

Valorum Care Limited

The Grange - Care Home Physical Disabilities

Inspection report

2 Mount Road
Parkstone
Poole
Dorset
BH14 0QW

Tel: 01202715914

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Grange – Care Home Physical Disabilities is a residential care home providing personal care to 24 people at the time of the inspection. The service can support up to 27 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

People had their risks assessed but actions to minimise avoidable harm were not being monitored or reviewed. This included risks associated with malnutrition, dehydration, and fire safety. Quality assurance systems were not robust enough to ensure people were receiving the right care.

People were supported by staff that had undertaken a robust recruitment process. Medicines were administered safely, and infection, prevention and control measures were in line with best practice guidance. People felt safe and felt able to raise any concerns with staff knowing they would be listened to and appropriate actions taken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People lived in an environment that had been designed to support their independence. People were supported by staff that had the right skills and experience to meet their care and support needs. People were involved in decisions about their care and supported by staff that knew them well and respected their lifestyle choices. Staff understood the importance of social inclusion and supported people to keep in touch with friends and family and develop and maintain links in the community.

Right Culture:

People felt confident in speaking up and sharing their views with the management and staff team. Through regular meetings and quality surveys people were empowered to contribute to the development of the service. People had their communication needs understood which meant that information could be shared in a format that ensured inclusion.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grange – Care Home Physical Disabilities on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Grange - Care Home Physical Disabilities

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The Grange - Care Home Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The registered manager had left

employment in April 2023 and was in the process of de-registering with CQC. The provider was actively recruiting a new manager who would be applying to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 1 visitor about their experience of the care provided. We spoke with 10 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the regional operations manager, peripatetic manager, deputy, care staff, cook and housekeeping. We also spoke with a nurse who had experience of the service.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service.



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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed .

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 .

- People had their risks assessed, but actions in place to minimise the risk of avoidable harm had not been monitored or reviewed. This included risks associated with malnutrition, dehydration and safe management of PEG feeding systems. A PEG is a feeding tube inserted through the skin of the abdomen into the stomach for people who may not be able to swallow safely.
- Fire safety had not been safely managed. This included actions on the fire risk assessment not being completed, the risk assessment review was overdue, not all staff had completed fire drill training and one person did not have a personal emergency evacuation plan in place .

Systems had not been effective at assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

The provider responded immediately during and after our inspection. They confirmed known risks to people would be monitored and reviewed at each change of shift. They also confirmed that fire safety actions were being addressed, staff had all completed a fire drill and all people living at the service had an emergency evacuation plan in place .

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to demonstrate safeguarding processes were effectively managed. This was a breach of regulation 13, Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13 .

- Records demonstrated that safeguarding protocols were being followed including the sharing of safeguarding concerns with the local authority and Care Quality Commission .
- People told us they felt safe. One person said, "I feel safe, the staff are well trained and know me well." Another told us, "I feel safe, they are so professional."
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice.
- Safeguarding information had been shared with people in a format that met their communication needs.

Using medicines safely

- The administration of topical creams had not always been recorded accurately. We discussed this with the home manager, who during our inspection, reviewed the process and implemented changes. These included new storage arrangements alongside recording sheets.
- People had their medicines managed safely. Records demonstrated that medicines were administered in line with their prescriptions.
- Some medicines had been prescribed for, 'as and when' required. Protocols were in place that provided staff with information to ensure they were administered appropriately.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were stored in accordance with current regulations.

Staffing and recruitment

- People were supported by staff that had been recruited safely. Checks had included employment history, references and a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records demonstrated that agency staff had completed recruitment checks and training, ensuring they were suitable to work with people living at The Grange.
- People were supported by enough staff to meet their assessed care and support needs. People consistently told us that staff responded quickly when they called for assistance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was fully open to visitors in line with current government guidance.

Learning lessons when things go wrong

- Accidents and other incidents were analysed and used as an opportunity to learn and improve outcomes for people. This had included a person having a medicine review after a fall and staff undertaking additional training following a safeguarding incident.

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 we rated this key question good. The rating for this key question has remained good. This meant 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

- Assessments prior to admission had been completed with people, their families and where appropriate, health and social care professionals. Assessments provided information about the care and support people needed, their communication needs, and lifestyle choices .
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and supervision that enabled them to carry out their roles effectively. New staff with no previous experience completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff felt supported, had an annual appraisal and opportunities for further learning which included diplomas in health and social care.

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

- People told us they enjoyed the food and had plenty of choice. We observed people enjoying well balanced meals that had been prepared by the cook.
- Both the care and catering team understood people's eating and drinking likes and dislikes, allergies and special dietary needs. Plate guards and adapted cutlery and crockery were used to aid people's independence.

