

The Grange Centre for People with Disabilities

The Grange Supported Living Service

Inspection report

The Grange, Rectory Lane
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Date of inspection visit:
02 June 2016

Date of publication:
25 July 2016

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?	Good ●

Summary of findings

Overall summary

The Grange supported living service provides support to people with a learning difficulty. The majority (61 people) are tenants in accommodation owned by The Grange, however a further 10 people live in other housing association or privately rented accommodation.

There are 42 people living on site at present, with capacity for 43. Off site the service supports a further 29 people in a mixture of shared housing and single flats. The support people receive was for tasks such as cooking, shopping, managing finances and personal correspondence. There are two people currently who receive support with their personal care (the regulated activity).

The service was run by a registered manager, who was present on the day of the inspection visit. '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 and associated Regulations about how the service is run.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

There were sufficient staff to keep people safe. There were robust recruitment practises in place to ensure that staff were safe to work with people.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks like personal care, activities and the environment and were updated frequently.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 was followed. Staff assumed capacity for people to make decisions regarding their care, unless proven otherwise.

People had sufficient to eat and drink. People were supported to prepare, menu plan and cook healthy meals. There was also an on-site kitchen where some meals were prepared.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place and training to meet people's needs. Staff received regular supervision.

Positive and caring relationships had been established. Staff interacted with people in a kind and caring manner.

People, their relatives and other professionals were involved in planning people's care. People's choices and views were respected by staff. People's privacy and dignity was respected.

People received a personalised service. Staff knew people's preferences and wishes and they were adhered to. People were supported to develop with living skills to gain more independence.

The service listened to people, staff and relative's views. The management welcomed feedback from people and acted upon this if necessary. The management promoted an open and person centred culture.

Staff told us they felt supported by the registered manager. Relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The registered manager understood the requirements of CQC and sent appropriate notifications.

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.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Staff did not administer or manage people's medicines. A medication competency assessment was completed to ensure people were safe to manage and administer their own medicines.

Risks were assessed and managed well; individual risk assessments provided clear information and guidance to staff.

Is the service effective?

Good ●

The Mental Capacity Act had been adhered to, capacity was assumed unless proven otherwise in decisions about people's care. Consent was sought prior to people receiving care.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had choice of food and drink. People were supported to menu plan and prepare their own meals.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were well cared for. They were treated with care, dignity and respect and had their privacy protected. Staff interacted with people in a respectful, caring and positive way.

People were supported to be independent and make their own

decisions about their lives. They could have visits from friends and family whenever they wanted.

People, relatives and appropriate health professionals were involved in their plan of support.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service. Staff knew people's preferences and their needs. People had individual goals and objectives.

Support plans were reviewed and updated when needs changed.

People and their relatives felt there were regular opportunities to give feedback about the service. Complaints were managed effectively.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture. Staff were clear about the vision of the service.

There were effective procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

People, relatives and staff said that they felt supported and listened to in the service.

The Grange Supported Living Service

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 2 June 2016 and was conducted by two inspectors.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns.

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 used a number of different methods to help us understand the experiences of people who used the service. We spoke with one person, three staff members, the registered manager, the nominated individual and the quality advisor and one relative.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas.

We reviewed a variety of documents which included two people's support plans, risk assessments, four weeks of duty rotas, maintenance records, some health and safety records and quality assurance records.

We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

The last CQC inspection was 16 December 2013 when no concerns were identified.

Is the service safe?

Our findings

People were protected from harm. One person told us that they did not feel frightened whilst living there. One relative told us that they thought that people were safe at the service and they said "[name of person] is 100% safe, absolutely, risks are assessed and managed."

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, staff explained the different types of abuse and who they would report it to. One staff member said "The safe guarding numbers are on the board." We saw that there were contact details of the local safe guarding team in the staff office.

There was a whistleblowing policy and safeguarding policy in place with contact details of CQC and the local authority. Safeguarding was discussed regularly in tenants meetings, one area that was discussed was how to stay safe on line, and a booklet was handed out to people and would be discussed in keyworker sessions. When safe guarding concerns arose the registered manager had contacted us and the safe guarding team.

