

Grange Care Services Limited

Old Grange

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

The inspection took place on 05 December 2016 and was unannounced.

Old Grange provides accommodation for up to seven people who have a learning and physical disability. It is not registered to provide nursing care. Seven people were using the service at the time of this inspection, one of whom was in hospital at this time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we last inspected the service on 09 May 2016 people's relatives told us that they were not always kept informed about life at Old Grange and felt disengaged with people's lives. At our previous inspection of Old Grange we had also found that there were some areas of the home that had not been maintained to appropriate standards and that had not been identified through routine audits. At this inspection we noted that these areas had been addressed appropriately and that the system of audits was more robust. We also noted that the senior management team maintained a better overview of the service than previously.

People felt safe living at Old Grange. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the registered manager which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or registered manager and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak

with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Staff knew how to recognise and report abuse.

People were supported by staff who had been safely recruited.

Support staff had been provided with training to meet the needs of the people who used the service.

People's medicines were managed safely

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

Staff had developed positive and caring relationships with people they clearly knew well.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were provided with opportunities for engagement and were supported to go on annual holidays.

People received care and support that was responsive to their changing needs.

Relatives were aware of the provider's complaints policy and procedure, they were confident to approach the manager should they have any concerns.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Old Grange

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.

This inspection took place on 05 December 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, two staff members and the registered manager. We spoke with relatives of three people who used the service by telephone subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority contract monitoring team. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at Old Grange. One person told us, "They care for us and keep us safe." A Relative of a person who used the service told us, "I think my [Relative] is safe and is being looked after really well."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the registered manager's office and was accessible to staff. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. These included risks relating to individual health conditions such as epilepsy, risks associated with going out into the local community, the risk of developing pressure ulcers and risks associated with being supported to transfer by means of a mechanical hoist. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risks. We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment.

People, their relatives and staff all told us that there were enough staff available to meet their needs. One person said, "We have plenty of staff, it would be ideal to have more but there are plenty to meet our needs." Throughout the course of the day we noted that there was a calm atmosphere in the home, people received their care and support when they needed it and wanted it and staff went about their duties in a calm and organised way. The registered manager told us that cover for annual leave and sickness was provided by staff from a sister service. This meant that people received their care from staff that understood their needs and knew them well which had a positive impact on the standard of care delivered.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. The registered manager reported that the staff team was stable and that there had been no recruitment activity since the previous inspection in May 2016. We checked the recruitment records for a staff member and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely.

We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained. Where people had been prescribed variable doses of medicines we found that

records were not clear to indicate how many tablets had been administered. This meant it was not possible to be sure how many tablets had been administered. We discussed this with the deputy manager who undertook to ensure a system would be put in place immediately.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Old Grange was appropriate to meet people's needs. One relative said, "They really have looked after my [Relative] well, the key worker really does care for my [Relative] like a mother would."

Staff received training to support them to be able to care for people safely. Records confirmed the various training elements that had been undertaken by members of the staff team. This included basic core training such as moving and handling, infection control, medicine administration and safeguarding as well as specific training modules such as autism awareness and epilepsy.

The registered manager and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the registered manager for additional support at any time. The registered manager told us that supervision addressed such areas as the needs of the people who used the service, staffing issues, key worker related issues, work-related issues and training needs and performance.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection four applications had been made to the local authority in relation to people who lived at Old Grange, one application had been approved, one had been rejected and two were pending authorisation.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We were given an example of how a person who used the service had not been able to sustain oral nutritional intake, a best interest meeting had been held with the person's relative, the registered manager, a social worker and a learning disability consultant. The outcome of this meeting was that the person had a percutaneous endoscopic gastrostomy (PEG) tube inserted and now received their

nutrition via these means.

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals. People also told us that their individual likes, dislikes and food intolerances were well known and respected by the staff team. Staff told us that there were some concern with one person's diet because they did not always choose healthy food. A staff member told us that they supported the person to make appropriate choices by explaining the consequences of eating the less healthy options. A relative of a person who used the service told us, "Staff have supported [Relative] to lose weight, which has been very important for their joints and also for their general health."

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. One person said, "The staff look after us very well." We noted that appropriate referrals were made to health and social care specialists as needed and people attended regular appointments with dieticians, opticians and relevant consultants.

Is the service caring?

Our findings

People, and their relatives, told us that the staff that provided their care were kind and caring. A person who used the service told us "The staff are nice bunch of people, they make us happy." A relative said, "I have no gripes at all, I think it is a very caring place."

A person who used the service had been in hospital for an extended period at the time of this inspection. The registered manager reported that a member of the staff team from Old Grange visited the person in hospital each day in order to provide the person with a familiar face and offer support. This showed that people who used the service were supported with warmth and empathy by the staff team.

Staff respected people's dignity at all times and made sure they supported people in the way they wished and encouraging them to remain as independent as possible. During our visit we observed staff were always courteous and kind towards people they supported, often sharing banter and jokes between each other in a respectful and dignified way. We saw staff promoting people's dignity and privacy and knocking on people's doors and waiting before entering people's rooms. For example, a person who received their nutrition via PEG feed was supported with this in the privacy of their own room in order to promote their dignity.

Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices. For example we observed a staff member offering a person various options for their lunch time meal. We heard another person asking a staff member to accompany them to buy Christmas presents for their family members, the staff agreed to this request and arranged a time to go out together.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought and chosen by them or their relatives. We noted that the dining table only had capacity to seat four people, which was not appropriate to seat all the people who used the service along with the staff team to enjoy a sociable meal together. The registered manager reported that people all chose to eat in different areas so this was not an urgent issue but that he had identified this and had plans to source a larger capacity dining table in the near future.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with support staff and management alike. We observed all staff interacting with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. A person who used the service told us, "They explain things to us, for example how to behave well to others and how to respect each other."

