interest decision. We spoke with the registered manager and unit manager about these inconsistencies and they confirmed they would to ensure that these were addressed following the inspection.

Staff had good knowledge of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions. Therefore decisions are made on their behalf in the person's best interest. DoLS applications had been submitted for some people where the management considered they may have been deprived of their liberty. Two applications had been approved so far; others were still being considered by the local authority.

In the Courtyard unit, some people had restrictions or conditions placed upon them as part of their agreed plan of care; these were adhered to. For example one person's plan included spot checks on their self-contained flat, on their mobile phone and their internet usage. All conditions or restrictions were clearly recorded together with an explanation about why they were necessary, who authorised them and how often they were reviewed.

At the Courtyard unit people were encouraged to have a varied, balanced and healthy diet. Each person decided on their own weekly menu and then went shopping. People were encouraged to either help prepare or cook their own meals. Staff support was adapted to complement each person's skills and abilities. One person said "I am a pretty

Requires improvement

Is the service effective?

good cook. The staff take me to do my shopping every week. I cook on my own. I like really healthy food like chicken and pasta." Another person told us "I chose what I want to eat; I go to the shops every Monday to do my food shopping. The staff help me with cooking though."

At the Grange unit, people were also encouraged to have a varied, balanced and healthy diet but had less opportunity to make choices about their food. Staff told us for breakfast and lunch the people were assisted to make choices using appropriate communication methods such as PECS and then food was prepared by the staff. For dinner, the unit manager said the staff had designed a set menu based upon the known likes of the people, but the people had not been involved in the choices on this menu. We discussed this with the unit manager and they said they would find ways to involve the people more.

People said they were well supported by health and social care professionals. One person said "I'm normally pretty healthy. I see my doctor or a nurse if I need a check-up." Another person told us "I see my [care manager]; I saw them a couple of weeks ago to talk about my care here. I saw my doctor around last Christmas because my legs were swollen."

In both units, records showed people saw their GP, dentist and optician when they needed to. The records confirmed people accessed specialist support, such as a psychiatrist, psychologist and a community psychiatric nurse. This helped to ensure people's care was tailored to their individual needs. In the Grange unit, records about these visits were stored in a place that was only accessible when the team leaders or unit manager were present; so other staff were unable to access them whilst caring for the people if the senior staff were not around even if required to support the people. This meant the needs of the people may not be met at weekends or other times when the records were inaccessible and could potentially put them at risk. We spoke to the unit manager and they explained they would review this so that the records would be kept in a place that everyone could access them. Following the inspection, the provider told us all staff had access to monthly keyworker reports that contained this information. They said all staff had the information shared with them at staff meetings and in updated care plans.

Care and support was adapted if people's needs changed. One person's mental health had significantly deteriorated in recent months. Staff spoken with and records reviewed showed that the service had responded immediately to this person's changing needs. Significant levels of support and guidance were provided by health care professionals such as a consultant psychiatrist and a behaviour nurse specialist. A relative was also involved, providing useful historical information. Staff acted on professional guidance and provided on going support and encouragement to help this person through this difficult time.

The interior of some flats were not always well maintained or able to meet the needs of the individual. For example, one person enjoyed having many showers each day and the en-suite ceiling paint was peeling away and there was mould growth in various parts of their flat. At the time of the inspection there were plans for this person to spend some time away with their family so the work could be done. Another flat had specific furniture for the person due to their behaviour. Some of this furniture had been broken. We spoke with staff and they told us the maintenance of the flats could be better because there was often a delay between issues being reported and being resolved. The staff said there were occasions when the needs of the person prevented a swift response; that was why the repairs had not been completed. The unit manager of the Grange was arranging for one person to visit family for a few days because they became too unsettled with change and work occurring in their flat. Any emergency repairs were carried out quickly. One relative said "The room probably needs some redecorating" and another relative said "The flat does not seem homely or individual."

We recommend that the provider refers to national best practice and liaises with specialists in environmental design for people with complex needs.

Good

Is the service caring?

Our findings

People praised the way staff cared for them; they said they were able to build good, trusting relationships with staff. Comments included: "All of the staff are pretty good; staff are always helpful", "All the staff are good here. I do have my favourite staff though; I have two amazing keyworkers" and "I do like the staff; I get on with all of them."

