The Grange (2016) Ltd

The Grange - Benenden

Inspection report

The Green
Benenden
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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 25 and 27 September 2018 and was unannounced.

The Grange is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Grange is registered to provide accommodation and personal care for a maximum of 19 people. The home specialises in providing care to people with learning disabilities and the registered provider was taking steps to adapt it in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection there were 17 people living in the service. Accommodation is arranged over three floors.

There was a registered manager at the service. 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.

At the last inspection on 7 September 2017, we told the provider to take action to make improvements because Deprivation of Liberty Safeguards (DoLS) applications had not been made for people who needed support if they attempted to leave the service. At this inspection on 25 and 27 September 2018 we found the service had made improvements and staff were following the principles of the MCA. Applications for Deprivation of Liberty Safeguards were sent to the local authority when required, and senior staff ensured best interest meetings were held if people were not able to make their own decisions. Staff knew how to seek consent from people could, and were knowledgeable about the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were central to the support they received. Each person had their own care plan which had been reviewed taking into account their views and preferences. People were supported to take part in activities of their choosing and had a rich and varied social life. People were involved in deciding who they were supported by as they were involved in the recruitment processes. People said they knew how to complain, and would do so if the need arose. The registered provider was beginning to consider how they might support people at the end of their lives to have a dignified death by speaking to them about their preferences. They were doing this by working in collaboration with the person and health and social care professionals.

Staff had developed and maintained strong, caring and positive relationships with the people they supported. Staff were highly motivated to provide people with care in a compassionate way. Staff knew people well, and went out of their way to ensure people's needs were central to any support provided. There

was a reciprocity of kindness between people and staff due to the strong person-centred culture of the service. Staff had time to listen to people and encouraged them to be involved in deciding how their support was delivered. People were encouraged to be independent, and staff worked towards their goals. People had their privacy and dignity respected and promoted. People's confidential information was kept private.

People were protected from the risk of abuse by staff who were trained in how to identify and report abuse. Staff felt any concerns would be taken seriously by their managers, and managers knew how to report abuse to the local authority. Risks to people and the environment were assessed, and staff took steps to reduce any risk identified. There were enough people on shift to meet the needs of people living at the service. New staff were recruited safely in line with best practice and nationally recognised guidance. People received their medicines in a safe manner. Staff received training and had their competency checked on a regular basis. People were protected by the prevention and control of infection. Steps were taken to ensure lessons were learned when things went wrong. The registered manager worked transparently with staff and external professionals during investigations.

People had their care and support delivered in line with current legislation and best practice guidance. Staff received training that was built around those using the service. People were involved in developing their own weekly menu. Some were involved in cooking meals. Staff sought and followed guidance from health professionals if people had difficult eating. People had access to health care and treatment. Staff support people to understand what any treatment was for. People's needs were met by the design and adaptation of the premises.

The registered manager had the skills and experience to lead the service. The culture at the service was honest and transparent. Staff said they felt proud to work at the organisation. They had oversight of the daily culture in the service, which included the attitudes, performance and behaviour of staff. People, their families and staff were encouraged to be engaged and involved in the service. There were growing links with the local community.

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.

People were protected from the risk of abuse.

Risks to people and the environment were assessed, and steps were taken to reduce those risks identified.

There were enough staff available to meet the needs of people.

People received their medicines safely from staff who were trained to do so.

People were protected by the prevention and control of infection.

The registered manager took steps to ensure lessons were learned when things went wrong.

Is the service effective?

Good

The service was effective.

Staff knew how to seek consent from people and were knowledgeable about the Mental Capacity Act 2005.

People had their care delivered in line with current legislation and best practice guidance.

Staff had the skills and experience to meet people's needs.

People's nutrition and hydration needs were met.

Staff followed the guidance from healthcare professionals and ensured people had access to health care and treatment.

Is the service caring?

Good

The service was caring.

Staff were motivated, kind and compassionate, showing the dedication to improve people's lives.

Staff engaged with people in a way that enriched their lives and improved their wellbeing.

Staff gave people enough time to express their wishes and respected all the decisions they made.

