

Grange Residential Homes Limited

# The Grange Residential Home

## Inspection report

The Grange  
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Suffolk  
IP33 2JT

Tel: 01284769887

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29 November 2023  
14 December 2023

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Grange is a residential care home providing personal care and accommodation to up to 9 people. The service provides support to people with a learning disability and/or autism. At the time of our inspection there were 7 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** Safeguarding procedures had not been fully established. Support plans and risk assessments did not always include information to guide staff on how to provide care and support which was meaningful for the individual. This placed people at risk of not having their needs met.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

**Right Care:** Care plans did not contain sufficient information to ensure people's needs, goals and wishes were met.

**Right Culture:** The culture of the service was reflective of an older person's service rather than the support required by people with a learning disability autism or both.

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support. This had led to shortfalls found during the inspection.

We received positive feedback from relatives regarding the care and support provided.

The manager and quality manager were open and honest about the shortfalls at the service. They engaged with the inspection positively and demonstrated a commitment to making any necessary improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 26 March 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service and concerns we had received about the hours staff were working. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement and Recommendations

We have identified breaches in relation to safeguarding procedures, compliance with the Mental Capacity Act, person centred care and the overall governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

**Requires Improvement** ●

### **Is the service well-led?**

The service was now always well-led.

**Requires Improvement** ●

# The Grange Residential Home

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We carried out 2 site visits to the service on 29 November 2023 and 14 December 2023. We spoke with 2 people who lived at the service. Not everyone was able to tell us about their experience of receiving care, so we observed staff interacting and supporting people.

We spoke with 2 staff, the manager, the compliance manager, and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 3 people's care records which included their support plans, risk assessments and medicine records. We reviewed 3 staff recruitment records and other documents related to the running of the service which included staff rotas, training information, audits, surveys, meetings, and quality assurance records.

After the site visits, we received further documentation electronically, requested from the manager relating to the management of the service and environment. We spoke with 3 relatives on the telephone.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The service did not have effective safeguarding systems, policies, and procedures in place.
- There was no system to effectively monitor safeguarding incidents. Recording of safeguarding incidents was combined on one form with other incidents such as falls and medical concerns.
- This form recorded 45 incidents since July 2023. These included 14 'behaviour' incidents, 10 'wounds', 1 'safeguarding' concern and 1 'allegation of abuse'. There was no record of any actions taken to investigate these incidents and prevent recurrence.
- There was insufficient detail on the recording form to be sure that some of the incidents recorded as 'behaviour' or 'medical' were not actually safeguarding concerns.

Failure to establish effective systems and processes to investigate allegations of abuse is a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- All care plans contained risk assessments such as the Malnutrition Universal Screening Tool (MUST) to identify the risk of malnutrition and Waterlow to identify pressure ulcer risk. However, it was not always clear why these were in place for the individual.
- Risk assessments varied in their quality. For example, a person's risk assessment for leaving the home recorded in one section they used a wheelchair but, in another section, recorded staff to walk with the person. There was no guidance for staff as to when the person may need a wheelchair and when they could walk with support.

Learning lessons when things go wrong

- The quality manager told us they were putting systems in place to identify concerns and learn lessons when things went wrong. At the time of the inspection these was not in place. Existing systems did not support the manager and provider to easily identify any themes or trends and seek the right support for people.

Staffing and recruitment

- There were sufficient numbers of safely recruited staff.
- We observed staff had a visible presence in the service and provided support to people promptly.
- There were sufficient staff to provide 1:1 support people when people accessed the community.
- We looked at the staff files for 3 staff and found relevant background checks had been carried out before

they commenced their employment. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Prior to the inspection we had received concerns that staff were working excessive hours. Following our inspections visits the provider has assured us that staff are now working reasonable hours with time off between shifts.

#### Using medicines safely

- On the first day of our inspection visit we found keys to the medicine's cupboard was not kept secure. We spoke with the manager about this and found it had been addressed on our second visit.
- Written information about people's medicines was available for staff to refer to. This included details of the prescribed medicine for people. Records showed people received their prescribed medicines as intended.
- When people were prescribed medicines on a when required basis (PRN), there were clear protocols for staff to follow.
- Medicines were regularly audited by the registered manager and provider.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were able to freely receive visitors into the service. One person told us their sisters would be visiting the next day.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care and support did not always reflect current evidence-based guidance, standards and best practice, for example CQC guidance entitled Right Care, Right Support, Right Culture.
- The manager was not aware of the NHS guidelines entitled Stopping over medication of people with a learning disability, autism or both (STOMP).
  - Each person had a care plan. However, these did not reflect planning for the future and a progression towards longer-term aspirations as well as providing continuity over their life journey. There was no evidence of consideration of people's desired aspirations or end-goals.
  - Although we observed people carrying out tasks such as washing up during our inspection visits, we did not see that people were offered learning opportunities to promote skills acquisition.
  - Care plans did not demonstrate people's involvement in their care planning. The manager and the quality lead were re-writing care plans during our inspection visit. These care plans were not in an easy read format. There was a picture at the top of the page and then the written care plan. The manager told us they talked through the care plan with people, but we were not assured that people either understood or contributed to their care planning in this format.
  - Care plans did not contain behaviour support plans which recorded people's preferences with a record of people's choice in how they day unfolded.
  - The manager told us that people received 1:1 support to access the community such as visiting a local park or coffee shop. However, care plans did not demonstrate how staff encouraged people to participate in their preferred activity or hobby.

