

Underley Educational Services

Grange View

Inspection report

Park Road
Grange over Sands
Cumbria
LA11 7HQ

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out this unannounced inspection on 20 July 2017. This was the first inspection of the service since it was registered with the commission in August 2016 and we have made a recommendation to the provider.

Grange View is a detached Victorian property that has been suitably adapted to accommodate up to 11 people aged 18 years and above with complex needs and severe learning disabilities. The home is situated in the small coastal town of Grange Over Sands and provides care and accommodation that promotes independent living and life skills.

The accommodation is over three floors with several large communal rooms including a separate dining area and a communal kitchen. Rooms are designed to promote independent living and all bedrooms have an ensuite. There are, within the property, two individual apartments with their own access that can be used as completely self contained. There is on site staff accommodation for care staff to sleep in overnight and a small office. At the time of our inspection there were four people living at Grange View.

There was a manager in post who had commenced their application to become registered at the time of the inspection. 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.

We saw records showing staff had completed training in the safeguarding of vulnerable adults. Where accidents and incidents had occurred we found that these had usually been reported to the appropriate authorities and actions had been taken to reduce any further incidents. During the inspection we found that one incident that had occurred had not been reported in a timely manner and this was addressed immediately by the manager.

We saw that the providers recruitment procedures were robust. This ensured fit and proper persons had been employed. On the day of the inspection we observed staffing levels were made adequate to meet the needs of the people currently living in the home. We saw that staffing levels were flexible and could be adjusted to ensure that people with specific needs could be better supported at times when they most needed it.

Staff training was on going and people had received sufficient training to safely support and care for people living in the home. Staff were supported by the manager and seniors in the staff team through regular staff meetings, supervision and appraisals.

We saw that the service worked well with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

We saw that medicines were administered safely and records were appropriately completed. Staff who were responsible for the administration of medications had received the appropriate training. We found the storage facilities in use, for medications, at the time of the inspection were not all safe and the provider took immediate action during the inspection to rectify this.

Observations during our inspection evidenced people were given choices about how they wanted to be supported and how to live their lives. Support was provided in a manner to people that promoted their independence. For example enabling them to independently access activities, education and employment in the local community.

The service followed the requirements of the Mental Capacity Act 2005 code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged.

We saw that people were treated with kindness and respect and they and their relatives made very positive comments about the staff team who supported them.

Auditing and actions that may be required to improve the quality and safety of the service needed to be recorded. We have made a recommendation that the systems and processes used to monitor the quality and safety of the service needed to be more formal.

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.

People and told us they felt safe.

Staff knew how to protect people from harm.

People recruited had all the appropriate checks completed before they commenced working.

Medicines were handled effectively but action was required to store them more safely.

Is the service effective?

Good ●

This service was effective.

People received support from staff that had the right training and skills to provide the care they needed.

Consent to care and treatment had been obtained from the relevant people.

People's rights were protected because the Mental Capacity Act 2005 code of practice was followed.

People's health and well being needs were being met.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were knowledgeable about the level of support people required and their independence was promoted.

We were told people were well cared for.

Is the service responsive?

Good ●

The service was responsive.

Staff took into account the varying needs and preferences of the people they supported.

People were supported to engage in activities which were important to them.

People were confident to raise any concerns with the staff or manager. Action was taken to ensure information was made readily available on how to make a complaint.

Is the service well-led?

The service was not always well-led.

Processes used to monitor the quality and safety of the service needed to be more formal and actions recorded where improvements were required to be made.

There were areas of the service that needed to improve to ensure the quality and safety of care was consistent and that medicines were stored safely.

People visiting the home told us they could approach the manager about anything.

Requires Improvement 

Grange View

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 checked 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 unannounced inspection took place on 20 July 2017. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service this included any notifications sent to us by the provider. We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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 looked at four care plans, five staff recruitment files, spoke with the manager, the Nominated Individual representing the provider, the facilities manager, people who lived in the home their relatives and care staff. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Grange View. One person said, "Yes, I feel very safe with the staff". A relative we spoke with told us, " We visit often and people are definitely kept safe".

We looked at medication records and found these to be up to date and completed correctly. Staff had completed training in safe handling of medicines. We saw that care plans were personalised for the management of people's medications. Some people were being supported in managing their own medications. We found that the cupboards in use for the storage of medications were not completely secure. The provider took immediate action during the inspection to rectify this and they were replaced with new medicines storage cabinets.

We looked at four sets of care records We saw that risk assessments had been appropriately completed including any activities they did in the community. The provider ensured that positive risk taking was in place and people were supported and encouraged to take part in the activities of their choice.

We saw that there was sufficient care staff on duty to meet the individual needs of the people they supported. We observed during the inspection where, at short notice, staffing levels could fluctuate in order to ensure people had the right level of support for them. Staff we spoke to confirmed they knew the people they supported well as they generally worked with the same individuals. This gave a consistency in ensuring people living at Grange View became familiar with the group of staff that supported them. Records we looked at confirmed staff had received training in the safeguarding of adults.

We looked at the provider's recruitment procedure and saw that this was both appropriate and robust. We saw that all the checks and information required by law had been obtained before new staff could commence employment in the service. References had been sought and we noted that they were from the most recent previous employer in accordance with the providers recruitment policy. Checks with the Disclosure and Barring Service [DBS] had also been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

We looked at the records relating accidents and incidents that had occurred. We saw that these were investigated by the manager and where any actions had been required we saw that these had been taken. Where necessary notifications to the appropriate authorities had usually been made apart from one. We noted that a fairly recent incident had not been reported to the authorities in a timely manner. The manager addressed this immediately. All the records we looked at showed what actions had been taken in response to the incidents to promote the safety and wellbeing of people who used the service.