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

- Staff worked closely with other agencies to ensure people had good health outcomes. This included mental health professionals and speech and language therapists.
- Records showed us that people used community services such as GP's, dentists, chiropodists and opticians.

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

- People had spacious rooms that included a ceiling hoist and vanity unit. Carpets had been replaced with hard flooring that enabled better manoeuvrability for people in wheelchairs.
- Rooms had been personalised by people and reflected their hobbies and interests.

- Bathrooms, and toilets provided adapted equipment which aided people's independence. Corridors were well lit and provided push button opening to aid people in wheelchairs.
- People had access to outside space.
- A refurbishment plan was in progress and included work to the gardens, decoration and replacement of communal furniture.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were being met ensuring that people had their rights and freedoms respected and care and support was provided in the least restrictive way.
- Records showed us that where an assessment determined a person was unable to make a specific decision a best interest decision had been made with the involvement of family and professionals who knew the person. Examples included providing personal care and the use of bed rails.
- DoLS had been requested appropriately. Records showed us that conditions on authorised DoLS were being met.
- Power of Attorney information had been evidenced and staff understood the parameters of legal authorisations.
- We observed staff providing choices to people, listening and respecting their decisions. A person told us, "I feel in charge of my care; you can say no."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had person centred support plans that reflected their care needs and lifestyle choices. Staff knew people well and were familiar with how they liked to be supported and spend their time. A support worker told us, "When I support (name) I provide care slowly. (They) like music and when I'm in their room I ask if they would like music to help them relax ."
- The care and support plans were being reviewed. The Head of Quality told us, "It's a work in progress but the aim is more triangulation between a persons' plans and not as many plans overall."
- People had opportunities to take part in activities in the community which included visiting local cafes and shops, visiting friends and family, attending day centres and community clubs and a local chapel. People had voiced they would like more opportunities for activities and in response the provider was recruiting additional activity staff .
- People had opportunities to take part in activities within the home, follow hobbies and interests. A volunteer told us, "I read to a couple of people and once we've finished the book we watch a film of the same story; we've really enjoyed it."
- People had a range of equipment and technology that enabled them to keep in touch with people and current affairs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed aids such as glasses, hearing aids and other support such as information provided in large print, verbally or picture format.

Improving care quality in response to complaints or concerns

- People felt confident to raise complaints or concerns and told us they would be listened to, and actions taken. A person told us, "I had a small grumble, was listened to and it was put right ."
- Information about how to make a complaint was displayed around the home in both written and picture format.

- Records showed us that complaints were investigated, and outcomes shared with the complainant and others were appropriate. Complainants were provided with information about an appeals process which included the local government social care ombudsman.

End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural or religious preferences and decisions on whether they would or would not want resuscitation to be attempted.

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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were in place or robust enough to demonstrate good governance. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not ensured that risks to people's health, safety and welfare had been monitored and reviewed and that any actions needed to mitigate avoidable harm had been taken in a timely way.
- Quality assurance processes had not been successful in identifying shortfalls in the management of risk. This included risks associated with fire, malnutrition and dehydration.

Governance systems and processes had not been effective at monitoring and mitigating risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after our inspection. Areas we had identified relating to fire safety and monitoring and reviewing risks to people were actioned. The provider had a service improvement plan in place that included areas for improvement identified by their quality audit processes. This included record keeping, documentation and training. Full audits of the service were being carried out monthly and demonstrated that improvements were happening where shortfalls had been identified.

- A registered manager had not been in post for 2 months. At the time of our inspection potential candidates were being interviewed. In the interim, management oversight was being provided by the regional operations manager, a peripatetic manager and the deputy manager.
- Staff told us they felt the service was improving. A staff member said, "I feel we are improving. There's more structure with (regional operations manager and peripatetic manager). Before things were reported but nothing happened and now there being actioned."
- The service had a good understanding of their legal responsibilities for sharing information with CQC and

records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, and the staff team told us lack of consistency in leadership had made them feel less positive about the service but that things were improving with the current management arrangements. A staff member told us, "The culture is improving, and the overseas staff have helped." Another told us, "(Deputy) is always here for us."
- People and the staff team felt able to share their views about the service, had friendly, open, honest relationships with the management team and were involved in service development.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary.

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

- People, relatives and staff had opportunities to be involved in the service through a range of scheduled meetings. A person told us, "When I go to the resident's meetings I feel I have a voice."
- People, relatives and staff had been invited to share their experiences of the service in a quality survey. The staff survey had included views on training and led to additional training specifically focused on people living at the service.

Working in partnership with others

- The service worked with other organisations to ensure people's care and support was in line with best practice guidance. This included national organisations such as Skills for Care and Public Health England.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been effective at assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service. This included risks associated with fire safety, malnutrition and dehydration
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes had not been successful in identifying shortfalls in the management of risk.