

The Grange (2016) Ltd

The Grange (2016) Personal Care

Inspection report

Collingwood Grange
The Green, Benenden
Cranbrook
Kent
TN17 4DN

Tel: 01580240118






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

The service was well run and people received good quality support. However, the regulated activity had only been provided since October 2018 and the provider was still in the process of fully implementing some of the systems and processes needed for a domiciliary agency. Areas of improvement were needed. A system for the routine assessment and quality monitoring of the service was needed. Staff felt listened to and well supported but regular staff meetings were not held. A staff member told us they thought it would be good for staff to have regular meetings, and said one had already been planned since the inspection. A complaints procedure was in place and a relative informed us that they would have no concerns about raising a complaint if they needed. They felt confident this would be handled appropriately. However, an accessible version of the complaints procedure was not available to the person supported. Staff had received training in safeguarding adults and understood their role and responsibility to recognise respond and report suspicions or observations of abuse. However, an accessible version of safeguarding information was not available to inform the person of their rights. These are all areas for improvement.

Staff received training to support people with all aspects of their daily lives. New staff completed a period of induction to give them the basic knowledge and skills needed to support the person safely and in accordance with their preferences. All staff received regular updates to their training and were also provided with specialist training such as positive behaviour support, or end of life care. Staff supported the persons health needs and took advice from health professionals around this. Care staff were aware of the persons dietary needs.

The person using the service told us that they were happy. Their relative told us that most staff showed commitment to doing a good job and providing people with good quality support. A health professional told us staff were kind and caring. Our observations showed that the person was treated with respect and their dignity and their confidentiality upheld. Staff knew the person well and adapted their support to meet the persons changing health needs. Staff supported the person to live the life they wanted encouraged independence and supported the person to develop a busy leisure and social life. A communication passport informed and guided staff how to recognise and understand how they communicated their needs and wishes.

The provider had just introduced a new electronic care planning system called 'Iplanit' staff used hand held tablets to make live changes to the persons records, the new system also enabled the person and or their relatives with the persons permission to access their records at any time. Records were kept securely with electronic records password protected.

A health professional felt that the registered manager and other staff had been "really great" in responding to the changing needs of the person supported including implementation of 24-hour staff cover. There had been a turnover of staff but the registered manager tried to ensure that only bank staff or agency staff

familiar with the service and the persons needs were used to cover shifts. This provided better continuity of support wherever possible. The person's medicines were managed well. Staff sought consent to care and treatment in line with the Mental Capacity Act 2005 (MCA). Individual and environmental risks were appropriately assessed and measures implemented to keep the person safe. Staff spoke positively about the support they received from the manager and a relative told us that they were happy with the registered managers leadership of the service.

Rating at last inspection: This is the first inspection. Not previously rated

About the service: The Grange (2016) Personal Care is registered as a domiciliary care agency providing the regulated activity 'personal care' currently to one person who lives in a supported living service in Cranbrook. The service provides accommodation and support to people who live in a shared house and have their own tenancy agreements.

Why we inspected: Scheduled comprehensive inspection.

Follow up: We will ask the provider following this report being published to tell us how they will make changes to ensure they improve the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

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 caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive
Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led
Details are in our Well-Led findings below.

The Grange (2016) Personal Care

Detailed findings

Background to this inspection

Background

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type

The Grange is a domiciliary care agency. It provides personal care to people living in their own homes. The agency has only commenced providing this service to one person since October 2018.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit. We needed to be sure that managers would be available to facilitate this inspection. As part of the inspection we visited the service office and also the home of the person in receipt of the regulated activity.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with the person receiving support during our visit. We spoke with a staff member in addition to the registered manager and nominated individual. No questionnaires were received but post inspection we contacted a further two staff, a relative, a care manager and Community Learning disability nurse for feedback.