We observed a lot of kind and friendly interactions between people; there was some good banter exchanged. We saw that people interacted well with each other and some had been able to develop friendships since moving to the service. One person said "I've got some friends here. I have a good relationship with them." We saw positive connections were encouraged across the two units between individuals and staff actively assisted people when required.

In the Courtyard unit, people were encouraged to be as independent as possible. Some people were supported to work towards moving to a less supported environment. One person told us "I was in hospital before I came here so had no freedom really. Here I cook for myself, choose what courses I want to do, go out to clubs and go to visit my mum. I would like to move out into my own flat." Staff understood that some people often made small steps or developed slowly, but these could be significant achievements for that person. One staff member said "Lots of people here are looking to move on. We are helping them work towards independent living although some people will need a lot of support to get there."

In the Grange unit people's independence was being encouraged. The staff understood each person's requirements and the least restrictive options were used to meet people's needs. For example, a key worker for one person explained that too much choice confuses the person and when given choice they often choose the second option. As a consequence, they varied what order they gave the two choices. Another staff member was able to list the likes and dislikes of one of the people they were supporting including swimming and going out to Cheddar Gorge to have ice cream.

People were supported to maintain relationships with friends and relatives and they could visit as often as they wished. Staff supported some people to visit their friends and relations; other people visited them independently. One person said "I go to see my mum. She comes over and gives me a lift or she collects me from (a club they attended)." Another person said "This Saturday I'm going to see my friend in Bridgwater. I'm going on my own on the bus. My mum, dad and brothers come to see me. I see them a lot."

People were supported to maintain their privacy. Each person had their own self-contained flat and could spend time alone when they wished. Staff always knocked on people's doors and waited to be let into each flat. A person's privacy and dignity was considered in cases where special monitoring was required due to a health condition. This was demonstrated as when visitors were present in the office, or the person was having personal time, the monitor screens were turned off.

Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept secure. People's care plans and other records were kept securely.

In the Courtyard unit, people were involved in the running and development of the service. Regular meetings were held where people could discuss any issues or improvements they wished to see. One person said "I go to the meetings. I think they are a good idea." The records of recent meetings showed that topics such as healthy eating, smoking, new people moving into the home and home maintenance were discussed. People also spoke with the unit manager on a one to one basis to ensure they had the opportunity to share their views if they did not wish to attend the group meetings or if they preferred to speak in private.

In the Grange unit, due to the complex needs of the people, there were no formal resident meetings. Information was collected through informal discussions and close support. There were no formal written records. The information gathered from these informal meetings was shared at staff meetings and added to the care plan. Each person had an individual weekly timetable.

Good

Is the service responsive?

Our findings

In the Courtyard unit, the staff responded well to people's individual needs and goals. Most people's aim was to "move on" and live more independent lives; staff were supporting people to achieve this. One person said "My plan is to move on with my life. I would like to move to my own flat and get a job to pay for it." Another person said "I'm staying here until I move to my own flat. My social worker says they will start looking for a flat after Christmas. It's a good place here while I'm waiting."

People were not always able to express their needs in the Grange unit. However, each person had their individual needs met by staff as their care was delivered as described in their person centred care plan. One relative said "It is a high priority that they ensure his well-being." We saw staff supported people to become as independent as possible. Due to staff understanding the people and following the care plans there had been a reduction in high level incidents. Additionally, people accessed the community regularly.

In the Courtyard unit, people chose a variety of activities and courses to support their personal development. Most people attended courses run by the provider at a farm site a short distance from the home; we visited this site on the first day of our inspection. One person said "There are loads of different groups at the farm to choose from. I do farm labouring, horticulture and woodwork where we build or make things either to use or to sell. Farm labouring is my favourite day. Sometimes I walk to the farm; other days I get a lift there." Staff explained the number of courses offered had been increased over the last 12 months. These now included gardening, woodland management, animal care, horticulture and maintenance and cookery groups. Each course is planned to run for a 'term', typically five to ten weeks.

People in the Grange were unable to tell us about their views. We spoke to a relative who said, "Twice a week they take them (people) out. They go out a fair amount but not as much as we would like. We know it is difficult." Another relative said "They try and get them (people) out as often as possible". People were introduced to new activities after careful research and risk assessments had taken place. We saw evidence of a new activity beginning for one of the people at a local indoor parachuting centre. Another person was able to source and sort a range of different scrap metals and materials which enabled them to support their hobby.

