

The Grange Centre for People with Disabilities

The Grange - Residential Care

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The Grange Residential is a residential care home for people with learning disabilities. The home can accommodate up to 16 people. At the time of the inspection there were 15 people living at the home. People at the home had a range of disabilities.

People's experience of using this service:

People were supported to live in a homely environment with a caring team of staff. Mealtimes felt like family occasions with people chatting to each other along with staff. People had access to a range of activities. The registered manager led by example and was consistently visible around the home. One relative told us, "It is 110% fantastic. Every single member of staff is devoted."

The management team ensured that they worked in line with 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion to ensure that people with learning disabilities can live as ordinary a life as any citizen.

People's needs were consistently met and assessed to enable improvements and progress in their lives. Risks to people were assessed and managed to balance people's safety and right to lead a non-restricted life. There were enough well trained staff to ensure people were supported safely at all times.

People were supported to communicate with their relatives and the managers when they were not happy or wanted to change their support. Staff cared about the people they supported and enjoyed working at the home.

People, relatives and staff were engaged by the service via meetings so that everyone could contribute to the development of the service. There was a credible strategy in place with plans for staffing improvements at the service. This was being implemented by the registered manager who was pro-active in considering how the service could be improved.

Rating at last inspection:

Good (August 2016)

Why we inspected:

This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' within 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

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?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Grange - Residential Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by two inspectors.

Service and service type:

The Grange Residential is a residential care home for 16 people. On the day of our inspection, 15 people were living in the home. The home supports people with severe learning and physical disabilities. 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:

We carried out this unannounced inspection on 26 March 2019 at the home.

What we did:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about.

During the inspection, we spoke to four people, two relatives and seven staff. We reviewed care records and policies and procedures. We reviewed three people's care records, and three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of

policies and procedures developed and implemented by the provider were also reviewed.

Is the service safe?

Our findings

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

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff. One person told us, "I feel safe living here. The doors can close and I have control over my bedroom." One staff member said, "We have to be on guard at all times to make sure people here are safe." A second staff member told us, "I would inform social services if I became aware of any abuse happening here."
- Records of safeguarding incidents that had happened since the last inspection, showed that staff had followed correct and safe processes to ensure people were protected from risk of harm.

Assessing risk, safety monitoring and management

- Risk assessments were followed by staff to ensure people's known risks were managed and monitored safely. For example, one person was at risk of seizures and therefore had detailed risk assessments in place which guided staff as to how they should support them through different activities or daily routines.
- One staff member told us, "(Person) has seizures so we have to make sure we are monitoring (X). (X) likes cooking so we need to make sure they are safe. (X) has a special knife to make sure (X) is safe. We make sure (X) always wears a helmet to protect their head."

Staffing and recruitment

- People were cared for by a sufficient number of staff. One person told us, "I think there are enough staff here." Another person said, "The staff come when I need help." Staff were always on hand and ready to assist or support people when they needed it. A dependency tool created by the service showed that there were enough staff at the time of the inspection.
- Relatives told us were happy with the number of staff at the home. One relative told us, "They told us they are short staffed at the moment but they are reviewing it currently. I think they have enough staff though, you would never know that they were short staffed."
- We did receive some feedback from staff and people that staff were sometimes rushed due to shortages or that people couldn't always go for trips out. The registered manager already had a staffing plan in place at the time of the inspection to address this feedback. Recruitment processes were underway and a credible strategy was in place to meet the needs of the people living at the service.
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.

Using medicines safely

- People were supported to take their medicines as prescribed. People received the medicines they required as medicine administration records (MARs) were correctly filled out with no gaps. People had guidance in place for staff to understand how much medicine could be given to them.

- One staff member said, "We have the medicines safes in each residents room. We use the MAR sheets to record medicines and we have a senior staff member who audits the medicines."

Preventing and controlling infection

- People were protected against the risk of the spread of infections. The home environment was clean and well maintained. Domestic staff were observed cleaning the home during our visit.
- One staff member told us, "We ensure people wash their hands properly and we quarantine anyone who becomes infected with any illness. We wear aprons and gloves when needed."