The service was proactive in promoting people's privacy and independence.

People were supported to develop and maintain close relationships with relatives and friends.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People were always at the centre of making decisions about their care and support.

Staff were proactive in making sure people understood information relating to their care and support as best as they could.

The service took an active role in the local community and staff were keen to build further links.

The registered provider was considering how they could best support people at the end of their lives to have a dignified death.

People said they knew how to raise a complaint and would do so if they needed to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had oversight of the daily culture in the service.

The culture was honest and transparent, and staff told us they felt valued and proud to work for the organisation.

People, their families and staff were encouraged to be engaged and involved in the service.

There were strong and developing links with the local community.

The Grange - Benenden

Detailed findings

Background to this 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 was planned to check 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.

The inspection took place on the 25 and 27 September 2018 and was unannounced. The inspection was carried out by one inspector.

We used information the registered persons sent us in the Provider Information Return. 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 also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service, and other health professionals involved in people's support. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. The feedback we received was positive, some of which and some has been reflected in this report.

We spoke to eight people using the service. We also spoke with two support workers, a senior support worker, the support administrator, the kitchen activity lead, the development coordinator, the person responsible for the maintenance for the building, the registered manager and the chief executive.

We looked at care records for four people receiving a service. We also looked at records that related to how the service was managed including training, staff recruitment and some quality assurance records.

Good

Is the service safe?

Our findings

People and their relatives said the service made them feel safe. One person told us, "I feel safe because I have friends here, and I know my keyworker." Another person said, "Staff here look after me. I feel safe. The staff make sure I don't get hurt in the kitchen, or slip over." A relative commented, "It's a lovely, safe environment. The other residents look out for him, they treat him like he's their little brother."

People were protected from the risk of harm. Staff received training as part of their induction into the service. Training records confirmed that more established staff received refresher training on how to identify and report abuse on a yearly basis. This meant they were kept up-to-date with any changes to legislation and good practice. Staff were knowledgeable about the different types of abuse and were confident that any concerns they raised would be taken seriously by their managers. One staff member told us, "I would report anything, without hesitation. We have a safeguarding policy with phone numbers of organisations like CQC. I would call them if I didn't want to speak to a manager, but I've never needed to." The registered manager demonstrated a good understanding of safeguarding procedures, and records showed they had reported concerns to the safeguarding team at the local authority and to CQC as required. They worked transparently with health and social care professionals when investigating safeguarding concerns.

Risks to people were assessed and steps were taken to reduce risks in order to keep people safe. Senior staff had carried out risk assessments for each person when needed, and information was kept in their care records so staff knew what action to take to reduce the risks. For example, one person had been identified as being at risk of slipping when taking a shower. Records indicated that a shower mat should be used to reduce this risk, and staff confirmed this was used each morning. Another person liked to go to the swimming but was at risk of coming to harm as they could not swim. Their records showed staff should always accompany the person in the pool, and request that two lifeguards be in attendance at all times.

Steps were taken to ensure people were kept safe in the event of an emergency. We saw fire equipment such as extinguishers, fire blankets and smoke detectors throughout the building, and this equipment was regularly maintained. The fire service had carried out an inspection of the building six months prior to the inspection. They had made a number of recommendations such as ensuring emergency lighting was regularly tested, and arranging for staff to have fire evacuation training. Records confirmed all recommendations had been followed up. Each person had their own individual evacuation plan, which showed the support they needed in the event of an evacuation. One person's evacuation plan had identified that they became anxious if the environment became busy. Staff were advised to keep calm in their presence and make sure the person remained focussed on following staff, whilst not worrying about other people. Staff received fire safety training, and there were regular fire drills involving staff and people using the service so they were aware of what to do in the event of an emergency.

Other checks were made to ensure the environment was safe for people to live in. For example, water temperatures had been measured regularly to make sure that people were prevented from the risk of scalding. All electrical equipment was tested every six months, and the car used to take people to college and activities was checked each week to ensure it was in full working order. Any minor defects within the

building were fixed by the handy person, and we saw people were happy to raise concerns directly with them, which were recorded so staff could keep track of the work carried out.

