

Care Management Group Limited

Grange Court

Inspection report

115d Hilperton Road
Trowbridge
Wiltshire
BA14 7JJ

Tel: 01934429448
Website: www.achievetogether.co.uk

Date of inspection visit:
24 July 2020

Date of publication:
01 September 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grange Court is a residential care home for young adults with autism and learning disabilities. The service can support up to five people, at the time of the inspection four people lived at the service and were receiving personal care support.

Grange Court is a large adapted residential property, with an adapted layout to help meet people's needs. People had their own bedrooms or self-contained flats with private bathrooms. People could also access communal areas of the home, including a dining room, lounge, kitchen and large garden. The home was designed to meet the principles of Registering the Right Support. This included being conveniently located so people had access to the local community and public transport links.

People's experience of using this service and what we found

At the last inspection the key questions of Safe and Well-Led were rated inadequate. The key question Effective was rated requires improvement. There were breaches of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were due to shortfalls in the safety and leadership of the service, which meant people were at risk of harm and staff were receiving serious injuries. In addition, there were significant difficulties in recruiting and retaining suitable staff to ensure people received consistent care and support. At this inspection, we found vast improvements had been made and all breaches had been addressed.

We found there to be enough suitably trained and experienced staff to consistently meet people's needs. Staff were recruited following safe recruitment processes and the registered manager interviewed applicants to ensure they demonstrated the appropriate values and motivation.

Risks to people's safety were identified and assessed. Staff were encouraged to read risk assessments regularly, to ensure they supported people safely. There were multiple examples of people being supported to positive outcomes relating to their independence, with safe care and support. These included participating in activities around the home such as food and drink preparation and visiting places of interest for activities that they had not been to previously.

People were supported by staff who were confident in recognising and reporting any concerns of harm or abuse. Staff had received safeguarding training and any lessons learned were shared in supervisions and team meetings. There had been a reduction in the number of incidents where staff found people's behaviours difficult to support. This showed the greater consistency in staffing and leadership at the home had positively impacted people's wellbeing.

The staff team received the training and mentoring to ensure they had the skills and confidence to support people. Less experienced staff members were 'buddied' with experienced members to help role-model good practice and share knowledge.

People's medicines were managed safely. Records were maintained and medicines were stored securely.

Infection prevention and control measures during the Covid-19 pandemic had been successful in ensuring people and staff did not contract any suspected or confirmed symptoms. There were daily and deep cleaning schedules in place which were thoroughly monitored. Staff had access to suitable personal protective equipment and had received additional training to help keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Project work had taken place at the home to truly personalise mental capacity assessments and involve people in making specific decisions.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's communication needs were known and met, to enable them to actively participate in making decisions. People were supported to work towards positive outcomes and personal achievements, by a staff team who were knowledgeable and consistent.

There had been a change in registered manager and regional manager since the last inspection. In addition, newly appointed senior staff and a home supervisor were in post. Without exception, people's relatives, staff and professionals spoke positively about the impact of the change in management team.

Thorough monitoring systems had been implemented. The registered manager had a thorough oversight of the service. The registered manager and leadership team were continually striving for a high standard of sustainable quality care and support at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Inadequate (published 28 October 2019).

Why we inspected

We previously carried out an unannounced focussed inspection of this service on 14 and 19 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve

We undertook this focussed inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Good. This rating change is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grange Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Grange Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Grange Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of the inspection because of the Covid-19 pandemic. We wanted to ensure we could conduct our inspection while keeping people and staff safe.

What we did before the inspection

We reviewed and used information received from the service about their ongoing improvement actions and progress to plan and inform our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spent one day visiting the service and reviewed care plans, records and reports relating to the care people received. In addition, we looked around the home to check for infection control processes and

maintenance of the property. We were unable to observe direct care interactions. This was due to Covid-19 good practice in an environment of this nature; also, because of the potential risk of causing increased anxiety for people in their home.

After the inspection

After the site visit, we spoke via video call with 11 members of staff, including the registered manager, regional manager and home supervisor. We received verbal and written feedback from relatives of the four people who live at the service. We also received written feedback from two health and social care professionals who have worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection, this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people from the risk of harm and staff had sustained serious injuries. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in the assessment and monitoring of risks to people's safety and wellbeing.

