

Grange (Whitefield) Care Services Limited

# Grange (Whitefield) Care Services Ltd

## Inspection report

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## 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 (Whitefield) Care Services Ltd is a domiciliary care service providing personal care to people living in their own home within supported living projects. At the time of the inspection the service was supporting 40 people who needed support with their learning and physical disabilities, autism and mental health.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People who were able to communicate with us, expressed content and happiness with the care and support they received. We also observed people who were non-communicative engaging with support staff positively and confidently.

Relatives of people using the service spoke positively of the service and the care and support that their family member received.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The model of care and setting maximises people's choice, control and independence. Care is person-centred and promotes people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

During the inspection we saw people interacting with support staff in ways which assured us that people felt safe and were happy. Staff knew the signs to look for if abuse was suspected and told us of the actions they would take to protect people from abuse.

Care plans detailed people's identified risks associated with their health and care needs, with clear guidance to staff on how to manage those risks to keep people safe.

Safe medicines management and administration processes in place ensured people received their medicines as prescribed and on time.

We observed sufficient numbers of staff available to assist people with their assessed needs. Recruitment

processes ensured that only those staff assessed as safe to work with vulnerable adults were employed.

People were supported by support staff who had been appropriately trained and were skilled in their role. Support staff told us they were regularly supported through supervision and annual appraisals.

People were supported to eat and drink to maintain a balanced and healthy diet. The service supported people to lead healthy lives and supported them to access relevant health care services where required.

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.

People approached managers and support staff with their questions and concerns whenever they wanted and we observed staff attending to them immediately. Relatives knew who to speak with if they had any complaints and were confident their concerns would be dealt with appropriately and in a timely manner.

Management oversight processes in place enabled the service to monitor the quality of care people received. Where issues were identified these were addressed immediately with further learning and development implemented to improve people's experiences.

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

The last rating for this service was good (published 08 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 (Whitefield) Care Services Ltd

## **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 three inspectors and two Expert by Experience who made telephone calls to people and relatives of people using the service. 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

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of COVID-19 pandemic on the service and needed to be sure that the registered manager would be available to support the inspection. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic. We also wanted to make sure that people's consent to a home visit from an inspector was obtained.

Inspection activity started on 04 May 2021 and ended on 08 July 2021. On 04 May 2021 we spoke with people and relatives. We visited the office location and one supported living scheme 14 June 2021 and a further two supported living schemes on 15 May 2021. On 17, 18 and 21 June 2021 we spoke with staff. Feedback of the inspection process was provided to the registered manager on 08 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We also spoke with seven people using the service and eight relatives to obtain their feedback about the quality of care they received.

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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people and one relative. We also spoke with the registered manager and two operation managers. We reviewed a range of records. This included nine people's care records, five people's medication administration records and six staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found including policies, procedures and quality assurance records. We spoke with a further six members of staff including team leaders and support staff.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to ensure people were safeguarded and protected from the risk of abuse.
- People appeared to be happy and we observed people approach and speak with staff confidently. One person told us, "I like it here, we are all friends." Another person stated, "I feel safe."
- Relatives stated that they believed their family member to be safe and spoke positively of the care and support that they received. Feedback included, "I think she is safe because the house is always secure and staff check on her regularly" and "He is definitely safe because they upheld everything we told them about him."
- Support staff demonstrated a good understanding of safeguarding, how they would recognise the signs of abuse and the actions they would take to report their concerns.
- Support staff also knew when to whistle blow and named agencies they could contact to report their concerns, including the CQC.
- The registered manager and team leaders were clear of their responsibilities in relation to reporting and investigating safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's health, care and social needs were comprehensively assessed and recorded so that people were supported to remain safe and free from harm.
- Individualised risk assessments assessed each person's identified risk with clear guidance on how to manage and mitigate risk.
- Assessed risks included specific health conditions such as diabetes and epilepsy, behaviours that challenge, self-harm, accessing the community and medicine administration.
- Risk assessments were reviewed six monthly or sooner where risks or the management of risk had changed.
- Health and safety including fire safety at all the supported living schemes was regularly checked and monitored to ensure people's safety.