There were enough suitably qualified and experienced staff to meet the needs of those using the service. The registered manager worked with health and social care staff when people moved into the service, or during reviews of their support, to establish their needs. This information was used to calculate the number of hours required each day. A rota was drawn up and was provided to both staff and people using the service in advance, so people knew who were supporting them. We saw the rotas matched the number of people on shift during our inspection, and people told us they thought there were enough people working, with one person telling us, "They are here when I need them." The registered manager told us they needed to use some agency staff as the service had three vacancies but were taking steps to improve recruitment and retention by seeking guidance from external resources. They said, "We're looking at how we find more of the best staff, and how we can keep them. We've found staff are more likely to stay if they're recruited from the local area. We have a 'refer a friend' scheme, where we pay staff a bonus if we recruit one of their friends, and we've found advertising in local magazines to be successful."

Staff were recruited safely. Recruitment files were stored safely and only accessible to authorised staff. Files included information on the applicant's full employment history and references. A Disclosure and Barring Service (DBS) checks had been carried out, these helped inform the registered manager's decision about the suitability of the candidates. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people.

People received their medicines safely. Staff assessed people's ability to manage their own medicine, and only provided support when it was needed. Information on the support required was kept on their care records and was easily accessible to staff. Staff received training on how to support people safely, and had their competency checked at regular intervals. Medicines were stored safely in a locked room which only staff had access to. The registered manager and local pharmacy carried out audits to check staff were supporting people in line with their policies, and when issues were raised they were followed up and rectified. For example, the pharmacist suggested the registered manager ensure medicines were stored safely by checking that the temperature of the room and fridge did not fall outside particular ranges. Records showed a procedure was implemented to check the temperatures each day, and staff knew to take action if needed.

People were protected by the prevention and control of infection. Staff were following best practice guidelines which helped minimise the risk of infection. Staff were wearing personal protective equipment like gloves, hair nets and aprons when supporting people with personal care or cooking. Staff followed nationally recognised procedures when managing soiled clothing and bedding. Staff received training on food hygiene. People who expressed an interest in cooking, particularly those who were supported to cook for the service as a whole, were also supported to attend the training. One person was proud to tell us they had passed this training. People were encouraged to clean their environment independently, and we found there to be a good standard of cleanliness throughout.

Accidents, incidents and near misses were recorded by staff, and reported to the registered manager in line with the registered provider's policy. The registered manager reviewed this information to look for patterns and trends, and took action when necessary. For example, staff had reported medicines were being given to people but were not being recorded accurately in the person's care records. As a result, the registered manager introduced a procedure where a senior staff member reviewed all care records following medicine being given to check they have been recorded accurately. This meant staff knew people had received their medicines as prescribed. The registered manager had also arranged additional training on medicines for

staff, which covered the importance of accurate recording.

Good

Is the service effective?

Our findings

People and their relatives told us they were supported by staff who were skilled to provide them with effective care and support. One person said, "The staff look after me. I live on the first floor and I get to decorate my room the way I want it to be." Another said, "They're always talking about their training."

At our last inspection on 7 and 20 July 2017 we found that the registered provider had not followed the principles of the Mental Capacity Act (MCA) 2005. This was because Deprivation of Liberty Safeguards (DoLS) applications had not been made for people who needed support if they attempted to leave the service. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection on 25 and 27 September 2018 we found the service had made improvements and staff were following the principles of the MCA. The 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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had received training carried out by the local authority, and had submitted all DoLS applications when needed. Additionally, an external audit had been introduced since our last inspection which checked that the registered manager was taking appropriate action. Records showed mental capacity assessments had been carried out on those people where there were concerns about their ability to make decisions independently. When needed, best interest meetings were held which considered the opinions of relatives, health professionals and others involved in the person's life. When DoLS were in place, the registered provider took steps to make sure the person still received as good a quality of life as possible. One person had been assessed to not be able to leave the property independently. The registered provider made adaptations to the garden by introducing a fence which meant the person could safely use the garden by themselves if they wanted to so they were being restricted the least way possible.

