

The Grange Centre for People with Disabilities

The Grange Supported Living Service

Inspection report

The Grange, Rectory Lane
Bookham
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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 Supported Living service provides support to people on and off site with a range of disabilities. At the time of the inspection the service was supporting 40 people on site, eight of which received regulated care. The majority of people who use this service live in properties around the Grange Centre. CQC does not regulate the premises used for supported living; this inspection only looked at people's personal care and support.

People's experience of using this service:

People were supported to live as independently as possible at a service which encouraged and inspired people to live full lives. One relative told us, " I think it's a caring service. Its very responsive. If there's anything they can do then they will do it." In one day people could complete classes in cookery, gardening, textiles, flower arranging and/or work alongside staff at the centre for work experience. People's properties were respected by staff as private dwellings which enabled them to have dignity and privacy whilst receiving support.

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 or autism can live as ordinary a life as any citizen.

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

People, relatives and staff were engaged by the service via meetings, forums, questionnaires and projects so that everyone could contribute to the development of the service. There was a credible strategy in place with plans for multiple new improvements and updates at the service. This was being implemented by the registered manager who was pro-active in considering how the service could be improved. People, staff and relatives spoke positively about the registered manager and senior team who led the service well.

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 wanted to help them do what they wanted with their lives.

Rating at last inspection:

Good (2 June 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?

The service was safe

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

The Grange Supported Living Service

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 one inspector.

Service and service type:

The Grange is a supported living service which means that the people using the service lived independently. 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 gave the service 48 hours' notice of the inspection visit because we needed to be sure that we could speak to staff and look at records in the office.

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. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited the service on 21 January 2019 to see the registered manager, staff and people; and to review care records and policies and procedures. We reviewed three people's care records, 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.

After the inspection we conducted telephone interviews with three relatives.

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 June 2016, we rated this Key Question as 'Good'. At this inspection we found the care people received remained safe. 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 here. The staff are always here for me." Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "I would whistle blow if I heard or saw any abuse. I would follow procedure if I was aware of abuse and involve the CQC."
- Everyone at the service had access to technology and social media. In order to manage people's safety, risk assessments and staff support had been organised to enable people to use social media independently and safely. There were clear guidelines for staff to help ensure people could safely and independently use social media.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed in a way that balanced people's safety with their right to freedom. For example, one person's care plan contained a risk assessment about their use of social media. This risk assessment was created in response to an incident and it enabled staff to know exactly how to protect this person whilst they continued to use social media.
- People went on trips, holidays and activities which all had risk assessments completed for them. For example, where people were working in the garden, full risk assessments had been completed for all of the hazards they may encounter whilst carrying out work.
- There were clear business continuity plans in place to ensure continued care for people living at the service. Every person at the service had a personal emergency evacuation plan in the event of a fire which was accessible to staff.

Staffing and recruitment

- People were supported by a sufficient number of staff in a way that met their needs and funding arrangements. For example, where people were funded for one to one care we saw this was provided in accordance with their contractual arrangements. People and their relatives told us that staffing levels were always sufficient to meet their needs. Dependency levels had been assessed and agreed with the respective local authorities who funded people's placements. Some people were funded for one to one care and we observed this was provided. Staff told us that appropriate staffing levels were always maintained and the rotas confirmed the same. One person said, "There are enough staff because I can do what I want when I want to."
- People were supported by staff that had been appropriately vetted prior to appointment. Checks included a full work history, references and a check with the Disclosure & Barring Service (DBS). The DBS keeps a

record of staff who would not be appropriate to work in social care.

Using medicines safely

- Medicines were safely managed by staff as people received their medicines as prescribed. Many people were able to manage their own medicines with assistance from staff. This was personalised based on people's abilities. All medicine administration records (MARs) we saw had been filled out correctly and with no gaps. There were protocols in place for 'as and when needed' medicines to ensure people had the correct amounts.

Preventing and controlling infection

- People were protected from the risk of infection. We observed staff wore aprons and gloves when preparing food or carrying out personal care. Staff were quick to wash their hands and any equipment used after completing personal care.

Learning lessons when things go wrong

- Lessons were learned and improvements made when things went wrong. There was an incidents and accidents folder which contained records of each person's history along with an overview and analysis to spot patterns or trends. Staff responded appropriately to accidents or incidents and records showed this. For example, when one person had a medicines error whilst with their family, staff at the service had responded by contacting the family and the GP to ensure the person's safety. As a result of this incident staff now better support people in the organisation of their medicines when they visit their families.