Risks to people were managed to ensure that their freedom was protected. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Person centred plans contained risk assessments in relation to bathing, swimming, and using the cooker / kettle in the persons flat. Where needed there were risk assessments in place for people with identified risks and an action plan on how to manage them. Two examples of this were in relation to 'stranger danger' and attending individual activities.

Staff told us that people and their relatives were involved in planning the risk assessments. Staff were able to describe individual risks to people and how to address these to keep people safe. We could see from people's plans that people were involved in their risk assessments.

Staff did not administer or manage people's medicines. Staff carried out a medication competency assessment on people to ensure that they had the skills and knowledge to manage their own medicines. These were signed by people.

There were enough staff to meet the needs of people. Staff and relatives told us they felt there was a lack of staff at times however this did not impact on the ability to meet people's needs. The registered manager told us that they did not use agency staff and that current staff manage to cover the work patterns through overtime and using bank staff. The registered manager told us that there are on-going recruitment drives and open days. It was also explained by the registered manager that staffing levels were determined based on people's needs.

The registered manager told us there are seven staff members during the morning and afternoon shift and one sleep in to cover the main site, we confirmed this to be the case. For those services off site, the registered manager told us that one service has 24 hour staff cover. One relative said that there were less female staff available at the weekends to support people with their personal care. There are less staff at the

weekends as people often went to their family home. We saw from the rota that staffing levels were consistently maintained.

There were robust systems in place to ensure that staff employed were recruited safely. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. Staff recruitment records contained information to show us the provider had taken the necessary steps to ensure they employed people who were suitable to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the service and had identified any necessary action that needed to be taken. Staff told us how they would respond to an incident and accident. For example, staff told us that if a person had a fall they would get help from another member of staff, use first aid and call an ambulance if required.

The registered manager told us the service had an emergency plan in place should events stop the running of the service. People had personal emergency evacuation plans in place (PEEP) which guide staff on how to safely support a person if there is an emergency. Staff confirmed to us what they were to do in an emergency.

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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.

The registered manager had ensured that staff assume people have capacity to make decisions unless proven otherwise. Staff had completed an assessment summary of people's decision making capacity in areas such as managing finances and personal care. People were assessed as having capacity to make these decisions. People were involved in these assessments.

The registered manager and staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member told us "Consent is the ability to understand information and for people to express their wishes."

As people lived in their own homes, people often prepared their own meals. Staff provided support to people to menu plan and support them food shopping. People had menu planners in their kitchens. One person told us that they planned their menu weekly, with some help from staff.

There was also a kitchen on site which provided meals for people should they wish to choose those. We observed a lunch time in the communal kitchen; people could help themselves to pre-cooked meals. This was a sociable occasion, people had a choice of what to eat, with staff chatting and laughing with people.

People were supported to maintain a healthy balanced diet. The service was running an initiative called the "Grange pear approved nutrition", this entailed menu planning with healthy, balanced and appropriate portion sizes for people. The nominated individual told us that some people who had a weight problem have indeed lost weight and have hit their target weight. The 'passport to fitness' initiative supported people to increase their exercise levels, either by going to the gym, using on site facilities such as the aqua bike in the swimming pool or by walking to places instead of using transport. The nominated individual told us that people were proud that they were having their passport stamped after each bout of exercise and that people were feeling better about themselves and healthier.

Staff told us they felt they had the knowledge and skills to care and support people. Staff received training which included how to support people in a safe and dignified manner. Staff had access to a range of other training which included 'communicating effectively with a learning disability' and training on specific health conditions such as cerebral palsy. One staff member told us "The training is very good, we did how to use a de-fibrillator training last week and I had an appraisal recently."

Staff had good knowledge of people's health conditions and how their health impacted on people's functioning. Staff were observed to undertake care practices that ensured that the dignity and respect of people was upheld. This meant staff developed essential skills to provide the appropriate support to people in a positive way.

Management supported staff to undertake the appropriate induction and training in their personal and professional development needs. The induction consisted of the Care Certificate (an induction programme that sets out standards for all health and social care workers), with one or two weeks of shadowing other staff to observe the care and support given to people prior to them starting work.

The registered manager, the team leaders and seniors ensured that staff had regular supervision which looked at their individual training and development needs. This was confirmed by staff and the records held.