People's care and support was delivered in line with current legislation and best practice. Each person had their own care plan which showed how they wanted to be supported. This included information about their physical, mental and emotional needs. The registered manager had introduced a keyworker system and people were proud to tell us who their keyworker was and what their role was. One person told us, "I have had my hair cut and my keyworker is going to help me tell my mum about it." Care planning considered any additional support that might be required to ensure people did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.

Staff had the skills and experience to provide effective care and support. Newly recruited staff had completed the Care Certificate, which is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. They were also supported by shadowing more experienced staff when they were learning the role. The chief executive had developed a learning and development plan, based upon guidance from Skills for Care, which indicated core subjects staff should be familiar with. Records showed staff were up-to-date with their training. Training was provided to staff to help them support people with specialised needs, such as epilepsy. The registered manager had arranged for a 'learning at work' week, where learning was promoted, including learning from the skills of people living at the service. For example, one person showed staff how to carry out a popular dance, another taught staff and people how to make a particular dessert. The registered provider had demonstrated a new computer system to people and staff that was about to be implemented. The registered manager carried out a session on person-centred support. The chief executive told us, "We wanted learning to be more fun and engaging, and it gives the people who live here the chance to show us something. We want learning and development to be something staff want to do, rather than have done to them." Staff were positive about the learning environment within the service. We spoke to a health professional, who fed back, "They are always keen to learn. I'm working with them on how one person manages their behaviour, and staff have shown an eagerness to do all they can to help them. I'm about to provide some training to them." Of the training, one staff member said, "It's really good, and if it's not we can say something and the managers will change it accordingly. We weren't happy with one training provider so [chief executive] arranged for a new one who is much better."

People were supported to eat and drink enough to maintain a balanced diet. People took an active part in the development and preparation of meals. The registered provider had employed a kitchen activities lead whose role it was to support people to decide what they wanted to eat and to help them learn how to make it if they wanted to. Menus were well balanced, and specialist dietary requirements were catered for. For example, one person had been assessed by a health professional as being at risk of choking, so needed their food served in a particular way. All staff were aware of this, and they were mindful to ensure it was presented in a similar way to others, to ensure they felt included. The kitchen activity lead told us, "For example, when I make banoffee pie I will make three versions. One normal, one gluten free and one without the biscuit base. That way everyone thinks they're having the same thing." Staff were aware of people's allergies and health needs, such as one person who was at risk of getting a migraine if they ate a particular food.

Staff worked together both with each other and across other organisations to help deliver effective, joined-up care and support. We saw positive but discrete communication between staff members when discussing people's needs. At the end of each shift staff carried out a handover which made sure incoming staff were aware of any issues or concerns. Staff knew to refer to health professionals when needed, and care records showed they followed guidance when it had been given. An example of this was when the development coordinator approached the local learning disability nursing team as they were wanting to carry out a joint piece of work with people about relationships and sexuality. This was as a result of some people at the service expressing an interest in exploring the possibility of having a relationship, and staff wanting to support them in the most appropriate way. Each person had a hospital passport in place, which held information on the person's physical and mental health support needs, and details of their medicines. The passports were used when people went to hospital or other health appointments, and meant other professionals had access up-to-date information that they might find important.

People's health needs were monitored and they were supported to have timely access to healthcare services. Staff supported people to understand what their healthcare needs were, to understand what options were available and to help them. For example, the registered manager was in the process of discussing with people the health benefits to them of having the flu vaccination. This included showing

them information in an easy read format to help them understand how they might be vulnerable to infectious diseases. A relative said, "I was impressed that they gave them information about the flu jab rather than just assuming they want it, or should have it." People were also supported to overcome their anxieties around health treatments. For example, one person who had been supported to access dental treatment had previously declined. Their relative told us, "Up until a couple of years ago getting [person] to a dentist was a nightmare. [Registered manager] came up with an idea of desensitising her to the surgery, so they would go there but not have any treatment. She would get used to going, get used to the environment. Now when she goes she does so without fear." We spoke to the person, who had been to the dentist on the morning of our inspection. She was happy to show us a badge that congratulated her on attending the dentist, which had been made by a staff member. She smiled when she said, "I went to the dentist, they checked my teeth."