- There was guidance in place for staff to follow to help protect people from the risk of harm. Staff confirmed the risk assessments and guidelines were kept up to date and reflected people's needs.
- Each staff member we spoke with said they felt safe. They were supported by their experienced colleagues to meet people's needs and de-escalate any heightened anxieties or behaviours. This also reduced the likelihood of people experiencing emotional harm.
- Staff had radios to communicate with one another and to ensure they could call for support when needed. We heard these being used to ensure the safety of the people the staff supported.
- People were protected from avoidable harm. They were supported to develop their independence and social experiences. There was a culture of positive risk management.

Learning lessons when things go wrong

At our last inspection there was a lack of action to learn from incidents or when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made. There were thorough systems in place to analyse and learn from accidents and incidents where people's behaviours had escalated.

- The registered manager maintained a detailed oversight of what had happened and identified patterns where additional support could be implemented. This meant people were less likely to experience any prolonged anxiety and staff could support them safely.
- Learning was shared with the staff. Individual and team meetings were held to discuss where things had gone wrong and reflect on any opportunities for learning. Records and staff confirmed there was effective communication and an open culture of continuous learning.

Staffing and recruitment

At our last inspection the provider had significant shortfalls in permanent staffing levels. There were long-

standing vacancies and people were not receiving consistent care in-line with their assessed needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the service was fully staffed with a consistent and suitably skilled staff team.

- People received support from the staffing levels they were assessed as needing. This allowed them to regularly access the community.
- People had 'core teams' of staff who knew them well. The staff had built trust with people and people's relatives confirmed this. Their feedback included, "I have been kept informed of the positive working relationships [person] has built with the staff." Also, "[Person] is happier, she knows the staff, they are consistent and all work to the same standards."
- There were examples of people being supported to achieve positive outcomes because of the consistent staff support. These included, one person engaging in making drinks and selecting snacks in the kitchen. Previously the person had not been permitted to access the kitchen due to the level of risk and lack of consistent support. This person's relative told us, "I have seen huge improvements in staffing levels. There are more permanent staff now which ensures consistency, meaning less anxiety for [person] and greater peace of mind for the parents."
- The retention levels for staff at the home had improved. This meant the staff team could plan and implement long-term support initiatives to benefit people's quality of life.
- No concerns were highlighted at the previous inspection in relation to staff recruitment checks. Because of this, we did not review any staff recruitment files during this inspection. The home was supported by the provider's recruitment team, who ensured all relevant checks of staff member character, employment background, and suitability were completed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff understood their responsibility to identify and report any concerns of harm and abuse. All staff told us they could raise concerns to the management team. They also knew they could speak out about poor care to the provider or to external organisations. These included CQC and the local authority safeguarding team.

Using medicines safely

- People's medicines were managed and administered safely.
- Medicines were stored in people's bedrooms in secure cabinets, accessed by trained staff.
- People received their medicines as per the prescriber's instructions. Medicine records were well maintained. We found no errors or gaps in the recent records.
- People had their medicines administered by staff who had their competencies monitored to ensure they continued to give medicines safely.

Preventing and controlling infection

- The home was clean throughout and free from unpleasant odours.
- Staff had cleaning schedules in place to ensure equipment and areas of the home remained clean and tidy. This helped to prevent any potential cross-contamination.
- People were supported by staff who had access to the correct personal protective equipment (PPE). This included aprons, gloves, face masks, antibacterial hand gel and visors. There were established supply chains of PPE.
- Staff had received additional infection prevention and control training, during the Covid-19 pandemic. This included specific training for hand-washing and the use of PPE, in addition to Covid-19 training and the mandatory infection control training. This ensured staff were confident and competent in keeping people

safe from the risks of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to ensure there were suitably skilled and consistent staff to support people in-line with best practice guidance. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. People were being supported by a consistent staff team to work towards positive health, wellbeing and independence outcomes.

- Different staff were taking the lead in implementing different initiatives to support people. For one person this included looking at different ways they could have their hair cut without causing them anxiety or distress.
- Staff were enthusiastic and knowledgeable about best-practice guidance and standards for supporting people with autism. They evidenced this through personalising communication tools and adopting a consistent approach to meeting people's needs.
- People's care needs and choices were regularly reviewed to ensure their support plans and staff guidance remained up to date.
- The local authority had completed reviews of people's care. We received feedback from health and social care professionals that the service had improved and was meeting people's needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection, we found that records and assessments of people's mental capacity were not kept up to date or reviewed effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. Assessments of people's mental capacity and best interest decisions had been recently updated, reflecting their current needs. Best interest decisions which had been in place a long time, were reviewed to identify if these were still needed or if less restrictions could be put in place to support people.