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 June 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. 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

- Peoples' needs and choices were assessed and considered so care and support could be effectively delivered by staff. Each person's care plan contained detailed needs assessments for staff to consider and understand. The assessment looked at current health issues, mobility, vision, diet, hearing, mental capacity, medicines, food preferences and social interests. This ensured that staff were able to meet the needs of people before they were admitted to the service.
- One relative told us, "They (Staff) carried out a very comprehensive assessment of (Person's) needs when she joined the service."

Staff support: induction, training, skills and experience

- Staff had the skills and experience to meet people's needs effectively. One relative told us, "Staff know their jobs. The training must be pretty good." Staff were well supported with induction, consistent refresher training, supervision and appraisals. All new staff completed an induction programme at the start of their employment which followed nationally recognised standards. Staff confirmed during their induction they had been given sufficient time to shadow other staff, get to know people and read their care records so they understood how to support people well. One staff member told us, "I did my care certificate when I started."
- Staff were supported by frequent supervision with the management team. This enabled staff to talk about any requirements they had for training and to receive feedback on their work.

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

- People were supported to eat and drink enough to maintain a balanced diet. People supported at this service made the majority of their own meals sometimes being supported by staff. There was a specialist training kitchen for people to learn how to cook safely and healthily. People we spoke to said they were happy with their food. One person said, "I have a person that comes into the flat to help me cook. Last week I had gravy steak."

Staff working with other agencies to provide consistent, effective, timely care

- Staff enabled consistent care by writing detailed records of care visits in each person's care plan at their home. This enabled other staff members to understand developments and changes in people's care. Staff also chatted to each other throughout the day to ensure changes and updates were communicated consistently between different shifts.

Supporting people to live healthier lives, access healthcare services and support

- People were proactively supported to maintain good health and had access to external healthcare support as necessary. We saw schedules and appointment records for people in their care plans. Staff ensured people had access to other healthcare professionals and records showed that appropriate referrals were made to professionals such as doctors, dentists and physiotherapists. One person said, "I go in the car with staff to see other professionals. They take me when I need to go."

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. We checked whether the service was working within the principles of the MCA.
- People's rights were protected by staff who understood and followed the principles of the MCA. People had capacity to make specific decisions. Staff provided individual support to people to enable them to make decisions and communicate their wishes. Staff also considered their capacity and completed records to demonstrate this in areas such as finance. This meant that staff considered what was in people's best interests consistently whilst assisting them to make decisions by using various communication methods. This included using Books Beyond Words which are picture books to enable easier understanding and explanation. One relative said, "They are good at considering (Person's) consent." One staff member told us, "We have people whose capacity we check and question daily. We consistently check and consider whether she has capacity on the day in question."

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 June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving caring service. People were supported and treated with dignity and respect; and involved in their care.

Ensuring people are well treated and supported;

- People were treated with kindness, respect and compassion by staff. One person said, "They (staff) help me when I am unhappy." A second person said, "The staff are very nice." A relative told us, "Her keyworker is very impressive and caring. She really cares about (Person). She goes above and beyond what is required all of the time."
- Staff ensured that people were supported to be happy and socialise. One staff member said, "I noticed that (Person) didn't have many friends here. I took them to try a taster session at another service. As a result of this taster they got friends there and now they get invited for parties and events there."
- Everyone had key worker sessions which enabled them to express their preferences and ideas to staff. A keyworker is a named member of staff who takes a lead role in a person's care. Given the ages and capabilities of people living at this service, staff had recently provided sex and relationship education. The registered manager had organised groups to start opening discussions on these topics to ensure people were properly and safely supported to live their lives.

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

- People were supported to express their views. Staff ensured that people were treated as individuals and could choose how to spend their days. One staff member told us, "I always check people's preferences, likes and dislikes in their folders to see what they prefer. Then they also tell you what they want. They tell you all the time."
- Tenant meetings were held to enable people to talk about their care and property matters with staff. People also had yearly review meetings with their family and staff so that they could talk about their care and any changes they wanted to make.

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. One staff member said, "I always ensure that I maintain peoples confidentiality. We ask permission before we do the slightest thing. We knock before we come in."
- Staff were discreet and considerate with people's family and friend relationships. We observed staff ensuring that people could have their own lives and space when they wanted it.
- Peoples independence was respected and promoted. One staff member told us, "Peoples' independence is ongoing. I try to support them to do as much as they can. I don't do it for them."