People were supported to maintain their health and wellbeing. Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, dieticians and chiropodists. People were supported to attend annual health checks by with GP. People had hospital passports in place, this identifies people's health needs and which health professional is supporting them.

Is the service caring?

Our findings

One person told us "The best thing about living here is having my own space." A relative told us "Staff are brilliant, I can't think of a nicer place for [name of person] to be."

Staff had developed positive and caring relationships with people. We saw companionable, relaxed relationships were evident during the day. Staff were attentive, caring and supportive towards people. Staff engaged with people using humour and touch. One staff member told us "I enjoy working here as I am proud of the achievements of people; they grow in their independence and develop skills."

The registered manager and staff knew people's individual communication skills, abilities and preferences. Staff gave examples of people's likes and dislikes. For example, one staff member told us that one person liked to spend their time doing puzzles. Staff spoke about people fondly and they knew they needed to spend time with people to be caring and have concern for their wellbeing.

Staff said hello to people passing in the corridor and often stopped to have conversations with people. The conversations between staff and people were spontaneous and relaxed. Staff asked people what they were doing during the day, or whether they enjoyed a particular session. People looked relaxed and comfortable with the care provided and the support received from staff.

People were well dressed and clean. For example, with appropriate clothes that fitted and tidy hair which demonstrated staff had taken time to assist people with their personal care needs.

People were treated with dignity and privacy. Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors when supporting someone with personal care. One staff member said "I would ask, do they want me to be in there [bathroom]. I would make sure doors are closed. I think about how I would like to be treated if that was me."

We observed staff calling people by their preferred names and knocking on people's front doors before entering and asking if it was ok to come in.

People were helped to improve their independence in tasks such as cooking and shopping. The registered manager and staff were passionate about supporting people to develop their skills and to achieve their potential. It was evident that people were involved in planning their own care. One staff member told us "We ask them what support they need from us, in their life style, or health. They [the people] make the decisions. We provide people with options in how they can achieve things."

There were no restrictions on when people could visit their relatives. Relatives told us that they were free to visit at any time. Relatives told us that they felt involved in people's care and their support plans and this was evidenced in people's support plans. Staff told us they reviewed peoples' support plans regularly. They said where they can they would involve the person in reviewing their care and ask for input from relatives.

Is the service responsive?

Our findings

People received personalised care that met their needs. One person told us that they had enough to do and they did not get bored. They told us "I like to try different things." One relative told us "It's been the making of [name of person]. It's a credit to them."

Staff had carried out assessments prior to people moving in and assessment of people's needs after they moved in. This assessment is regularly reviewed and updated as and when people's needs changed. Staff told us that prior to people moving in staff visit the person where they were living to spend time with them and to enable the person to get to know staff. One staff member told us "I visited [name of person] at their old place, I found things out that they don't like and how they like to have their support. I found out that this person is private and doesn't like crowds, it's important to find this information out, as we can tailor the care to that person." This information was evidenced in their support plan.

People told us that they were involved in their care. People had person centred plans in place, often hand written by the people themselves. Person centred plans outlined 'Things I don't like, things I want and support I need'. The registered manager and staff confirmed they knew what people's likes and dislikes were and how they liked to receive their support.

There was a record of people's histories. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. Support plans were designed to promote people's independence. They detailed what tasks people were able to do and what tasks people required support for.

People had goals and objectives in their plans that they wished to achieve. People's individual goals included, travel training to certain destinations and joining in on work experience or voluntary work. People's goals were reviewed frequently and it was noted when people had part achieved their goal.

The registered manager told us of a new tool that was currently being trialled with a few people and would be rolled out to everyone once staff have had their training. The 'life star' is a pictorial tool that measures people's journey towards achieving their goals and wishes. It enables people to see what success they are having, put also asks the questions, what is not working so well and how can we change it.

There was a key worker system in place, which supported them when planning activities, holidays and to access the community and updating their care plans. Key worker sessions also included 1:1 staff time with people to support them with their shopping, meal preparation and cleaning their flats. The 1:1 sessions were assessed as per the person's support needs, for example some people may have had one key worker session a week, whilst another person may have needed three or four.

The registered manager told us that they were proud of their tenants. She told us "One person wanted to work as a DJ, we provided support to enable them to do some training and now they have their own radio slot."