People told us they were well supported and participated in the assessment and planning of their care as much as they were able to. One person said "It was planned that I came here. I have lived here for about a year and it's been really good for me." We looked at seven people's care records. Care plans included people's interests, likes and dislikes, independent living skills and support needs. When people were less able to contribute to their care plans relatives, and other professionals had been consulted.

We read three people's last review notes who lived in the Courtyard unit. These reviews were attended by each person, their relatives, a social worker and staff from the home. Each person shared their views. Each review was very positive about the care and support provided by staff. Where people had asked for changes to be made these had been acted upon. For example, one person had asked for more time without staff support; this was respected and had been put into practice. They told us "I asked for more time as I felt I was doing really well. I now have six hours unescorted a week."

People were unable to tell us about their involvement in their care planning in the Grange unit. We looked at people's care plans and we saw there was evidence of regular reviews which demonstrated there had been input from relatives and other professionals. The care plan was updated by staff when changes occurred in the support they had provided to people. At every staff meeting there were discussions about each person to ensure all the support was up to date and relevant. For example, minutes of the meetings confirmed how suggestions about new activities for people were actioned.

People knew they were able to raise issues and complain if they needed to; people said problems could usually be resolved without needing to make a formal complaint. One person said "I am happy but I know what my rights are. If I wasn't happy about anything I would definitely talk to the staff." There was a complaints policy and procedure; there had been one complaint made by one person in the last 12 months. The records showed this had been taken seriously and investigated in line with the provider's policy. The complainant was advised of the outcome and was happy with how their complaint was handled and resolved.

Good

Is the service responsive?

The registered manager said good communication and being proactive were reasons why there were few complaints. This was confirmed by the relatives and social workers that we spoke with. One relative said "Communication is good".

Requires improvement

Is the service well-led?

Our findings

During the inspection there was a clear management presence. On both days the registered manager was available to staff and the unit managers were in the home. We spoke with staff about the management. Staff members said "[The unit manager] is great and is very approachable." and "I do think the management are good." Another explained that senior management come to staff meetings. This demonstrates that there is an open and active management at the service.

In the Courtyard unit, there was a clearly defined ethos for the service. The staff, unit manager and registered manager understood that the unit was to transition from needing high support to more independent living. For example, one social care professional said "It (the unit) was very flexible". The Grange had a less defined ethos but the staff we spoke to were clear about what they were there for. One member of staff said "All the clients call the place home." Another member of staff said we "Empower them as much as possible".

Staff, care professionals and people, told us there was a clear management structure in place at the home. They said the registered manager oversaw the two unit managers who had team leaders to help them run the shifts in each of the units. The relatives and social care workers spoke highly of the unit managers. One social care worker said "[The unit manager] is on top of things". By having active unit managers it meant that there was always a member of management for staff, relatives and people in each of the units.

Every eight to ten weeks the operations director of the company completed a quality assurance review. The registered manager told us that this was their main system used to monitor the two units. Any improvements highlighted by the quality assurance review meant the registered manager worked with the unit managers to implement changes. The quality assurance review had not always identified issues that have occurred in the units. For example, the implementation of the Mental Capacity Act was not correct at all times in one of the units. There were problems with the environment in one of the units and there were issues around recruitment that had not been identified. Therefore, systems the manager had in place for monitoring the two units were not always effective because key risks or issues had not been identified. People were at risk by missing some of these concerns found on the inspection.

Everyone spoken with was positive about the registered manager. One member of staff said "I can trust the [registered manager]". They had systems in place and met with the unit managers on a fortnightly basis. In addition, there was a weekly feedback sheet that informed the provider and their senior management team of events in each unit. The registered manager explained that they are usually aware of events before they are added to the feedback sheet by the unit manager. The registered manager had a good understanding of how to support, guide and provide professional advice the unit managers. The registered manager spoke about the strengths and areas of improvement of the unit managers.

The provider had developed effective systems to monitor the behaviour of the people who lived at the service. The management were always being reflective to improve their systems. One relative said "The behaviour has decreased dramatically since [their last placement]."

The home had developed good links with health and social care professionals. A close working relationship had been built with the local team who supported people with learning difficulties. This allowed people to access specialist support to meet their needs and staff to access guidance on current best practice. As a result, the service was able to deliver high quality, person centred care. The registered manager and unit managers had a good understanding of how to promote this practice and support the staff.