We reviewed the person's care and health related records. We looked at operational records such as policies and procedures, records relating to the management of the service, staff training records and recruitment records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding, systems and processes

- The person was protected from harm because staff had received an appropriate range of training and understood how to identify and respond to incidents of abuse, emergency events or accidents and incidents;
- Staff actively promoted the person's rights to make decisions for themselves;
- Staff knew how to raise concerns through the whistleblowing and safeguarding processes and what key agencies in the community they could report to. Incidents of any discrimination towards people in the house from other people in the community were extremely rare and the availability of staff meant the risk of people having negative experiences was significantly lowered;
- Staff were informed about changes to systems, practice and people's support needs through email, staff meetings, newsletters, handovers and a communication book.

Assessing risk, safety monitoring and management

- People could lead an active lifestyle because risks were appropriately assessed. We saw that individual risks had been identified around the person's daily activities and health for example, in respect of a recent health issue, continence, daily life skills, independent travel; they showed that the least restrictive measures were recorded and implemented to reduce the level of risk. Recent health needs had highlighted a future need for night time staffing. Funding for this is under negotiation with the local authority in the mean time we discussed the importance of undertaking a risk assessment of the current night time arrangements to ensure all appropriate measures were in place and people remained safe, which the registered manager agreed to do;
- Incidents and accidents were rare with none recorded for the person receiving the regulated activity;
- Staff understood the process for reporting and recording accidents and incidents and took appropriate action where necessary. The registered manager had oversight of any incidents or accidents and confirmed these would be the subject of scrutiny to ensure the right action had been taken to protect the person.

Staffing levels

- There were enough staff to meet the person's day time support needs but staff vacancies and recent sickness had meant gaps in shifts were covered by agency or bank staff. The registered manager said that support was always provided from bank or agency staff familiar with the people in the house and their needs to assure continuity where possible, any new bank or agency were always introduced by the registered manager before they worked on shift and were required to read important information about people's needs;
- The Provider Information Return (PIR) informed us that 4 specific staff covered weekly shifts up until 8:30pm. There was no planned care at night currently, a relative described this as the "one weakness" of the service, but knew this to be under review following expected changes to people's health and support needs.

The number of staff on duty was dictated by the assessed needs and activity schedule of the person supported and other people living in the house. Additional staffing was incorporated when needed to support people's one to one activities either in the community or as part of individual skills development;

- A thorough recruitment process was in place for new staff with evidence of application forms, interview processes, offer letters and contracts, staff files contained the appropriate range of records including an employment history, employer references, criminal records check, evidence of personal identity, and a statement of health fitness;
- A system was in place to allow anyone using the service who wanted to be actively involved in the recruitment of new staff, to do so and a separate interview form was used for this based on the things that were important to the people using the service.

Using medicines safely

- The person told us that staff helped them with their medicines. The person needed help with making decisions about when they should take their medicines which were 'as and when required', these helped the person manage their pain relief. Staff intervention in sometimes making these decisions on the person's behalf were supported through mental capacity assessment and a best interest meeting supporting the need for staff to make these decisions when needed;
- Staff who supported the person with their medicines were trained to do so and their competency assessed, this was kept updated;
- Medicines were kept securely in the person's home. The person was actively involved in their medicine regime. Medicine administration Records (MAR) were completed well. Staff ordered and booked in medicines appropriately;
- An audit of medicines was completed daily to make sure all medicines given were accounted for. The Registered manager worked some shifts each week and gave the person their medicines when they needed them, and kept a check of the medicines given;
- A medicines policy was in place this was kept updated and guided staff practice.

Preventing and controlling infection

- Staff had received appropriate training to protect people from the risk of infection;
- People in the service received supervision and encouragement to undertake their own personal care but staff did support some people with continence issues;
- Staff understood about the need to use personal protective equipment such as gloves and aprons and these were available;
- Incontinent laundry was managed appropriately to reduce the risk of infections.

Learning lessons when things go wrong

- Incidents and accidents were rare with none recorded for the person receiving the regulated activity. Staff understood the process for reporting and recording accidents and incidents. They took appropriate action where necessary;
- There was a system in place to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by a Senior manager and the registered manager who monitored them for any themes or patterns to take preventative actions;
- Until now people sharing the accommodation had not required night time support from staff. A recent unforeseen accident in the service highlighted the need for people to be able to alert staff at night if they needed help. Action was taken to install an alarm linked to the residential home next door to alert staff in an emergency.