Learning lessons when things go wrong

- Staff responded appropriately to accidents or incidents to ensure people were kept safe and the records supported this. Each care plan contained a record of every person's accidents and incidents for the past year.
- Staff were able to tell us exactly what steps they would take in the event of an emergency. Where one person had suffered an injury recently, the correct action had been taken by 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 our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that 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

- People told us they received care and support which met their needs. People's needs and choices were assessed before they came to the home with regards to their personal care and preferences. Admission assessments also detailed people's medical conditions and any needs associated with these.
- One person's care plan assessment clearly stated that this person should not be rushed on the basis of their learning disability. This was in line with national best practice guidance for this learning disability. In relation to this, one staff member told us, "The people here can't be rushed so you need to go slowly."

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. One person told us, "I receive good care from staff. Staff know how to use equipment for and with me well."
- Staff were well supported by the management team who provided regular supervision and checks on their competency. One staff member told us, "The training here is very good. We have internal and external training. In the last year I have done mental capacity, safeguarding, health and safety and challenging behaviour."

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

- People were supported to eat healthy food and snacks throughout the day. People told us they liked the food. One person told us, "The food is good. I don't cook myself. They ask me what I want. I can get what I want when I want to get it." A second person told us, "The lunches and dinners are ok. They are good at supporting me to eat."
- One staff member told us, "We find out what people want to eat because they tell us. They know what food is there and they can choose what they want to cook or eat."
- Staff kept daily records of people's weight, nutrition and hydration. This enabled them to ensure people were maintaining a balanced diet.

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

- People were proactively supported by staff to maintain good health and had access to external healthcare support as necessary. One person told us, "I get seen by other medical professionals such as doctor, nurses. I went to the dentist in the last 12 months."
- Staff consistently completed daily notes to enable consistent and up to date information to be shared across the team. One staff member told us, "We always have handovers which enable us to communicate and keep everyone updated."

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

- People lived in a house that had been designed to meet their needs. There were separate lounges, kitchens, dining rooms and entrances for each of the four areas of the house. This gave each area its own identity. People had access to the service swimming pool, training rooms, activity centres and transport provided by The Grange.
- Each person's room was adapted to suit their needs. One person has a specially adapted bed for their needs. They told us, "The bed is much better for me now. It supports me and keeps me safe. I can lift myself and get myself out of bed there."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's legal rights were protected because staff followed the principles of the MCA. One person told us, "Staff always ask me for my consent." A second person said, "They ask me if I agree before they do something." Where necessary, assessments, best interests decisions and DoLS had been correctly completed and recorded.
- We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the home. One staff member said, "Everyone here has a capacity to a certain degree. We will go through a capacity assessment if we need to."

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

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were supported by kind and caring staff. One person told us, "The staff are caring people." A second person told us, "The staff are sociable. I like the staff." When one person had a shoe lace that was untied, staff were quick to spot this and help them tie it.
- Care records included information about people's sexual, religious or cultural wishes. The majority of people had decided not to provide information other than their religious preferences.
- Staff communicated with people using Makaton throughout the day to ensure they were happy and could express themselves. Makaton is a form of sign language. All staff had friendly and well humoured rapport with people during lunch and throughout the inspection.

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

- People were involved in their care and supported to express their views. One person told us, "I have been involved in deciding how to spend my day. I don't need any more involvement in the organisation of my care."
- One staff member said, "People know when their key sessions are and how they need to organise their days. People choose their own clothes and they can prepare for the different parts of their days as they like."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "Staff ensure I have my privacy. They close the door, cover me up and close the curtains." A second person said, "Staff make sure that I am as independent as I can be."
- People were encouraged to be independent and to do as much for themselves as they could. One staff member told us, "We make sure people have their dignity and we respect them. Their condition doesn't define them. We ensure that people are treated as they should be at all times." A second staff member told us, "We get people to do chores like cooking, cleaning, bins, table serving amongst other duties. This means that people are good at doing things and jobs around the home themselves."