People's needs were met by the design and decoration of the premises. The registered provider had taken steps to meet the Registering the Right Support and other best practice guidance. This guidance promoted values which include choice, promotion of independence and inclusion. Where possible, larger services like The Grange should demonstrate how they are adapting the premises to provide person-centred support. The service had been divided into two 'flats', each of which containing a small kitchen and living area. People ate their breakfast and evening meal in their flat, and cooked a main meal there twice per week. People were able to decorate their rooms as they wished, and took part in making decisions about how the communal areas were decorated. We saw people using the building freely, coming and going as they wished. People used the large garden areas to play games like football or golf. Care records showed that people's ability to independently navigate the stairs and get into and out bathing facilities was kept under review, and they would make adaptations if necessary.

Good

Is the service caring?

Our findings

People and their relatives consistently commented on the caring nature of staff. One person said, "They are my friends here. It's like a family. The staff are lovely. They know I like to be independent and know I can shower myself." Another said, "I like the staff a lot. They care about me. They made me a cake for my birthday, and took me to the theatre." A relative told us, "When you go there everyone is always smiling. It's such a happy environment for them." Another commented, "They know [relative] so well now. I don't think there's anywhere quite like it." And a staff member said, "I feel proud and privileged to share their lives."

Staff developed and maintained strong, caring and positive relationships with the people they supported. Staff were given time to get to know people, and took an interest in their opinions or concerns. We saw numerous interactions between people and staff at all levels, and staff always made sure they had time to listen to and contribute to the conversations in a meaningful way. People were keen to keep staff up-to-date in the goings on in their lives, such as how a visit to their family went or what they did at college. Lunchtimes and communal events were full of laughter and humour. People spoke with each other and staff in a respectful way. We saw they were happy when they came across different staff members throughout the service. One relative told us, "I'm happy with the care but more importantly [relative] is happy. When she comes home for Christmas I can tell by Boxing Day she wants to go back."

There was a reciprocity of kindness between people and staff due to the strong person-centred culture of the service. One staff member told us, "I love coming to work. The residents are always so pleased to see you. If you've had a big bill, or if the car has broken down over the weekend, you come in and they just lift you up." Another said, "They're infectious." There was a sense of equality between people and staff. We heard people taking an interest in the lives of staff, such as what they were doing at the weekend, with one staff member commenting, "They're so nosey!" Staff did not wear uniforms, which contributed to the homely feel of the service. It helped staff and people interact collaboratively with each other, but it was clear that people were able to easily recognise who staff were if they needed support.

Staff sought advice and guidance from health professionals when communicating with people, and were skilled in using techniques dependent on their needs and preferences. For example, during one lunchtime we saw one member of staff quietly supporting a person to eat their food. The person was unable to communicate verbally, but we saw the staff member acknowledge they were still hungry, and identified they wanted more of the main course rather than dessert. They then encouraged and supported an entertaining conversation between a number of people about their preferences for vegetables. Finally, we saw that same staff member sit opposite another person, speaking slowly, using simple phrases, as the person had some difficulty with understanding if people spoke too quickly. That person's relative told us, "He's come a long way with his communication, he didn't really used to speak. They've done so much work with him. We attended an appointment with the neurologist. Half way through he sat forward and said, 'I just want to get better.' We were all amazed, especially as the neurologist had never heard him talk before."