Staffing and recruitment

- People were supported by staff that had been assessed and verified as safe to work with vulnerable adults.
- Pre-employment checks included checking the Disclosure and Barring Service for any criminal convictions, conduct in previous employment and proof of identification.
- Throughout the inspection we observed support staff to be available, supporting people as required. Staffing levels were determined based on people's needs and support hours commissioned by placing

authorities.

- People and their relatives told us that support staff were available to support them when needed. One person told us, "The staff are here all the time." Another person stated, "The staff are nice and they support me." Relatives feedback included, "I think there is enough staff from what I've seen before and from what I'm told. He always has someone with him" and "He is safe because there is always staff."

#### Using medicines safely

- People received their medicines safely, on time and as prescribed. Policies and systems in place supported this.
- Medicines were stored securely in people's own flats.
- Medicine administration records were mostly complete. During the inspection we did identify some gaps in recording on the medicine administration records. These were brought to the attention of the operations manager and registered manager who gave assurance that this would be addressed immediately.
- Where people had been prescribed 'as and when required' medicines, there were clear protocols in place giving guidance on how and when these medicines should be administered.
- All staff responsible for administering medicines had received training followed by an observed competency assessment to ensure that they had the required skills and were competent to administer medicines.
- Weekly and monthly medicine checks and audits were completed to ensure people received their medicines safely and as prescribed.

#### Preventing and controlling infection

- Appropriate procedures and practices were in place to manage infection prevention and control especially throughout the COVID-19 pandemic.
- People were supported to access a variety of information to help them understand the dangers associated with COVID-19 and the importance of hand hygiene, cleaning and using Personal Protective Equipment (PPE) especially when accessing the community.
- People had access to a variety of PPE to ensure their safety especially when accessing the community.
- An increase in daily cleaning had been implemented around the schemes during the pandemic to prevent cross-infection.
- People were responsible for keeping their flats clean and staff supported them where required. We saw several people's flats and observed that they were clean and well maintained.
- PPE, in line with government guidance, was available for support staff to wear when delivering personal care and supporting people. Staff had received training on infection prevention and control and the effective use of PPE.

#### Learning lessons when things go wrong

- All accidents, incidents, safeguarding concerns and complaints were documented and included details of the event, actions taken at the time and any follow up required to prevent any future re-occurrences.
- Periodic reviews of all incidents and complaints, enabled the registered manager, operation managers and team leaders to review, analyse and identify trends and patterns related to all recorded incidents across the service, so that learning and development could be shared with all staff.

# 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 good. At this inspection this key question has remained the same. 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

- The service completed an initial assessment of people's needs before they moved into their accommodation. This included working with families and local authorities, as well as arranging transition visits prior to the move to reduce people's anxiety.
- Following the pre-assessment process, the registered manager with support from staff and families created a care plan which contained essential and personalised information about the person. The service then carried out a review after six weeks to ensure a smooth transition.
- We saw evidence of regular assessments and evaluation of people's needs.

Staff support: induction, training, skills and experience

- Staff received regular training courses specific to the needs of the people they supported.
- New staff went through a comprehensive induction process consisting of working under supervision and completing essential training in areas such as safeguarding, infection prevention and control, first aid, manual handling and the Mental Capacity Act.
- The service supported staff through regular supervisions and yearly appraisals.

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

- The service had menu plans in place for each person. However, the menus served as a guide only as people were able to choose what they would like to eat and drink on the day.
- We saw risk assessments for people around eating and drinking, as well as safety in the kitchen. We saw a member of staff supporting an individual to the shops to get their lunch. One person told us, "I have help with cooking when needed."
- Families told us staff were aware of people's dietary needs and these were documented in their care plans.