Failure to assess and design care to meet people's needs is a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider was not always working in line with the MCA.
- People did not have the appropriate DoLS in place. The manager told us that none of the people living in the service were able to go out alone, but no DoLS applications had been made to the local authority. The manager contacted the local authority to put the appropriate authorisations in place after our first visit.
- People did not always have the necessary MCA paperwork in place. Where necessary people's capacity to make decisions had not been assessed.
- Staff knowledge around the requirements of the necessary MCA paperwork was not as robust as it needed to be to ensure people's rights were fully respected.

Failure to comply with the MCA is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We observed staff respectfully asking consent, offering choices, and explaining practical care tasks throughout the inspection.
- The quality manager assured us on our second visit that they would seek appropriate training and support for staff in relation to the MCA.

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

- People were not always supported to live healthier lives, access healthcare services and support. Communication between staff needed to be improved.
- Instructions from medical professionals were not always recorded in people's care plans. This meant people were not always receiving the support healthcare professionals had recommended. For example, the physiotherapist had recommended that a person carry out specific exercises 3 times a day. The frequency and type of exercise had not been recorded in the person's care plan. Speaking with the person and staff we found exercises were being carried out twice a day although staff were not aware of the specific exercises required. When we brought this to the managers attention, they confirmed they would contact the physiotherapist to confirm the exercises required to meet the person's needs.
- The manager told us they had a good working relationship with other health and social care professionals. Where concerns were identified, for example with changes in people's care needs, referrals were made to specialist teams such as dieticians and speech and language therapists.

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

- The premises were tired, in need of repair, decorating and adapting to meet the needs of the people that lived there. During our visits we saw that improvements were being made and further improvements were included in the service action plan.
- People had decorated their bedroom in accordance with their preferences. The quality manager told us that they were planning to redecorate each bedroom in consultation with the individual. A person told us how they were looking forward to having their room decorated in their favourite colour.

Staff support: induction, training, skills and experience

- Staff said the training they had received was relevant and helped them to appropriately care and support

people.

- Training included modules entitled person centred care and moving and handling. All training was online. The quality manager told us they were looking to source more face-to-face training in the future.
- Records did not indicate that all staff had undertaken the statutory Oliver McGowan training. However, the manager assured us that staff had completed this training. The Health and Care Act 2022 introduced a requirement that all regulated CQC registered service providers must ensure their staff receive training on learning disability and autism that is appropriate to their role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the Government's preferred and recommended training for health and social care staff to undertake.

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

- Care plans contained details of people's dietary needs.
- There was a menu each day which the manager told us was based on people's preferences. However, we noted that on the days of our inspection visits people all ate the same thing at the same time.
- We observed that people could access snacks when they wished from the communal kitchen.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Robust reporting and auditing systems were not in place to support effective oversight and governance and continuous learning in the service. The quality manager told us that this was because the focus had been on improving another of the providers services.
- The provider had failed to identify the concerns found on this inspection and to take mitigating measures.
- The provider had not always made required notifications to the CQC in relation to accidents, incidents and safeguarding.
- The provider sent us their action plan for improvements to the service. This did not include some of the concerns we identified and did not include dates and responsibilities. The quality manager told us this had been put together after our first visit and was being reviewed.

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

- There was no evidence available to demonstrate people's and relatives' views on the performance of the service had been sought.
- Not all contact telephone numbers for relatives or people living in the service were up to date. We were not assured that the service had been able to consult with relatives where appropriate.

The provider did not have robust processes in place to monitor the safety and quality of the service. The provider had failed to seek and act on feedback in order to improve the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and the quality manager were open and honest about the shortfalls at the service. They engaged with the inspection positively and we were encouraged by their commitment to making any necessary improvements.
- The service is required to have a manager registered by the CQC. The manager had applied to register with the CQC.

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

- The provider and manager had experience of care services for older people but not for people with a

learning disability, autistic people or both. This had resulted in a culture of care relevant to older people which did not always reflect the needs of younger adults.

Working in partnership with others

- We received positive feedback from the local authority regarding the service.
- Where changes in people's needs or conditions were identified appropriate referrals for external professional support were made.

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

- The manager was aware of their responsibilities under the duty of candour.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Failure to assess and design care to meet people's needs
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The service was not complying with the Mental Capacity Act
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes to protect people from abuse had not been established
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have robust processes in place to monitor the safety and quality of the service. The provider had failed to seek and act on feedback in order to improve the service.