Each person had a support plan in place which considered their needs and preferences. People's views of their care and support were gathered during keyworker sessions and formal reviews. People and their

relatives attended the meetings, with one telling us, "Yes I go but they're always calling me, asking me what I think about an idea they have. The communication is excellent." If people did not have friends or family members to support them at reviews, the registered manager ensured they had access to external lay advocates if they needed to. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Staff empowered people to be partners in their care. Support plans considered what the person could do for themselves, the goals the person wanted to set for themselves and how staff were to support them. One person had a goal of having a better understanding of road safety. Staff supported them in carefully planned stages in order to increase their confidence, and these stages were tracked on a newly-implemented computer system. Staff understood the importance of providing person-centred support. One told us, "Everything we do is for them. Just because they have a disability doesn't mean they can't be in charge of how they want things done." Relatives were complimentary about the person-centred nature of the support provided, with one telling us changes to how support had been provided made a positive impact on the person's life. They said, "I know he's more comfortable there now. He used to be hesitant when we took him back after spending time with us. He's not like that anymore. I think he's much happier."

There was a strong emphasis on supporting people to maintain and increase their independence. Support plans included goals the person wanted to work towards, such as being able to cook or accessing the community, and staff worked with people to help them reach these goals. People carried out their own laundry when they could. People were encouraged to cook, both for themselves and for the service as a whole. We saw people making and serving a lunch and one person told us, "I like making their food, and I'm glad they like it." Those who didn't cook were encouraged to clear the table themselves, and we saw people involved in cleaning the kitchen after the mealtime had come to an end. One relative said, "What amazed me when he came home was when he started to put his plate in the kitchen after a meal. He's remembering what they are teaching him." At the end of lunch we saw a number of people supporting staff to clean the kitchen. One person told us they helped staff do the gardening, and was proud to tell us that they fed the chickens. People were able to choose who supported them, which included who their keyworker was. The registered manager told us that if a person wanted to change their keyworker this would be accommodated, and on one occasion had. People were encouraged to choose to be supported by a male or female member of staff.

Staff ensured people's privacy and dignity was respected. One person had chosen to spend the day in their room. We saw staff checking them from time to time, and the kitchen activities lead told us they had left them a meal which could be warmed up by staff whenever they wanted it. Staff told us they always knock on people's doors before entering. People's private information was kept safe. Staff were mindful not to speak about people's private affairs within earshot of others living at the service. Computers were password protected so they could only be accessed by authorised staff, and care records were locked away when they were not being used by staff.

Outstanding ☆

Is the service responsive?

Our findings

People, their relatives and health professionals told us that staff provided them with exceptional person-centred support that met their needs and helped them to develop as individuals. A relative said, "The care is individual. It's about her needs and how she wants things to be done. They listen to her and try to accommodate what she wants." A health professional fed back to us, "I get the sense that they genuinely want to make a positive difference to people's lives. They're so enthusiastic about everything." A person told us, "I like doing gardening. And I go to college, where I'm learning how to write. I'm going to be writing about Strictly and things I do at the weekends."
People were always at the centre of making decisions about their care and support. One example of this was how they were involved deciding who they were supported by. This was because staff were taking a novel approach when encouraging people to be involved in the recruitment of new staff. The chief executive said, "We met with people and asked them what was important to them in new staff. We now have criteria for candidates, which we consider during the interviews. Like if they can make cakes, or if they like outings, whether they are polite. Do they like chickens, as we have chickens which people and staff look after. Also things they didn't like, such as if the person is bossy or messy, or if they smoke." Records confirmed people were recruited using these criteria. People were also offered the opportunity to take part in interviews, and were encouraged to inform candidates by telephone that they had been successful in their application.

Staff looked for new ideas when supporting people to take part in meaningful activities, both within the service and in the wider community. One person was being supported by volunteer to renovate a piece of furniture for someone from the local area. Two people had been supported to gain employment in the local shop. Other people manned a stall at the local fete and contributed by making items to sell, like cushions, peg bags and pottery flowers. A health professional told us, "I see integration with the local community which I've not come across before. They're coming up with innovative ideas for meaningful occupation, and people are able to put back in to the community."

Each person had an activity plan specific to them, but they could change this on the day dependent on how they were feeling and what they wanted to do. We heard staff talking to people about activities they would like to do during the day, such as going shopping or swimming. People were playing football and golf together in the gardens. One person who was a fan of motor racing had been supported to camp at a recent event. Another person had been supported to explore their sexual identity had attended a burlesque show. Some people attended college each week, and one person told us they had just returned from horse riding lessons.