Is the service effective?

Our findings

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

Good: 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.

- No new people had been admitted to the service requiring the regulated activity. The needs of people living in the service were routinely assessed and their care and support regularly reviewed to accommodate changes;
- Staff used the knowledge and skills acquired through training to support people effectively and in line with current best practice to provide them with a good quality of life.

Staff skills, knowledge and experience

- New staff were required to complete a programme of induction. This was both face to face and on-line training courses to prepare them to meet the needs of people they would be supporting. They completed workbooks on what they had learned and these were monitored and marked by the registered manager to ensure staff had understood clearly what they had learned, or might need additional support with;
- Staff received a range of appropriate basic training such as fire safety, food hygiene, infection control, safeguarding adults, mental capacity medicines management, basic life support training. To give them the knowledge and skills required for their role to support people living at the service. More specialist training was also provided where required to meet the specific needs of some people in the service. A relative informed us that they thought staff demonstrated a good understanding of the specialist nature of their relative's changing health needs and were supporting them appropriately;
- Staff received regular supervision with the registered manager. An appraisal system was in place to assess staff annual performance for those in post for more than one year.

Staff providing consistent, effective, timely care. Supporting healthier lives and access to healthcare services.

- The person was supported to attend health checks and appointments and to maintain their health care needs. The registered manager and staff worked closely with the person, their relatives and a range of health and social care professionals to ensure the person received effective care and support. Records showed that the registered manager had liaised appropriately with health care professionals regarding recent health changes;
- The registered manager informed us when people attended health appointments whether accompanied by staff or relative's outcomes from these visits were documented in the persons daily reports; any changes needed to support provided were documented in their support plan.
- A health care worker told us that they were satisfied with the support provided to the person they visited. They thought that staff understood the persons new needs as a result of health changes and sought advice and guidance appropriately.

Supporting people to eat and drink enough with choice in a balanced diet

- The person received the support they needed to make choices about food and to take an active role as possible in shopping and food preparation. Usually they met weekly with a staff member to plan and discuss meals for the week. Due to recent health changes and appetite loss there was some current nutritional risk. This was being managed through staff encouraging and promoting prescribed meal supplements throughout the day.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). If a person is living in another setting, including in supported living or their own home, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection.

- 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 registered manager and staff had received training on the Mental Capacity Act (MCA) 2005, to help them understand how to assess and support people's capacity to make decisions around their everyday support; ● No one was currently deprived of their liberty and people agreed with the support they needed from staff to stay safe in the community safely;

- There was a strong emphasis on involving the person in making everyday decisions and choices for them self where ever possible. Staff sought consent appropriately in the everyday support they provided. However recent changes had required staff to take more decisions on behalf of the person around the medicines they took. Records showed that a capacity assessment and the outcome of a best interest meeting supported this decision.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- A relative spoke positively about the staff supporting their relative, they said staff showed a commitment to giving people a good quality of life and for them it was not "just a job".
- Observations showed us that the person was treated with kindness, patience and care by staff;
- Staff showed that they were knowledgeable about the person and what was happening currently in their daily life;
- Relatives told us they visited weekly and that staff maintained good communication with them and alerted them to any changes in their relative's wellbeing;
- Staff had facilitated opportunities for the person to have an annual holiday abroad the person told us they had travelled to Portugal and enjoyed it and wanted to go again.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged and prompted the person to be as independent as they felt able to be and to live an ordinary life, learning new skills at their own pace;
- Staff supported the person to choose short meaningful and achievable goals. These had been discussed and agreed with the person. Staff and relatives worked together to enable the person to attain these goals one being to ride in a motor racing car on a circuit;
- Staff understood about the use of advocates in helping people to make decisions about their support, the persons relatives provided advocacy support;
- The person met with a staff member weekly to discuss what food they wanted to purchase and cook, their activities for the week and any changes they wanted to make, or concerns they wanted to express.

