

Valorum Care Limited

# The Grange - Care Home Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Grange – Care Home Physical Disabilities, thereafter known as The Grange, is a residential care home providing personal care and accommodation to adults. The home specialises in supporting people with physical disabilities. The service is registered to support up to 27 people. At the time of our inspection there were 21 people using the service. Accommodation is provided over two floors and separated into five clusters that consist of people's rooms and a communal kitchen, dining and meeting area. A larger social space is located on the ground floor for people to meet. Other facilities include a computer room and hairdressers.

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

People had not always been protected from risk as legal requirements to notify the Care Quality Commission (CQC) of safeguarding events had not been met and fire safety records were not up to date. Quality assurance systems had not been effective at ensuring regulations were met or that identified actions were completed in a timely manner.

People were involved in having their risks assessed and staff understood actions needed to mitigate identified risks whilst respecting people's choices and freedoms. People had their medicines administered safely. Infection, prevention and control practices were in line with the latest government guidance. People were supported by enough staff to meet their needs but told us that high agency use had impacted on the consistency they were used to from permanent staff members. Recruitment was on-going.

People were supported by staff that had training and support that enabled them to carry out their roles effectively. People were involved in menu planning, had plenty of choice of well-balanced meals and had their dietary needs met. This included textured diets, likes, dislikes, allergies and any cultural or lifestyle choices. People were supported to access healthcare both in planned and emergency situations. Hospital passports provided details of a person's support and communication needs and details of what was important to them. The building provided adapted accommodation that met people's needs and included specialist bathrooms and accessible outside areas.

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 and their families described the care as good. People had positive relationships with the staff team who supported people whilst respecting the importance of enabling independence, demonstrating respect and protecting people's privacy and dignity. People were involved in decisions about their day to day care and future planning.

Support plans had been created with people, were person centred and reflected support needs and lifestyle

choices. People had opportunities to follow hobbies and interests, keep in touch with family and friends and maintain links in the community that were important to them. People had information about the complaints process. Records showed us that complaints were investigated, outcomes shared, and lessons learnt. People had an opportunity to have an advanced care plan detailing their end of life wishes in place which included information of any spiritual or cultural needs and included any do not attempt resuscitation decisions.

People, families and the staff team told us they felt informed and involved in the service and that the management team were always happy to listen. The management team were visible, person centred and approachable. People, families and the staff team had opportunities to attend regular meetings, which provided opportunities to share ideas, be involved and develop service delivery.

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

This service was registered with us on 6 August 2019 and this is the first inspection. The last rating for the service under the previous provider was good (published 22 May 2019).

#### Why we inspected

This was a planned inspection to provide the service with a rating under the new provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to fire safety records, safeguarding systems and governance.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.  
Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** 

### Is the service caring?

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

**Good** 

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** 

### Is the service well-led?

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

**Requires Improvement** 

# The Grange - Care Home Physical Disabilities

## **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

The inspection was carried out by one inspector 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority who work with the service. 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 spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the regional manager and seven members of staff. This included the registered manager, deputy manager, team leaders, support staff, catering staff and activities staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Systems and processes to protect people from the risk of abuse were not operating effectively as safeguarding concerns had not always been shared with the Care Quality Commission. This meant people may be at risk of harm as external oversight of safe care at the service was compromised.
- We found two reportable safeguarding incidents that had been reported to the local authority but had not been reported to the Care Quality Commission.

We found no evidence that people had been harmed, however, systems were not in place or robust enough to demonstrate safeguarding processes were effectively managed. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their families described care as safe. One person told us, "Staff always know what they're doing; I feel safe". A relative told us, "I have never heard anyone be disrespectful or raise their voice. They are very kind when we visit."
- People were supported by staff who had completed safeguarding training and understood their role in recognising and reporting concerns to the management team.

Assessing risk, safety monitoring and management

- Fire safety records were not up to date. An internal audit completed in September 2021 identified that people's personal emergency evacuation plans (PEEPs) were not up to date. An example included one person whose plan stated they lived on the first floor but, at the time of our inspection, lived on the ground floor. This meant people may be at risk of harm in the event they needed evacuating to safety.
- The internal audit completed in September 2021 identified that the emergency fire plan needed to be reviewed annually. Records did not demonstrate this had been completed as the plan at the time of our inspection was dated 15 January 2020.

We found no evidence that people had been harmed, however, systems were not in place or robust enough to demonstrate fire safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager updated the fire safety records during our inspection.
- Staff had completed fire training, attended regular fire drills and fire equipment was regularly checked and

serviced.