Is the service responsive?

Our findings

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

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. One person told us, "The care plan is accurate for me." A second person told us, "The staff know how to speak to me. They have tried lots of ways to help me communicate with people." People's care plans were accurate guides for staff in how to support, communicate with and assist people. A staff member said, "We discuss the care plans in the handovers and meetings. We identify changes and make sure that keyworkers are aware of changes."
- Each care plan had a summary page which enabled anyone to quickly understand and know them. This was clearly effective as all staff understood and knew peoples' needs.
- People had access to a wide range of activities on the site and through trips into town. A staff member said, "They can choose which activities they want to go on. They are fully independent." Another person told us, "I go to town. I like to go out. Over the weekend I like to go to the park, to shopping." One relative told us, "They do all sorts of things now from embroidery, art and gardening."

Improving care quality in response to complaints or concerns

- There was a clear complaints policy displayed in reception at the home. People told us they would feel confident approaching the manager or staff to make a complaint.
- One minor complaint received in 2018 concerned missing items in a person's bag. The registered manager responded to this complaint in writing and implemented a new process to ensure that the person's bag was checked before trips in the future.

End of life care and support

- Although there was limited end of life details in people's care plans, there was sufficient information to enable staff to provide person-centred end of life care should the need arise. No one had died at the service since the last inspection. Some people refused to discuss death or end of life arrangements and this was recorded.

Is the service well-led?

Our findings

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

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives spoke positively of the management team and felt confident to approach them with their views. One person said, "The registered Manager is good. She is open. I can talk to her when I want to or need to." A second person told us, "I think the home is well managed."

I generally see her most days around the home.

- Staff were led by a hands on registered manager. One staff member told us, "The manager is brilliant. Shes fabulous. She shadowed the staff in her first week to make sure she knew everyone and understood properly."

- The registered manager was aware of her responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance was effective at checking quality and driving improvements at the service. There was accurate and contemporaneous record keeping which provided a clear audit trail in respect of all aspects of care and service delivery. There were comprehensive audits being completed regularly to monitor the overall quality of services provided.

- For example, a quality assurance audit found that one staff member's training in medicines was found to be out of date. That staff member was immediately sent on medicines training.

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

- People, staff and the local community were engaged by the management of the service. One staff member said, "Oh my gosh the managers are good at asking for our opinions. The manager always asks people for ideas. Or she asks us if we agree with her ideas or the plan for the home." A second person said, "There needs to be more staff because I want to go out more. I have told the registered manager and she is responding and reacting to my feedback."

- Residents and staff meetings were held every month or so for people to contribute to the running of the service. One staff member told us, "The registered manager communicates well and keeps me updated consistently. She has an open door at all times." A second staff member told us, "The team meetings are every month and I like them. Everyone makes input."

- The meetings had agendas which covered areas such as refurbishment in the home, new appliances such

as tablets and holidays. People said they wanted to go to Butlins and this was arranged for them by staff.

Continuous learning and improving care

- The registered manager completed annual surveys and feedback questionnaires to assess how happy people were. One staff member told us, "The registered manager is good and considering how to improve things."
- There was a clear action plan in place to drive improvements for people living at the home. This included increasing staff numbers and staff availability. One method of achieving this was going to be by using digital records which would reduce the amount of time staff need to write up notes.

Working in partnership with others

- The management team ensured that many agencies were engaged with by the service in order to provide opportunities for people using the service. The general public visited the home to buy items created by people at the home such as plants and fudge.
- A local Community Fund had awarded the service money in order to pay for a sound system in the ballroom for events. Another local group had donated chairs, microwaves and crockery for the cooking classes. Three other large companies had all donated money to the service for a bike shelter to help people store their bikes at the service. Staff from another local company had come into the service to volunteer consistently throughout the past year. All of these connections and relationships helped the service, and its people, to integrate with the local community