

Grange (Whitefield) Care Services Limited

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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

This inspection was undertaken on 25 and 26 May 2016. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

The Grange (Whitefield) Care Services Limited provides support and personal care to people with learning difficulties, living in five supported living units in North London and Hertfordshire. There were approximately 33 people using the service at the time of our inspection.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate those risks.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the service.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and

support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

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 told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate those risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good ●

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good ●

The service was caring. People told us that staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Is the service well-led?

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Good ●

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken on 25 and 26 May 2016. We gave the provider two days' notice that we would be visiting their head office. After our visit to the office we visited three of the five supported living units and met nine people who used the service. We were not able to speak in depth to all of the people we met because some people had complex ways of communicating. Because of this we observed interactions between staff and people using the service in the communal areas. We were able to obtain five people's views about the service they received. We also spoke with four people's relatives and two social care professionals over the phone. The inspection and interviews were carried out by one inspector

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

We spoke with four staff who supported people with personal care and the registered manager.

We looked at five people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at six staff files as well as other records held by the agency including meeting minutes, health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, "The staff are brilliant. I do trust them and feel safe with them." Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative commented, "They are good people." Another relative commented, "Trust is never a problem."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission (CQC).

Staff had undertaken first aid training and knew the procedure to follow if the person they were supporting became ill or had an accident. If someone had an accident this was recorded. The registered manager analysed past accidents to see if action could be taken to reduce the risk of further occurrences.

Before people were offered a service, a pre-assessment was undertaken by the registered manager or team leader in the person's home. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls, nutrition and managing finances.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, we saw that risks to a person's safety had been identified with regard to them possibly falling when out in the community. A risk assessment had been undertaken and it was agreed that the person would be accompanied with a staff member to assist with their mobility. We spoke with the person this related to and they confirmed that they had been consulted about this and agreed with the measures taken to reduce risks. They told us that they felt safe with staff accompanying them when they went out of their flat.

A relative told us, "[The staff] have gone through risks with us. Sometimes I think they can be overly cautious but I understand why."

Risk assessments were being reviewed on a regular basis and information was updated as needed. The registered manager told us all staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated. Staff knew the risks that people they supported faced and were able to describe these risks to us. These matched the risk assessments recorded in people's care plans.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff who were working alone with people as well as having safe access to people's homes.

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines. After staff had been trained they undertook observed competencies by a senior staff to ensure that they understood the training and were able to put this into practice.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. The management undertook spot checks on staff at the person's home. These spot checks included medicine audits. People told us they were satisfied with the way their medicines were managed. A relative told us, "They help him. He has to sign a book. [The staff] supervise him and double check his medicines."

We checked a random selection of six staff files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the registered manager carried out checks to make sure the staff were allowed to work in the UK. Staff confirmed that they were not allowed to start work at the service until satisfactory references and criminal record checks had been received.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. A relative commented, "The staff are brilliant. They are so positive, friendly and welcoming." Another relative told us, "The staff are friendly and know their job."

Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines and we saw relevant certificates in staff files we looked at. Staff were positive about the support they received in relation to training. One staff member told us about recent training they had undertaken in managing epilepsy. They said this had improved their understanding of how to keep people safe as well as being updated about the new types of medicines used to manage epilepsy.

In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. Staff could also discuss any training needs in their supervision.

Staff confirmed they received regular supervision and annual appraisals and we saw records of these in staff files we looked at. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks, undertaken by managers, were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. Staff told us that supervision was a positive experience.

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own.

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Comments included, "Yes, they ask permission, "They ask" and a relative told us, "They do try to give [my relative] choices."

Staff told us it was not right to make choices for people when they could make choices for themselves and

people's ability around decision making, preferences and choices were recorded in their care plans.

There was information incorporated into people's care plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking. The registered manager told us that no one currently needed help with eating or drinking but staff assisted people to prepare their meals. People told us they were happy with the support they received with eating and drinking. One person told us, "They give you advice about healthy eating."