Is the service effective?

Our findings

We spoke with two people who told us they enjoyed preparing their own meals. We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk we saw that this had been appropriately managed and recorded. Where necessary people had been referred to their GP or to a dietician.

We looked at the staff training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home and staff had received regular updates on important aspects of their work. One staff member told us, "I had a good induction when I started, it's a nice place to work". A relative we spoke with told us they were confident staff had received the appropriate training to support the complex needs of their relative.

People were supported in managing their day to day health and wellbeing needs by accessing local health services. We also saw that the provider had brought in other experts who were specialised in some of the complex needs and conditions of the people living at the home. This also supported the staff team in improving their skills and knowledge to better support the people they were working with.

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. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged. This meant that people's rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people were being deprived the appropriate authorisations were in place or had been applied for.

We saw that people and their relatives had been fully involved, consulted with and had agreed with the level of care and treatment provided. One relative told us, "We are kept fully informed and feel very included in any decisions that are made about our relative".

We saw that people living at Grange View had been involved in choosing décor and personalising areas of the home to help them feel more comfortable. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

Is the service caring?

Our findings

People who lived at Grange View and their relatives that we spoke with told us they were, "Very happy" and that the staff were "Wonderful." One person we spoke with said they really enjoyed living at Grange View. A relative said, "It's the best place for my relative to be, they are well cared for."

We saw that the interactions between staff and people living in the home demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We saw how staff dealt very well with situations requiring quick intervention to ensure people were fully supported with their complex needs. We also saw that people could spend time in their rooms in privacy should they choose to.

Throughout the inspection we heard conversation and laughter between staff and people living in the home. We saw that the staff gave people time and encouragement to carry out tasks for themselves. Where appropriate people's independence was fully promoted. We saw people living there, if they were able, could choose to go out when they wanted. One person was fully supported in integrating into the local community and had part time local employment.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences.

Most people had relatives who could support them if they needed assistance to express their wishes or to make important decisions about their lives. Where applicable independent advocacy had been arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support. This helped to protect people where any decisions had been made in their best interest.

We noted that the manager was reviewing all of the providers policies and making them applicable to the home and the people living there. Policies referred to upholding people's privacy and dignity. In addition there were policies in place relating to equality and diversity this helped to ensure people were not discriminated against.

Is the service responsive?

Our findings

The home had a complaints procedure but we did not see that this was visibly promoted. There had been no formal complaints received since the opening of the home. People we spoke with were aware of who to speak with if they wanted to raise any concerns. A relative told us, "I have no worries or complaints but if I did I would just speak with the staff or the manager." The manager told us they preferred to deal with people's concerns as and when they arose but would ensure that information about how to make a complaint would be made visible throughout the home.

We saw that there were regular planned activities for people to get involved in and we also saw how the activities were meaningful individual activities for people living in the home. Activities had been specifically designed to include people's interests, preferences and abilities. We also saw that people were supported to be able to spend leisure time in the local community. People who preferred not to join in group activities were also supported by staff to access their preferred choice of activity in the privacy of their own rooms. A relative we spoke with told us they were always welcome at any time to visit and were invited to all social events in the home.

We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. One relative said that since coming to this home their family member had, "Made progress with learning skills for their independence."

Care plans we looked at were written in a person centred way. We saw they recorded people's preferences and provided information about them and their family history. From the records we saw that information available for staff about how to support individuals was very detailed. We saw that people's health and support needs were clearly documented in their care plans

We also saw that there was effective working with other health care professionals such as local GPs, mental health teams and adult social care. We were also told about the work being done at the home by an expert practitioner working with people who may be on the Autistic Spectrum and with people whose severe learning disabilities are linked with behavioural distress. The manager told us this work was having a positive impact with both the people living at Grange View and the staff team supporting them.

Is the service well-led?

Our findings

The manager was in the process of registering with the commission. Relatives we spoke with knew the manager and felt they could approach them with any problems they had. We observed that the manager interacted with and knew people living at Grange View well.

During the inspection, we identified a few areas that needed to be improved and action was taken immediately by the registered provider and manager to address them. These included the replacement of the medicines storage cabinets, notification of an incident reportable to the local safeguarding authority and ensuring information about the complaints procedure was made freely available.

Although there were systems in place to assess the quality and safety of the service provided in the home these had not been consistently effective when looking at the management of some areas in the home. We saw from the quality monitoring checks done in the home that areas requiring actions to improve had not always been appropriately identified. However it was not always made clear in what time frame that those areas need to be improved by. We discussed this with the manager who assured us that this would be addressed to improve and formalise the current systems in place.

We recommended that the systems and processes used to monitor the quality and safety of the service needed to be more formal to ensure that any actions identified through regular quality and safety were recorded.

Maintenance checks were being done regularly and we could see that repairs or faults had been highlighted. The provider employed a facilities manager who oversaw that repairs and maintenance was completed.

As well as informal discussions with people and their relatives about the quality of the home, we also saw that regular resident and relatives meetings had taken place. These were for the service to address any suggestions made that might improve the quality and safety of the service provision. We saw minutes of regular staff meetings held by the manager where areas of practice and the running of the home was discussed.