- People were supported by staff who understood the importance of ensuring decisions were discussed with them in a way that met their communication needs. This enabled people to participate in the decision making process in a more in-depth way. We saw person-centred tools to help people understand decisions for health care interventions and social distancing.
- When people lacked the mental capacity to consent, best interest decisions were made in consultation with those who had the authority to act in the person's best interests.
- The deputy manager was leading on a project to review the assessment process and ensure all staff were competent in their MCA understanding. The deputy manager's work had been praised by the provider. Their work was being shared with the provider's other services to show what good practice looked like.
- Staff used their creativity when looking at ways they could reduce DoLS restrictions for people. For example, one person who previously had to wait for staff to allow them access to their bedroom. While waiting, staff observed the person's anxieties would often escalate. The person had previously not been able to use a key to access their bedroom. After staff explored different options, the person was given a fob to access their bedroom. The person felt confident with the system put in place, this benefitted their independence and emotional wellbeing.
- DoLS applications were made to the local authority. These were monitored to ensure the information and decisions remained up to date.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection, we found that records of how much people had to drink were not maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in the completion and monitoring of records.

- People chose what they wanted to eat or drink and were supported by staff who knew people's likes and dislikes. Staff were encouraging and supporting people to be as involved in the preparation of food and drink as possible.
- Records of people's care showed they were supported to eat and drink a varied and balanced diet. Although there were some days when the records were not consistently completed, this was monitored by senior staff and addressed with the staff members responsible.
- People had been supported prior to the Covid-19 pandemic to visit restaurants and eat outside of the home. For some people, this support had not been happening previously due to a lack of staff. Improvements had been made in the consistency of staffing and this benefitted people's social dining experiences.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff received a company induction. This included mandatory training and learning about the values of the provider. They also completed shadow shifts, working alongside experienced staff members, being mentored into their role. We spoke with staff who had joined the service in the last six months. They all

spoke positively about the induction they received and how confident it had made them feel.

- The registered manager maintained a clear oversight of staff training completion, to ensure staff had suitable knowledge. People's parents spoke positively about the training staff had received. Their comments included, "The staff are receptive to any feedback, they take it on in their learning, they are very well trained too and have all the training they need."
- Mandatory staff training included safeguarding; infection prevention and control; health and safety; and the Mental Capacity Act. Staff feedback included, "The training is really good here, it is done to such a high standard." Also, "I have had some training over video call. They do what they can to make sure you learn everything you need to know." All staff confirmed there were no areas where they felt they needed additional training.
- Staff received regular supervision meetings. These were a formal opportunity to check staff wellbeing, discuss what was working well and any support needed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to have their healthcare needs met. People were registered with healthcare providers and were supported to access different appointments, including the GP and dentist.
- There were working partnerships between the registered manager and health and social care professionals. We received positive feedback from one professional about how they were kept up to date with any changes or improvements at the service.
- The staff team consulted with professionals when people's needs changed or if staff felt further input was required. These included the GP, psychiatrist, dietician and social workers.
- People with epilepsy had their seizure activity monitored closely. There were protocols in place which directed staff as to what action should be taken to support people's epilepsy needs.

Adapting service, design, decoration to meet people's needs

- At the last inspection there were some areas of the home in need of repair. At this inspection we found these areas had been addressed.
- People's bedrooms were personalised. They chose the colours of their bedrooms and the rooms were furnished in the way people preferred.
- People had access to communal areas, as well as a large garden. More of the communal areas were being used at this inspection than they had been previously. Records showed people were using the garden for activities, picnics and to spend time outdoors.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The provider and their support of the service

At our last inspection, we found the provider had failed to protect people and staff from the risk of harm. There was inadequate support to ensure the service sustained improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made. The provider had supported recruitment initiatives and implemented more thorough quality monitoring tools. In addition, their wellbeing support to the registered manager and staff team had improved.

