

## Grange Care Services Limited

# Old Grange

### Inspection report

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Date of inspection visit:  
23 July 2019

Date of publication:  
22 August 2019

### 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

Old Grange is a residential care home providing personal care for up to seven people who have a learning and/or physical disability. Seven people were receiving the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People showed and told us they were happy living at Old Grange, they felt safe and comfortable with the staff team.

Staff were kind and caring and knew each person well. Staff enjoyed working at the service and felt they received good support. There were enough staff to support people in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's privacy and dignity and encouraged independence wherever possible.

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. People were supported to be as active as possible. The staff looked for ways to continually make improvements, worked well with external professionals and ensured that people were part of their local community. One person told us, "I go out to the local shops."

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

No restrictive intervention practices were used.

Rating at last inspection

The last rating for this service was good (published 22 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Old Grange

## 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 Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Old Grange is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider must let us know about. In May 2019 the provider had sent us a completed provider information return (PIR). The PIR 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.

#### During the inspection

We saw how the staff interacted with people who lived at the service. We spoke with all three people who

lived there. We spoke with three members of staff and the registered manager.

We looked at two people's care records as well as other records relating to the management of the service. These included medicine administration records, internal audits and the local authority's contract monitoring audit.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a social care professional who had visited 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The contact details for the local safeguarding team were clearly displayed in the staff office.
- One person we spoke with told us they felt safe living in the service, "I feel safe here, the staff make me feel safe."
- Staff understood what constituted abuse and who they would report any concerns to. They were also aware of the outside agencies they could contact.

Assessing risk, safety monitoring and management

- Risk assessments were in place which detailed what actions staff needed to take to minimise the risk of harm occurring.
- Risk assessments relating to the environment were completed and these clearly stated what steps were needed to manage these risks.
- The environment was well maintained and regular servicing of the gas supply, electrical items and fire safety equipment were undertaken.

Staffing and recruitment

- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the service. This included a criminal record checks and references from previous employers.
- There were enough staff to meet people's needs. One member of staff told us, "We've got enough staff."

Using medicines safely

- Medicines were stored securely, and the stocks and administration of medicines were checked regularly.
- Medicines were managed and administered in a safe way. There were no gaps on the medicines administration records which showed medicines were given as prescribed.
- Protocols were in place for medicines taken on an 'as and when required' basis to provide staff with guidance on how to give these medicines safely.
- Staffs' competency and knowledge in relation to administering medicines was assessed at least annually.

Preventing and controlling infection

- Measures were in place to control and minimise the spread of infection. Staff had access to personal protective equipment to wear when cleaning the service or handling food.
- The service was clean and there were cleaning schedules in place to ensure a good level of hygiene was maintained.

### Learning lessons when things go wrong

- Records showed accidents and incidents were recorded in detail and appropriate action had been taken as a result of all incidents.
- The registered manager reviewed all accidents and incidents and made recommendations for future practice.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager met with people to assess their needs before a decision was made about whether their needs could be met at the service.
- Assessments of people's needs considered their physical and emotional needs.
- The PIR stated 'We work toward the NICE' (National Institute for Clinical Excellence). The registered manager told us they received e-mails from head office about updates on legislation and current practice.

Staff support: induction, training, skills and experience

- An ongoing training programme was in place to ensure staff maintained their skills and knowledge.
- A comprehensive induction was available for all new staff. This included class-based training and shadowing more experienced members of staff. Staff told us they felt well trained.
- Staff had supervision every six to eight weeks, with a senior member of staff. This is a confidential meeting where staff can discuss their progress in their role and identify any support or training needs they have. In addition to supervision, staff also had yearly appraisals of their work.

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

- People choose what and when they wanted to eat and prepared their meals with staff support.
- People's weight was monitored monthly to ensure they maintained a healthy weight.

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

- People were supported to access healthcare services. One person told us, "[Name of staff] goes with me when I see the doctor."
- Timely referrals were made to other healthcare professionals where there were changes in a person's physical or mental wellbeing.
- Healthcare professionals' advice was recorded in people's care records and linked to people's care plans.