People were encouraged and supported to maintain close relationships outside the service, such as with family members or friends. Staff acknowledged the importance of this involvement by encouraging people to have contact with their families in ways dependent on their particular circumstances. One person's family lived abroad so staff supported them to maintain contact by email, which had included sharing photographs of activities they'd enjoyed. Another person had been supported to learn how to use a mobile phone so they could keep contact with their family independently. When another person's family could not visit as often as they used to due to an illness, staff noticed the reduced number of visits were causing them

some distress. As a result, arrangements were made for the person to visit their parents with the support of a staff member. People were encouraged to consider what birthday presents their family members would enjoy, and were supported to buy them. The registered manager said, "We just want to support people to be valued sons and daughters, so they can feel part of their family. Just like we feel with our families." Relatives told us they were always made to feel welcome, and there were opportunities to hold private conversations with their loved ones if they wanted to.

Staff looked for creative ways to make sure people understood information relating to their care and support as best as they could. Records showed staff had used pictures and videos to help people come to decisions about their support. One person had difficulty seeing written words, but following an assessment staff became aware that they could see white words printed on a blue background, so their care records were presented this way. Staff had access to guidelines on how to support each person to understand their care plan, such as to only use short words or phrases, and to sit down with the person in a quiet room when reading it. Where people preferred to communicate their needs in pictures or photographs, staff ensured that these formats were available to them. People were supported to take photographs of activities, achievements and engagements with staff and collated albums. The service was meeting the accessible information standard. This standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss.

People were pivotal to the planning of their care and support. Each person had a highly individualised support plan which reflected their physical, mental, emotional and social needs. People were involved in the creation and development of the plans, and staff considered the feedback from family members and health and social care professionals when developing them. Support plans took into account people's personal preferences, such as how they liked to spend their time and how they were to be involved in making every day decisions. This included staff working with people to produce a 'This is Me' file, which was a collection of information on the person's preferences that was shared with new staff so they quickly understood how the person liked to be supported.

The registered provider was taking a novel approach to how they could best support people at the end of their lives to have a dignified death. The chief executive had recently written a new end of life policy and had identified some best practice resources which would assist staff in their discussions. This included identifying things the person would like to achieve in their life or what flowers or music they would like at their service. They said they would initiate conversations when supporting people with bereavement, or when people had associated with the death of somebody. The registered manager said, "People are influenced by death in different ways. Some people have been affected by the death of a famous person, so we can use that as an opportunity to speak to them." A relative we spoke with discussed this work, adding, "Six weeks ago [person]'s aunt died. She cried, and I was happy that she was able to show some emotion. But [registered manager] said that they are going to be speaking to people about bereavement, and I thought that was such a good idea. They said they want to help people come to terms with bereavement, and they're going to use it as an opportunity to talk to people about their own wishes if they have any." The service had developed end of life care plans so these discussions, decisions and preferences could be recorded for staff to refer to. A health professional said, "They're taking a proactive approach to death, dying and bereavement. Historically that doesn't happen in this type of service."

People and their relatives said they knew how to make a complaint, and they thought any issues they had would be taken seriously by management and staff. There was a complaints procedure which was accessible to people in an easy read format and on video if they needed it. People said they would be happy to speak to managers, and one relative told us, "I've not needed to make a complaint. If I've had an issue in the past [registered manager] will ask me if I want to make a complaint, but to be honest I've not felt the

need to." There had been one complaint made since our last inspection. This had been resolved in line with the provider's policy and had led to the registered manager revising a local procedure.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us they thought the service was well-led. One person said, "I can speak to the manager when I want to." A staff member said, "I am supported by the managers. I like them, and they listen to us. They've made a lot of changes for the better recently. It feels like we all work as a team now." Of the registered provider, a relative told us, "He comes across as a very passionate man, with all the thoughts he has for the Grange. As parents we are delighted he is there."

There was a registered manager in post. 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. The registered manager was aware of the culture within the service. We observed that they and the chief executive made themselves constantly available to staff, people or their relatives throughout the day. The registered manager told us, "I know what's going on because I'm in the centre of everything here. We talk to people, we talk to them about culture change and developing ourselves."