- There had been a change in regional manager, and they worked closely with the registered manager to help support sustainable improvements.
- The registered manager was required to submit reports demonstrating their managerial oversight of the service. These identified any areas where actions were needed and ensured quality could be monitored.
- During the Covid-19 pandemic, there was consistent provider contact with the home. The registered manager attended online training to 'support registered managers during crisis' situations. Regular and organised information updates were provided, with clear chains of communication from the regional manager, to registered manager, to staff.
- The provider supported the staff and registered manager to meet people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, we found the staffing shortfalls contributed to a poor culture at the service, where people's needs were not prioritised. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the culture had improved, the staff team all spoke of how much they enjoyed supporting people and working at the home.

- People's relatives told us they felt the staff team worked together for the common goal of supporting people to achieve positive outcomes. Relatives feedback included, "Before, there was no team, they were mostly agency staff. Now, the staff are brilliant, so motivating for [person], they work together really well." Also, "The team are really happy, always friendly and they are always wanting to do the best they can for [person]."
- Staff spoke with enthusiasm about wanting to continually improve the care and support they provide to

people. They said their ideas and creativity were always welcomed by the management team. For example, one staff member told us they wanted to support someone to prepare their breakfast, because the person had previously done this with a relative. Different staff also told us that previously, ideas were welcomed, but were never acted upon. They said this had changed and the management team encouraged them to always think of how they could better the support they provide.

- The registered manager fostered a positive and person-centred culture at the service. They worked with the deputy manager and senior staff to role-model good practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, we found there to be a poor culture, with a divide between the management and staff. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made. The home was managed by a robust leadership team, who the staff felt supported by.

- All staff we spoke with told us they enjoyed their job. One staff member explained, "I genuinely care about Grange Court and the people who live here. As long as they are well looked after, that is what is important."
- There had also been a change in registered manager. Without exception, all relatives, staff and professionals spoke positively about the way the home was managed. Relatives' feedback included, "[Registered manager] is a great leader and leads a great team." Also, "[Registered manager] is the driving force to get the home where it is now."
- The registered manager had a thorough, organised, and pro-active leadership style.
- Staff were equipped with the training, support and mentoring to be clear about their roles. This was confirmed by people's relatives. One person's relative said, "The staff at Grange Court are an amazing team. A great deal of care and thought go into every day and covering all aspects of [person's] day, from personal care, to menu planning, activities and general wellbeing."
- The registered manager understood their duty of candour responsibilities. There were multiple examples of open and honest communication with people's relatives.
- The staff team and registered manager were confident and knowledgeable about their roles. They worked together as a well-led team to support people in achieving positive outcomes.

Continuous learning and improving care

At our last inspection, we found shortfalls in people's support being met were not always identified. Action taken was inconsistent and improvements were not maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made. There was an open culture amongst the whole staff team of continuous learning.

- There were managerial systems in place to oversee the quality and improvements at the service. These included audits of medicines, care plans, records, health and safety, incidents, and training. The audits we saw reflected our findings and showed that there had been continual improvements since the last inspection.
- Different health and social care professionals, including CQC had received regular action plan updates from the registered manager following the last inspection. The registered manager maintained a thorough oversight of the action plan and knew how the home was progressing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives spoke positively about the partnership working they had with the registered manager and the staff team. Meetings had taken place with people's relatives since the last inspection and there had been thorough reviews of people's care and support. The registered manager had openly discussed the culture of the service and areas for improvement. The registered manager said, "We have asked relatives and professionals for really open and honest feedback. The feedback has been crucial in guiding how we have improved."
- Each person's relative told us there was excellent communication from the home. One person's relative said they were kept up to date with everything, and all achievements their family member had were shared with them. People's relatives felt they had been kept involved during the Covid-19 pandemic, when they were unable to visit the home.
- The service had become fully staffed since the Covid-19 pandemic. The registered manager reflected on how this had helped in further developing the staff team. One recently appointed staff member had autism and was happy with the personalised support they received for their training and induction to the service.
- Staff were encouraged to participate in making the service the best it could be for the people they support. All staff told us they were welcomed to put forward suggestions. Staff explained the management team always had time for them and would work alongside them if they ever needed support.

Working in partnership with others

- The registered manager had supportive working relationships with the regional manager and registered managers from the provider's other homes local to Grange Court. There were regular meetings for the registered managers. These gave the opportunity to share what was working well and ideas for improvements.
- The registered manager attended networking calls and events to liaise with other registered managers and providers outside of the organisation. These included Covid-19 provider calls held by the local authority. The calls ensured the registered manager maintained an up-to-date knowledge of local protocols and services.