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

- People and their relatives told us they were supported in managing their health needs. Support staff assisted people to attend health appointments.
- Relatives told us that the service notified them as soon as any health issues developed. Feedback from relatives included, "They call the doctor as soon as they think he has a bad chest because he is prone to infections" and "Staff were worried about his mouth; it was a bit swollen. So, they contacted the GP who prescribed antibiotics which cleared it up. But as usual, they were quick to tell me."

- People's health needs and related risk assessments were clearly documented in their care plans. The service worked alongside other professionals such as community nurses, GPs and psychiatrists to ensure people received appropriate care and treatment.

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

- Three supported living schemes that we visited were seen to be clean and well maintained.
- People were encouraged and supported to maintain their own rooms where possible. People also had access to communal areas such as the communal lounge and outdoor spaces.
- People had decorated and personalised their own room as per their choice.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The provider had a clear understanding of the MCA.
- Where people were deprived of their liberty, appropriate court of protection authorisations had been applied for and recorded in their care plans.
- Where people had been assessed as lacking capacity to make decisions, processes had been followed in relation to capacity assessments and best interest decisions which involved relatives and health professionals.
- Where people had capacity to make decisions, records confirmed their involvement in the care planning process and had signed their care plan confirming consent.
- The registered manager and support staff demonstrated a good understanding of the MCA and how people were to be supported in line with the key principles of The Act.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, operation managers and team leaders worked towards promoting a positive culture within the service that promoted good care and aimed to work towards achieving positive outcomes for people.
- People knew senior managers at each of the schemes and all the staff that supported them. Throughout the inspection we saw people approaching them with confidence and staff responded positively to their requests and needs. One person told us, "This place has helped me a lot. I tell you something this is the place I want to be, I feel good to be here."
- Relatives knew who to speak with if they had any concerns or complaints to raise and were confident their concerns would be addressed.
- Support staff clearly knew and understood the providers values of involving, engaging and empowering people they supported. One staff spoke positively about the care people received and told us, "One thing they [provider] do really well is probably how they implement the fact that it is so person centred, the way they structure their care plan and pull it together to make sure the persons getting the best care based on their care needs."
- People and relatives told us that they were involved in the support planning and review process.
- Regular telephone and written contact had also been maintained, especially during the COVID-19 pandemic to provide relevant updates. Relatives told us, "Communication is very good. In fact, I sometimes email late at night or weekends and am surprised to get an answer usually straight away" and "The staff are always calling me to let me know how things are. They are good at communicating, I don't feel pushed out at all."
- Staff spoke positively about the registered manager, the operations manager and team leaders. Staff told us that they were well supported, offered continuous training and development and were able to approach any of the managers at any time.

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 registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Accident, incidents, complaints and safeguarding records confirmed this.
- Where required, the registered manager, operations managers and team leader were also aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or

allegations of abuse had been made.

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

- Systems and processes were in place to monitor quality and risk on a weekly, monthly and annual basis to ensure regulatory requirements were adhered to.
- Team leaders were also responsible for checking and auditing various aspects of service provision which included medicines management, support plans and health and safety.
- These processes enabled the service to analyse the quality of service provision, continuously learn, identify issues and make the necessary improvements where required.
- The service demonstrated a willingness to learn and reflect to improve the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- During the inspection we observed people encouraged to be engaged and involved in the care and support that they required. Relatives and all staff were also enabled to be involved in the day to day running and management of the service. One support staff told us, "They [managers] do listen they are very helpful, they do trust what we are saying."
- Records confirmed that people also participated in monthly tenants meetings and key work sessions where they were encouraged to give their views and opinions on how the service was run and managed.
- People and relatives were also asked to complete satisfaction surveys and the last exercise was completed in March 2021. Feedback was positive.
- Staff engagement and support was regularly facilitated through supervisions, annual appraisals and monthly staff meetings.
- We saw that the service worked in partnership with external agencies such as GP's, psychiatrists, and mental health professionals to maintain the health and wellbeing of people.