- Risks to people had been assessed and regularly reviewed. Staff knew people well and understood actions needed to minimise the risk of avoidable harm. People were involved in decisions about their risks and their choices and freedoms were respected.
- When needed specialist advice had been sought in a timely way. This included speech and language therapists, physiotherapists and district nurses.
- Specialist equipment such as hoists, baths and wheelchairs were in good order and serviced regularly.

#### Staffing and recruitment

- Staffing levels met people's care needs. One person told us, "There's always somebody around to help." We observed people receiving support in a timely manner.
- Staffing levels were supported by agency care staff. A relative told us, "They are using a lot of agency staff. The permanent carers are amazing. They go the extra mile and will step in to cover if they possibly can, but they are tired and stressed, I think." Another told us, "They use a lot of agency staff to cover and there isn't the consistency as with usual staff." The registered manager was actively recruiting into vacant positions.
- People were supported by staff that had been recruited safely. This included obtaining and verifying references, full employment history and carrying out a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People had their medicines managed safely by staff that had been trained in medicine management and had their competencies regularly checked.
- Some medicines, known as controlled drugs, required additional legal requirements for storage and administration and we found these were being met.
- Some people had medicines prescribed for as and when needed (sometimes referred to as PRN). Protocols were in place providing information that enabled staff to administer appropriately.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- At the time of our inspection the home was in outbreak status as testing had found positive cases of COVID-19. The home was following government guidance which meant some restrictions were in place when visiting the care home.
- People had the opportunity to nominate an essential care giver, (ECG). This is a family or friend who can visit whatever the outbreak status of the home. ECG's needed to produce a negative lateral flow test prior to each visit.

- A visiting pod had been created which provided opportunities for safe visiting. This was by appointment and provided an area that screened off the person from their visitor but enabled face to face contact. Telephone and video calls were also utilised by people.

#### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager to determine trends. Records showed us that actions were put in place to improve outcomes for people. This had included staff training, referrals to health professionals and sharing learning with the staff team.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed with people and provided information about their support needs and their lifestyle choices. This information had been used to create person centred support plans.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology including moving and repositioning equipment and specialist pressure relieving equipment.

Staff support: induction, training, skills and experience

- People were supported by staff that had completed an induction and had ongoing training and support which enabled them to carry out their roles effectively. A support worker told us, "I'm enjoying the induction, a really friendly team and able to learn at a pace right for me."
- Training specific to people had included topics linked to health conditions such as epilepsy.
- Staff felt supported and this included regular supervisions and an annual appraisal. Staff had opportunities for professional development including diplomas in health and social care.

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

- People had their eating and drinking needs understood and met. People were involved in menu planning, had a choice of meal options and mealtimes and often enjoyed ordering a favourite takeaway.
- Staff understood people's dietary requirements including special textured diets, allergies, likes and dislikes and any cultural or lifestyle choices and these were reflected in the daily menu.
- We observed fruit, snacks and drinks available throughout the building for people to enjoy.

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

- Records showed us people had access to a range of health professionals including dentists, doctors, health screening clinics and specialist clinicians.
- When accessing other services people had a passport that provided key information about how they liked to be supported, how they communicated and things important to them to ensure consistent, effective, respectful care.

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

- The building design met people's needs. Adaptations included bedroom ceiling hoists, specialist

bathrooms and automatic door openings to aid the independence of people using wheelchairs.

- People had level access to outside space and been involved in designing and creating a sitting area to enjoy with family and friends. A staff member told us, "It's been a really nice area to enjoy during restrictions."
- People were involved in how their rooms were furnished and decorated. Rooms were reflective of people's history, hobbies and interests. A call bell system provided a means for people to obtain support when needed.
- Communal areas included kitchen facilities that people were able to use to make drinks or light snacks.
- People had access to IT equipment and Wi-Fi was available in most parts of the building.

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 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.

- Staff had received training on the MCA and understood the importance of people making their own decisions. No DoLS applications or authorisations were in place at the time of our inspection.
- Records showed us people had been involved in decisions about their care and support, including living at The Grange, having photographs taken and medicines administered.
  - We observed staff providing information to people, giving them time to make informed decisions and provide consent. One person said, "I'm fully involved in decisions." A relative told us, "I am always at hand if needed but (person) is capable of voicing (their) opinions."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families described care as good. One person told us, "I love living here; it's a great community." A relative told us, "They have always seemed very kind and helpful. (Name) would tell us if (they) were not looked after properly."
- Staff were knowledgeable about people's life stories and respected their lifestyle choices. Staff supported people to live with their pets. One person had noted about their pet, "It keeps me calm and relaxed."
- We observed positive, respectful interactions between people and staff; sharing a giggle, carrying out a task together, having fun enjoying friendly banter. A relative told us, "They are like (their) big sisters and (their) family there."
- People were supported with emotional needs. One relative told us, "The usual carers are brilliant. They support (person) very well. (Person) has been suffering with (their) mental health and they do their best to help (them)."