People's health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

Relatives told us that they felt involved in people's care. One relative said "I attend [name of person review] and if there are any issues the staff are straight on the 'phone."

There were a variety of activities available on site for people to join in such as horticulture, catering and arts and crafts. Off-site the organisation has a shop in Dorking and Bookham and a café in Dorking. These give people retail and hospitality experience. The registered manager told us that there is a activities co-ordinator who is available at weekends and evenings. Their role is to support people to engage in off-site activities such as clubs and pub trips, and to support people to improve their health and wellbeing with activities on site such as Tai Chi.

Relatives told us that they felt listened to and knew how to make a complaint if they needed to. People had a tenants meetings, every two months. They were happening monthly, but people told the staff they were happening too frequently and were changed. Items that were discussed included tenant's holidays, repairs and activities.

People's complaints were welcomed, responded to and used to improve people's experience of living at The Grange. Complaints from people were responded to in line with the provider's complaints policy. The complainants had written to say they were satisfied with the outcome of the investigation and actions taken to resolve / improve the situation. A relative told us that complaints were taken seriously and responded to.

Is the service well-led?

Our findings

Relatives told us that the management were supportive and approachable. One person told us that they knew who the registered manager was and that they saw them around the site.

Staff told us that the management team were approachable and supportive. One staff member said "I love my manager; I can speak to them about making improvements. Many things have improved in the last six months." Another said "I am very proud of the culture here, it is a ever developing place and we learn as we go."

The service was well led. There was an open and positive culture which focused on people. The management team interacted with people with kindness and care. We observed members of staff approach the registered manager and nominated individual during our inspection and observed an open and supportive culture.

An annual satisfaction survey was completed, with a number of actions to be completed. People were saying that they wanted more activities at evening and weekends, the provider has employed an activities co-ordinator, as highlighted in the responsive section of the report.

The registered manager kept a compliments book, compliments reviewed in the past six months thanked staff for giving their relative the right support and for the "amazing work you do."

There were robust systems in place to ensure that quality care was provided and improved where identified. There are regular audits completed by the quality advisor. Audits include checking people receive supervision and that accidents are reviewed appropriately. Action plans are completed by the registered manager to follow up on any areas of concern. We saw that all the actions had been completed.

The nominated individual told us that they have signed up to the driving up quality code. The organisation has completed self assessments, which focused on improving the quality of care for people. An action plan is in place, with actions that are time limited and with named staff who are responsible. This is reviewed by the senior management team.

The registered manager told us that they had recently reviewed and changed the management structure of the service. As a result of that there is an action plan in place to enhance the responsibilities of the team leaders and to ensure they have greater oversight of the day to day issues and with a view to improving the quality of care that is provided on a daily basis.

The quality advisor has oversight of all incidents and accidents in the service, the registered manager told us that they audit incidents and accidents every six months to see where improvements could be made.

The registered manager told us that they will be implementing a new IT system which will enable greater and easier oversight of incidents and accidents. The new tool will be available for staff to input people's

support plans and risk assessments. It will also monitor training and supervision. This system is to be installed by the end of the Summer 2016.

The registered manager advised that they have monthly meetings with the local community learning disability team to discuss people who may need extra support and guidelines to keep people safe. We saw the minutes of these meetings.

The registered manager told us how they involved relatives and carers of people in the running of the service. They meet monthly and if required individually with some parents to discuss concerns and areas for improvement for support for their relative. The nominated individual also told us that there is a family carers and trustees consultative forum that meets quarterly. Minutes of the meetings discussed recent changes to staffing structures, opportunities for people to work and building plans.

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included CQC and inspections and peoples support needs. Staff were clear about their roles and responsibilities. Staff showed us the staff and daily routine board which detailed which staff member was supporting whom and what else they were responsible for during their shift.

The registered manager had a good understanding of the requirements of CQC and ensured consistently that the appropriate and timely notifications had been submitted when required. All care records were managed correctly and kept securely throughout the service. The registered manager had completed the provider information return (PIR) on time and what was stated in the return was reflected on the day.

All the policies that we saw were appropriate for the type of service, reviewed annually, were up to date with legislation and fully accessible to staff.