The registered manager had employed a development coordinator, whose role it was to be a link between managers and care and support staff. The coordinator spent time observing practice and making sure staff were providing the person-centred support required. The coordinator told us, "It's about showing an example to staff, making sure they are doing what we want them to be doing, and making sure people are being looked after in the best way possible. If staff are struggling with a difficult situation, I am there." Staff were able to speak with the coordinator if they had any ideas for improvements. One staff member said, "[Development coordinator] is the buffer between staff and managers. We go to him with ideas for holidays, for example, and he checks it out. And he comes to us with a new risk assessment we need to use. It works well. He has been a support worker before so he knows what it's like."

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. The registered manager was aware of their responsibility to comply with our registration requirements. They were also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. They kept up to date with changes to legislation and best practice guidance by attending meetings with other registered managers which were held by the local authority, and were encouraged to further their professional development by attending management training courses. They told us they were supported by the senior management team, adding," The reason I am lucky is the owner has their priorities correct. The care for the individual is fundamentally what we are here for. Any change has to make business sense but if you're not caring for people in the right way you wouldn't have a business anyway."

Staff worked in partnership with other organisations in the local community to help the service develop and to provide joined up care. This included working with the local authority safeguarding team and care managers, GPs, learning disability nurses and other health professionals. The registered manager played an

active role in local registered managers networks and organisations, being the co-chair of one and were keen to work with other services and providers to develop ideas. They said, "I don't see it as competition, I think we can pool resources to do things more efficiently." One initiative was to organise specialised training needed by staff along with other care providers in the local area in order to keep the costs down. The registered manager was also trying to raise the profile of the service in the local area. Two people using the service volunteered in the local shop. The registered manager was developing links with the local church. Relatives had set up a charity which benefitted people living at the service. It held local fundraising events, one of which included a golf day and auction attended by local businesses. People using the service attended the event, and a video was made where they were able to explain how the charity benefitted their lives, by providing holidays or opportunities at college, for example.

There was a local reporting system in place which identified shortfalls in the service and was used to improve the service. Quality audits were carried out by the registered manager, the chief executive and an external auditor. These included, for example, reviewing if staff had completed all mandatory training, and if DoLS applications had been made when necessary. When areas of improvement were identified they were added to an action plan so the registered manager could keep track of actions that needed to be taken. Every two months the action plans were shared with other senior managers within the organisation.

Staff received feedback from their managers in a constructive manner. Staff had access to regular supervision sessions where they could discuss and concerns they had, and yearly appraisals were used to identify learning and development opportunities. One staff member said, "I asked for additional support on how to people manage, and received it. I've been offered the chance to do a diploma in health and social care and other long distance learning." Managers highlighted good practice, and one staff member had been put forward for, and won, a nationally recognised award for their caring skills. Records showed the chief executive had thanked staff members by letter when they attended work during adverse weather conditions. Staff were appreciative of how they were treated by their managers. One staff member said, "They notice when you do something good. They say thank you. It inspires you to do better for the people who live here."

The chief executive told us steps were being taken to include staff opinions and ideas in the development of the service. An organisation-wide meeting had been held, during which staff were asked their opinions on, for example, how new staff should be inducted, what they thought of mentoring, and how managers engaged with staff. Monthly newsletters discussed upcoming training and other staff updates such as newly recruited staff. A staff survey asked questions like people why they applied for the role, and what they thought made a good support worker. Records showed that feedback from staff had led to changes, including to the induction programme, a review of the training provision and changes to how management communicated with staff.

People and their relatives were also involved in shaping the service. Recent meetings held with people living at the service discussed, for example, why particular staff had left their role, people had a conversation about how they would like to camp out in the gardens, and which book they would like to read in an upcoming Roald Dahl event being organised by staff. Relatives were also involved, with one saying, "They always send something out once a year. But I'm happy to suggest things and they listen to me." Actions to surveys of relatives and people using the service were followed up.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating both on their website and in the service.