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

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted the room decorated and furnished.
- People also chose what they wanted for the shared areas of the service.

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. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves.
- Where decisions had to be made in people's best interests, these were clearly documented and involved the person so they were informed of why staff made certain decisions for them.
- People were given choice about how they liked their care and treatment to be given and we saw staff gave people choice.
- Staff had an understanding of the principles of the MCA and how it applied to the care they provided for people.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed and informal atmosphere in the service.
- Staff provided emotional support when needed. Staff provided reassurance to one person who became anxious.
- Staff knew the care needs of each person they were caring for well. They were able to tell us about the people's preferences and diverse needs in detail. One person told us staff treated them well, "I feel listened to" they added, "Staff explain things to me, so I understand what is happening."

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

- People were fully involved in making decisions about their care and support. They met with their keyworker each month to make plans for what they wanted to do and to talk about what they enjoyed. One person told us, "I go through my care plan with [name of member of staff]."
- Where appropriate, people had access to advocacy services. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged and supported people to do as much as they could for themselves. People were supported to help with household chores and meal preparation.
- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received personalised care, that met their care and support needs, and was in line with people's wishes. Feedback from a social care professional stated, "Staff meet all the criteria contained in the [person's] support plan."
- People had individual support needs that were known and monitored by staff. Staff gave this assistance, without the person losing choice and control of how they wished to be supported and spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was given to people in an easy-read format to help aid their understanding.

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

- Staff supported people to keep their interests whilst at the service and in the wider community.
- Staff encouraged and helped people go shopping, go for walks and take part in activities both at service and in the local community to promote people's social inclusion. Feedback received by a social care professional stated, "There is wide program of activity such as shopping, music and sensory, massage & relaxation, hand relaxation, community outing, bowling, garden centre, dominos, laundry/room cleaning. I confirm that the staff understand the individual needs of people."
- People were encouraged and assisted to maintain and remember relationships that were important to them. For example, staying in touch with friends and family.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. People told us they were able to raise any concerns and they would be listened to.
- Staff told us no formal complaints had been received about the service since our last inspection.
- Staff told us they discuss any concerns people have when they review their care and support plans.

End of life care and support

- No one at the time of this inspection was receiving end of life care. However, people's end of life wishes had been recorded where people were happy to discuss this.

- All staff were provided with training and knowledge about end of life care.
- Staff said that people receiving end of life care could stay at the service if this was their wish and they were able to meet their needs.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had a good relationship with the registered manager and staff team. They said they felt communication was good. A person said when asked how happy they were living at the service, "Yes, I enjoy living here."
- Staff said they felt supported and listened to by the registered manager. Staff told us there was a clear expectation for them to deliver a good standard of care to people. A staff member said the values of the service were, "We encourage people to be independent, give them a choice and have a say in the running of the service."
- People, with support from staff, went out for walks in the local community. One person when asked if they went out and about smiled and said, "Yes I go out a lot."

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; Continuous learning and improving care

- The registered manager gave us examples of learning when things had gone wrong and how they had tried to resolve it to reduce the risk of recurrence.
- There was organisational oversight of the service. The registered manager confirmed they completed monthly reports and the findings were reviewed with the organisation's board. External reviews were also undertaken. The areas they reported on included infection control, health and safety and medicines.
- The provider had a quality assurance system in place to ensure that staff continued to give high-quality care. Staff, and the registered manager, carried out weekly and monthly audits which fed into a monthly report sent to head office. They put action plans in place to address any shortfalls.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had been fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.
- Staff felt they received good support from the registered manager.
- There was a clear management and staff team structure in place and each role was clearly defined.

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

- Monthly meetings were held for people who used the service to discuss any concerns they had.
- Staff attended monthly meetings to discuss people's changing care needs and any staffing concerns. One staff member told us, "We are always given the opportunity to add to the agenda. We discuss people's needs and how we ensure we provide a consistent approach."
- People had the opportunity to complete surveys about the care they received.

#### Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations. These included GPs to provide joined-up care and support. The local authority quality improvement team had also visited the service. They gave positive feedback in the running of the service.