All the people who used the service had relatives to support them with making important decisions that affected their lives. The registered manager said that there were no advocates involved to support people at

the home currently, however, they demonstrated a good awareness of situations where this support would be accessed.

Relatives and friends of people who used the service were able to visit them at the Old Grange at any time.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was closed when staff were not using it.

Is the service responsive?

Our findings

At our previous inspection of Old Grange in May 2016 people's relatives told us that they were not always kept informed about life at Old Grange and felt disengaged with people's lives. Since that time the registered manager had developed a quarterly newsletter to help keep people's relatives up to date with activities, holidays and events happening at Old Grange. The registered manager also reported that they had regular e-mail and telephone contact with people's relatives.

The day before this inspection took place a Christmas party had been held and all relatives had been invited. People who used the service said that they had really enjoyed the event and the registered manager received an email from a relative during the course of our inspection saying how much they had enjoyed the party. This showed us that the registered manager had made significant improvement in this area.

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate and the registered manager told us that people's relatives were always invited to statutory review meetings with social workers and professionals.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. Care plans were updated in accordance with people's changing needs. For example, one person was now receiving their nutrition by means of a percutaneous endoscopic gastrostomy tube and the information available in the care plan was clear and provided the staff team with detailed and consistent guidance.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

There were regular meetings held for people who used the service to share their opinions about the service and facilities provided at Old Grange. We noted that issues discussed included about healthy eating and holidays for 2017 and people were encouraged to voice their views. This showed that people were encouraged and supported to positively influence the service they received.

There were monthly key worker meetings with people who used the service which covered areas such as health needs, activities, family matters and housemate relationships. For example, we saw a key working record which showed that discussions had taken place around changes in the person's activities, the importance of keeping the person's room clean and maintaining a budget to aid with managing the person's allowance wisely.

People who used the service told us of their summer holiday to Norfolk and how much fun they had. Two people had not been able to go on this particular holiday because of their physical health and support needs however they had been supported to go out on separate day trips. The registered manager told us

that individual holidays were being planned for 2017 for example, one person wanted to go abroad with staff member to support. The registered manager told us that passports were being applied for.

People told us that they enjoyed many different activities as part of their daily life such as swimming, music classes, visiting a day centre, using a laptop, listening to rock music, reading car magazines and karaoke. People told us that they enjoyed going to a weekly social club where they had the opportunity to socialise with others and play pool and have tea and chat. Staff told us of examples where they sat in the garden on summer evenings and listened to music and sang with the people who used the service. The registered manager told us of plans to introduce wider choices regarding activities in 2017. This had already started with one person now attending a day centre which they had not done previously. The registered manager reported that the person was thoroughly enjoying the experience which meant that they were moving to an additional day. This showed us that people were being encouraged to participate and have an active lifestyle and broaden their horizons.

There had been one documented complaint since the last inspection in May 2016. We noted that this had been responded to appropriately in line with the provider's policy and procedure for dealing with complaints. Since the previous inspection the registered manager had implemented a minor complaint record to capture such issues as housemate disagreements, light bulbs not working and other such issues. This helped to provide the registered manager with an overview of any issues which caused dissatisfaction within the home.

Is the service well-led?

Our findings

At our previous inspection of Old Grange in May 2016 we found that there were some areas of the home that had not been maintained to appropriate standards and that had not been identified through routine audits. At this inspection we noted that these areas had been addressed appropriately and that the system of audits was more robust. We also noted that the senior management team maintained a better overview of the service than previously.

People who used the service knew the registered manager by name and felt that they could approach them with any problems. The registered manager demonstrated an in-depth knowledge of the staff they employed and the people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive, warm and professional manner.

Relatives told us that the registered manager had brought about many positive changes at the Old Grange. One relative told us, "The manager has done many things such as introduce swimming sessions for [Person], they have made great progress, we are really pleased. Also [Person] goes to a day centre now and has much more of an active lifestyle, they used to get bored during the day but this doesn't happen anymore." Another relative told us, "The new manager has far more going for him and seems much more on the ball." A further relative said, "I have no complaints, everyone seems happy, my instinct is that it is a very well run home."

Staff told us that the registered manager was approachable and they could talk to them at any time. They said the registered manager was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice.

There were regular meetings held between the registered manager and the Operational Director of Care to discuss the performance of the service and any matters arising.

There were a range of checks undertaken routinely by the registered manager to help ensure the safety and well-being of the people who use the service to help ensure that the service was safe. These included such areas as water temperature checks, portable appliance testing, first aid box, testing for legionnaires and emergency lighting. This showed us that the registered manager and provider were committed to providing a safe service.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. The registered manager reported that surveys had been distributed in October 2016 and that not all responses had been received at the time of this inspection. We reviewed the responses

received so far and noted that all feedback had been positive.

The local authority commissioning team had undertaken a monitoring visit in October 2016, the registered manager shared the report from this visit with us. The service had been assessed as 'Excellent' with an overall score of 96.6%. One area for improvement that had been highlighted by this report was that the complaints log needed to be further developed to capture any lessons learnt from investigations undertaken. The registered manager was able to demonstrate that this action had been completed. This showed us that the management team worked in partnership with the local authority to support service development.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.