Where the service took primary responsibility for organising people's access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. A relative told us, "I'm happy with the way they deal with [healthcare] appointments. [My relative] went to the dentist last week."

Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

People who used the service and their relatives told us they were satisfied with the way people's health care needs were monitored and addressed. One person told us, "If you're not well they stay with you." A relative commented, "If he's not well they check on him throughout the night. I have confidence in them." Relatives told us that the service kept them updated about any changes to people's healthcare needs.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments about the staff were very positive and included, "I like all the staff, they are good staff," "They treat [my relative] as an ordinary human being. They don't look at the disability" and "Fantastic staff totally devoted."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. People told us that staff listened to them respected their choices and decisions. One person told us, "They do ask and I tell them what's needed."

Relatives told us they were kept up to date about any changes to people's care plans. A relative commented, "They are very good at keeping us updated." The registered manager told us about a recently introduced monthly care plan evaluation where staff sat with the person and went through their care plan together.

Staff understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs and gave us examples in relation to food preparation and preferences. Staff told us they would like to update their knowledge around equality and diversity issues and the registered manager told us he would be arranging training for staff shortly.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained. One person told us, "They knock on the door if they want anything."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would report these changes and concerns. Relatives told us they were kept up to date with any issues.

A relative commented, "We review [my relative's] care plan quite often." A social care professional we spoke with told us the service was person centred and treated people as individuals. They also told us they involved families and were accessible and adaptable.

Staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident.

Each person had a care plan that was tailored to meet their individual needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. One person told us, "It's important [for staff] to have a good working knowledge about what I need to have done. I tell them what's needed." A relative told us, "I do see [my relative's] care plan. They bend over backwards for [my relative]." Another relative commented, "He's much better since being at [the service]."

We checked the care plans for five people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the service. People confirmed that someone from the service had visited them to carry out an assessment of their needs. These assessments had ensured that the service only supported people whose care needs could be met. The registered manager told us that if someone's assessed needs were too complex a service could not be offered. One relative told us, "[The registered manager] carried out the assessment. He was very friendly and very thorough. It was a very good assessment."

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the service had made changes to the person's care plan. We saw a number of examples of this including the staff organising aids and adaptations to a person's flat when they saw that this person was becoming more dependent. A relative told us, "They are very flexible."

Care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

We saw that, where complaints had been raised, these had been appropriately investigated and dealt with

by the registered manager. A relative confirmed that any concerns were, "addressed straight away." We saw that a complaint had been raised by a relative and the registered manager had taken the appropriate action which included raising a safeguarding alert with the local authority. A relative commented, "We had a minor complaint. It was quickly sorted and the manager took it on board."

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the registered manager. One staff member told us, "He is there when you need to call." Other staff described the registered manager as, "Very helpful," "Supportive" and "Approachable." A staff member commented, "I can talk to him."

Staff said the service was well run with one staff member commenting, "I get total support from the management." Another staff member said, "We work well together."

Relatives told us the service was, "Very well run" and "Organised."

Staff told us that the management listened and acted on any suggestions staff made for service improvements. One staff member told us, "We are asked for our opinions in team meetings."

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff, regular reviews of service provision and monthly audits by the registered manager. The registered manager audited care plans, medicine records, people's financial records and risk assessments to ensure information was accurate and up to date.

People confirmed they had regular contact with the registered manager and had been asked for their views about the service. One person commented, "I see him [registered manager] often enough." A relative told us, "We have weekly contact [the registered manager] asks if things are OK."

We saw completed surveys that indicated people were satisfied with the service including, "[My relative] is well cared for."

From these quality assurance systems, we saw that the registered manager then developed an on-going action plan for each supported living project. These plans identified any improvements required.

Staff told us that they were aware of the organisation's visions and values. All staff had attended in house training by the registered manager in relation to the "Six Values" of the service. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the registered manager it was clear that these values were shared across the service.