Respecting and promoting people's privacy, dignity and independence

- This was a communal house where people had individual tenancies. A tenancy agreement was provided to the person in an easy read format to help them understand their rights and responsibilities, a tenancy meeting was held monthly for the person to discuss aspects of their support and any issues arising.
- The persons privacy was respected by staff and other people who knocked before entering their bedroom. Where this was not the case staff acted to remind individuals of their responsibility to do so. We saw evidence where staff had tackled this issue;
- The person was supported to take responsibility for their own domestic and cleaning tasks including shopping and cooking. The person told us that they disliked housework. Staff provided encouragement and prompting to support the person to complete these tasks;
- The person received both shared and one to one support hours each week when they spent time doing

things they wanted to do with the undivided attention of a staff member;

- Written daily records completed by staff about the person showed these to be written in a respectful and appropriate manner showing staff displayed the right attitudes and behaviours towards the person and others;
- The person's records were held securely. Staff showed awareness of confidentiality issues. They had been informed about the changes to Data Protection because of the implementation of the General Data Protection Regulation (GDPR) and how this would impact on how people's and staff information was handled in future.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

How people's needs are met

Personalised care

- Staff understood the principles of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. Information was provided to the person about their tenancy agreement, care plan and their communication needs but the registered manager accepted that further information about safeguarding and complaints was needed so that the person understood their rights around this. This an area for further improvement;
- A communication guide was in place for the person so staff could understand the different ways in which the person made their needs known;
- The person had a personalised plan of care outlining their needs, wishes and aspirations. They and their relatives had been involved in developing this with staff. The plan described the areas of support that the person required prompting and supervision with. The support plan informed staff about the persons preferences and dislikes and how they wished and preferred their support to be provided to them by staff. A relative confirmed their regular involvement in support plan changes and attendance at review meetings;
- The provider had implemented a new electronic care plan system called 'iplanit'. Support staff had been trained to use this and provided with hand held tablets. These enabled them to record live updates to the persons care plan, risk assessments and daily records. Relatives with the persons permission were to be provided with a computer login to access their relatives care records on line when they wished. This enabled greater transparency, openness and engagement with the person and their relatives around delivery of support.

Improving care quality in response to complaints or concerns

- There was a complaints procedure but this was not in a suitable format for the person using the service. The person was able to express any concerns they may have to staff but accessible information about making complaints should also be made available to inform them of their rights around this. We discussed this with the registered manager at inspection who agreed to address this;
- A relative told us that they visited weekly and had never heard any complaints. They said that they had personally not needed to make a complaint. They felt confident if the need to complain arose that this would be handled appropriately and action taken to resolve this to their satisfaction;
- No formal complaints had been received about the service since its registration.

End of life care and support

- The registered manager informed us that the provider had joined the Hospice in weald federated scheme, and had applied for workforce development funds through skills for care. The course will enable support workers to work to a level 3 certificate for end of life care. The registered manager will complete a certificate commensurate with her position in managing the service;
- At the time of inspection the person was not in receipt of end of life care although recent changes in health needs meant choices and decisions for them needed to be made in respect of last wishes. Health and care professionals were involved in discussions about the persons changing needs, and a discussion about future needs with the person and their relatives would take place when it was appropriate to do so.

Is the service well-led?

Our findings

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Engaging and involving people using the service, the public and staff-

- The provider had a system of quality assurance and audit for other services provided but this had not been adapted for the domiciliary agency. One audit had been conducted by the nominated individual since the regulated activity was provided in October 2018, this had identified some improvements needed and these were being worked on. The registered manager worked shifts so supported the person on a regular basis, the absence of current audit processes did not have a direct impact on the delivery of support to the person. However, these will need to be developed to accommodate further growth in the service. This is an area for improvement;
- A health professional spoke positively about the care and input the registered manager provided regarding the persons support needs. The health professional credited the registered manager and staff with taking on board advice given, undertaking daily monitoring of the persons health, attending appointments, implementing sleep in support in response to the changing needs and being 'amazing' and 'caring' throughout the whole process.