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

- Staff understood people's communication needs which meant they could involve people in decisions about their care. We observed staff respectfully positioning themselves to speak with people at eye level, listening and giving people time to express themselves.
- People were actively involved in decisions about their care. One person told us, "We take the lead and the staff do it for us." A relative told us, "(Person) has the freedom to do what (they) want, whether to join in or be alone, which (staff) respect."
- People had access to an advocate should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. One relative told us, "They are very respectful and have the right mix with (person)." Another said, "(Person) spends time in their room when (they) want to, (for privacy)."
- People were encouraged by staff to maximise their independence. Records showed us people had opportunities to develop their skills to increase their independence. Examples included aspects of personal care and daily life skills. A relative told us, "(Person) uses a walking frame and they have encouraged (them) to carry on and keep (themselves) mobile."
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person centred support plans that reflected their care needs, lifestyle choices, cultural and religious beliefs. Staff were knowledgeable about people and how they liked to be supported and spend their time.
- People were involved in reviewing their support plans and played an active role in planning care and setting goals. One person explained how they had requested a different type of moving and repositioning equipment. They told us, "I got one and staff went out and got the training."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had comprehensive communication plans detailing their communication skills and support needs.
- Communication methods included use of technology and information in picture and large print formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us social restrictions due to COVID-19 had impacted their wellbeing and confidence as they had not been able to always access their community activities. We spoke with the quality, compliance and governance director who told us managers had planned training, 'Returning to Life after COVID' to support with moving forward from the pandemic.
- People were able to maintain relationships with family and friends whilst observing social restrictions imposed during the pandemic. This had included video calls, garden visits and using a visitor's screened pod.
- People had opportunities to share ideas and plan a range of activities that reflected their interests and hobbies. One person told us, "We have an activities co-ordinator. I sometimes join in and I like cooking." A relative told us, "(Person) likes playing video games, listening to music, watching TV, then (they) go out just up the road now. (They) like chatting with the shopkeepers and they all know (person)."
- We observed friendship groups amongst people. A staff member explained how one person had been instrumental in encouraging other young people living with them to venture to the shops.

#### Improving care quality in response to complaints or concerns

- A complaints policy was displayed on notice boards and in people's rooms. People and their families told us they felt able to raise concerns. One relative told us, "I can talk to any of the staff but would speak to (deputy manager) if I was really upset."
- Records showed us complaints were investigated, outcomes shared with the complainant and any learning shared with the staff team.

#### End of life care and support

- People had an opportunity to develop advanced plans detailing their end of life wishes. These included any cultural or religious preferences and decisions on whether they would or would not want resuscitation to be attempted.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

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

- Auditing processes at home and provider level were not effective at ensuring that identified actions to mitigate risk were completed in a timely way or that regulation was being met.
- Regulatory requirements had not been met as not all safeguarding risks had been shared with CQC.
- An audit carried out by the provider in September 2021 had an action rated high risk to review and update people's personal emergency evacuation plans and review the emergency fire plan. At our inspection we found this had not been completed.

We found no evidence that people had been harmed, however, systems were not in place or robust enough to demonstrate good governance. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notifications of incidents had not been sent to us in line with regulatory requirements.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

- The regional manager told us they would review the latest audit and ensure actions were completed in a timely manner.

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

- People, their families and the staff spoke positively about the management of the home. One person told us, "(Registered manager and deputy) are great, they know what they need to do to keep the place going which hasn't been easy with COVID." A relative told us, "(Registered manager) and (deputy) are very helpful and supportive. I don't know how they have kept going during all the restrictions and lockdowns."
- People and their families told us they felt listened to and involved. A relative told us, "I do feel listened to but more importantly they listen to (person) and try their best for (them)."

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 understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and families.

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

- A range of regular meetings enabled people and the staff team to be kept up to date and involved with service development, changes and learning.
- Meeting minutes from a resident support meeting included people sharing their ideas for staff interview questions and being updated on new visitor guidance during the pandemic.
- Links with the community had been maintained during the pandemic. A local school had dropped off gifts and one person had been given the task of writing a thank you card.
- Minutes from staff meetings included learning from incidents, sharing best practice and developing training.

Working in partnership with others

- National and local organisations had been accessed to keep up to date with changes to practise including Partners in Care, Care Quality Commission and Public Health England.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Personal emergency evacuation plans and fire emergency plan were not up to date.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Safeguarding systems were not being followed which meant that safeguarding information had not been shared with CQC
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance processes were not effective at ensuring regulatory requirements are met or identified actions associated with risk were completed in a timely way