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 June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving responsive care. 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

- People received personalised care that was responsive to their needs. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. For example, where one person wanted to pursue new work experience, staff had arranged for them to spend working days with the maintenance team on site.
- People were supported to visit the local town, pubs and shops. One person told us, "We go to sessions most days. gardening, IT, textiles, key sessions, shopping, cooking, work experience. Today I would be doing gardening and creative floristry." A second person said, "I go to London. We went to the Royal Albert hall."
- People were proactively supported to pursue their hobbies and interests. For example, one person wanted to work as a florist, in order to assist them the registered manager had organised a flower arranging group. The local Co-operative had agreed to donate flowers to the service and the finished arrangements were then used to decorate events at the service. For example, last year on Remembrance Day, the textiles team had created bikes covered in woven and stitched poppies. These were then used in the local town on a roundabout to support awareness.
- People were encouraged to take part in a wide amount of activities which gave them freedom and purpose. People could make and sell fudge, plants and flowers to members of the public. People were encouraged to gain work experience with administrators, maintenance, shop work and maintaining the garden. A creative photography course had also been run in order to allow people to take part in complex art projects and gain a certificate. One person told us, "I see maintenance people and I help with the chickens." On the day of the inspection, one person was completing a work experience day with the receptionist which included all of the tasks the receptionist needed to complete.
- Staff had taken people on trips to pantomimes, musicals, boat trips, adventure centres, garden parties with the Queen and surfing lessons in Wales.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. People told us they would be happy to call the office to make a complaint and would feel confident speaking with staff about their concerns.
- The complaints process was written with pictures and symbols so each person could understand it. One person had complained that they felt staff sometimes rushed them before activities or events. In response to their complaint an investigation had been arranged and staff had taken the feedback on board constructively. A written response had been sent to the person directly with a resolution and apology. One person told us, "No I have never complained. If I was unhappy I would be happy to talk to a staff member. I

could also speak to another house or staff member."

- There were a large number of compliments sent to the service to thank them for their work, care and support with quotations such as; "We couldn't ask for better keyworkers. They are both willing to go the extra mile to provide the care that is needed and work with us. The depth and warmth of feeling that our family have for both these members of staff is a good indication of their commitment and dedication to the needs of others.", "(The manager) has always been on hand, day and night to help (Person) cope with these challenges and to facilitate and coordinate her care. I don't know what I would have done without her."

End of life care and support

- People were supported to consider and decide how they wanted to be care for at the end of their lives. There were detailed end of life care plans in place for every person supported by this service. This asked people to think about the kinds of music or specific requests they would like to make. Several people had requested specific hymns or pop songs to be considered.

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 June 2016, we rated this Key Question as 'Good'. At this inspection we found that this standard had been maintained. 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

- There was a clear strategy in place to promote person centred care and achieve good outcomes. People benefitted from an open and inclusive culture as staff worked by the provider's philosophy of care. The registered manager demonstrated and explained several plans in place for the service which were in the process of being implemented at the time of the inspection. This included creating a digital system for records and giving staff more responsibility for areas of work where they excel. One person told us, "I know the manager and the other managers pretty well. They run a good organisation."
- One staff member told us, "The management are good here. When I do something well they note it and applaud it." A relative said, "The CEO is marvellous. The care manager is also very good. They have both provided person centred care directly for my son." Another relative told us, "I have met the managers at events. There's a yearly report from them too, we are happy with that."

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.
- The registered manager was aware of their legal responsibilities in respect of documentation and the need to report significant events. Notifications had been submitted to CQC in a timely and transparent way. Through the completion of the provider information return (PIR) the registered manager demonstrated a good overview of the service and how it continued to meet the required standards.

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

- People, relatives and staff were engaged and involved with the service in many ways. There were meetings and forums for staff, relatives and tenants held every couple of months.
- Questionnaires, surveys and written feedback had also been consistently requested throughout the past year. The results from these various methods of engagement had been used to create reports and charts for people, relatives and staff to see. The results were largely positive. A high percentage of staff working at the service described their jobs as rewarding. One big change that had come about as a result of consultation with staff and management analysis was the separation of the houses and staff teams. This helped to

simplify the workload and care of people at the service.

Continuous learning and improving care

- The management team was pro-active in considering improvements and ensuring the service as a whole was up to date with changes and advances in care. There was a Big Ideas Factory meeting arranged in December 2018 to invite people/staff to contribute/pitch their ideas in a Dragons Den meeting with senior managers. An action plan to attain an Outstanding rating had been created in December 2018 which focussed on the five areas CQC considers for ratings.
- There was an in-house trainer who ensured that staff were consistently up to date with developing knowledge and learning in care relevant to this service.

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.
- 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.