Leadership and management

- At the time of our inspection there was a registered manager in post. Our records showed that the registered manager had formally registered with the Care Quality Commission to provide the regulated activity of Personal care in January 2018. However, this had not been put into practice until October of 2018. At present due to changing health needs only one person was in receipt of the regulated activity of 'Personal care'. The registered manager was present throughout the inspection along with the Nominated individual and an office staff member.
- Staff meetings were not held for those staff supporting the person with personal care, staff learned about important changes through handovers, the communication book and informal discussion with the registered manager. A staff member told us they thought it would be a good thing to have regular staff meetings. This is an area for improvement;
- The person and their relative told us they were happy with the service provided. The registered manager was a visible presence in the service during the week and covered some of the shifts;
 - A relative told us that they found the registered manager approachable and most staff supportive. We saw that the registered manager showed kindness and patience in their engagements with the person supported; they knew the person and their current needs extremely well;
 - The registered manager oversaw the planning and promotion of person-centred, high-quality care that enabled people to have good day to day outcomes. They took account of the persons physical and emotional support needs, their leisure interests and social life, providing them with opportunities to

enhance their quality of life experiences. They ensured the persons health needs were addressed promptly and enabled the person to maintain links in the community. This could be seen through records viewed;

- A business continuity plan was in place to inform and guide staff in the event of emergencies that occur and could impact on the operation of the service for example, electrical, gas or water failure. An inclement weather policy and procedure supports this so that there are clear measures in place should weather prevent staff getting to work;
- The provider and registered manager understood their responsibilities to inform the Care Quality Commission (CQC) of significant and notifiable events when needed.
- The provider planned and promoted person-centred, high-quality care and support, and understood and acted on duty of candour responsibility when things go wrong
- The registered manager and staff were clear about their roles. There was an understanding of risk management, and the need to maintain quality standards;
- Staff were asked about their understanding of their role during their induction and as part of their supervision which took place four times each year;
- There was an open culture and staff could approach the registered manager at any time to discuss issues if needed;
- The registered manager received supervision and appraisal from the nominated individual who they found very supportive. There were also opportunities for peer support through manager meetings every two months.

Continuous learning and improving care

- The service was well run but was still to develop some aspects to meet the requirements of providing a regulated activity, such as quality audits and monitoring, monitoring visits to assess staff input, accessible information for the person to access if they chose;
- Staff understood their roles and responsibilities and were held to account for their performance where required;
- The registered manager understood their own accountability to ensure staff understood their roles and responsibilities and provided the support the person needed to the standard required;
- A health professional told us that the registered manager and another staff member were particularly proactive. They said that staff had adjusted well to the changes required in the service to meet the continued support needs of the person, and expert sources of training to help with this had been sought;
- Additional policies and procedures have been developed for the domiciliary agency to supplement those already in place and valid for the supported living service provided. These were kept updated by the nominated individual. All staff had access to these and were informed by email or through the communication book or end of shift staff handovers if there were any changes to policy and practice;
- To keep their practice updated and be informed about changes in the care sector the registered manager attended relevant conferences and meetings. For example, they recently attended the Learning Disability Today conference in London as well as Level 2 Safeguarding Training. They also attend bi-monthly manager meetings for sharing information and peer support. The registered manager felt supported by the nominated individual who kept them updated with information from Learning Disability England, Kent Integrated Care Alliance, Skills for Care. The provider also subscribed to several care sector magazines and publications to keep updated with changes and news.

Working in partnership with others

- The service was working in close partnership with learning disability care management in supporting the person to ensure there was a joined-up approach to providing the most appropriate support to meet the persons needs as they changed;
- The provider has joined the hospice in weald federated scheme and have applied for workforce funding to

develop their staff in end of life care. The registered manager will also be undertaking this training to a level commensurate with her role;

- The registered manager and staff have developed good working relationships with the social services day service, and a farm attended by the person to ensure they are kept informed about changes in support needs.