

Leonard Cheshire Disability

The Grange - Care Home Physical Disabilities

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

About the service:

The Grange – Care Home Physical Disabilities is a care home without nursing registered to provide accommodation and personal care for up to 27 adults who have a physical disability. At the time of our inspection there were 24 people living at the home.

At the last inspection we identified shortfalls in the deployment of staff to meet people's needs and a need for better liaison between senior managers and people living at the home. This inspection found the provider had made improvements to these area's however, we have made a recommendation regarding ongoing monitoring of staffing levels.

At the time of the inspection the provider was in the process of selling The Grange – Care Home Physical Disabilities. People, relatives and staff were fully aware of the impending sale but were waiting for the final details of the new provider to be shared with them.

People's experience of using this service:

People told us they felt safe living at The Grange. They told us the staff knew them well and knew how they preferred their care and support to be given.

Staff spoke knowledgeably about the systems and processes in place to safeguard people from potential abuse and knew what action to take if they suspected people were at risk of abuse.

Staff knew people well and treated people with kindness, respect and dignity whilst ensuring their independence was maintained. People received care and support in an individualised way, however, the staff team were working at full capacity in order to achieve this.

The home had undergone recent redecoration and refurbishment which had led to a new commercial kitchen being installed and the employment of a full time cook. People commented very positively about the meals that were provided and told us, "The food is very good."

Staff were supported with a system of regular supervision, annual appraisals and a variety of relevant training courses. Staff felt the review and appraisal system offered good support and commented positively on the training they received.

The service worked closely with health care professionals to ensure people received the support they needed to manage their physical and mental health at all times.

People led active lives and were supported to access the community and trips to places of interest, a

schedule of activities was available for people to participate in if they wished.

People's medicines were being managed safely, stored securely and administered by trained staff.

People and their relatives were involved in assessing and planning the care and support they received.

People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

There was a system of audits and spot checks in place to ensure the service received ongoing monitoring to review the quality of the service provided.

People and relatives expressed confidence in the management team and felt the service had a clear management structure.

More information in Detailed Findings below.

Rating at last inspection: Requires Improvement (The date the last report was published was 18 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has improved and is rated as Good overall.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two CQC Inspector's on the first day and one CQC Inspector on the following days of the inspection visit.

Service and service type:

The Grange – Care Home Physical Disabilities is a 'care home'. People in care homes receive accommodation and personal care as a 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 registered manager in post. A registered manager is a person who has 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:

The inspection on day one was unannounced.

What we did:

Before the inspection we reviewed information we held about the service. This included information about incidents the provider had notified us of and contacting health professionals and the local authority for their views on the service. The provider had completed a Provider Information Return (PIR). This is a form that

asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During the inspection, we met and spoke with nine people living at The Grange to gather their views about the service and the support they received. We also spoke with four relatives for their views and spoke with ten members of staff which included the registered manager, the deputy manager, care staff and housekeeping staff.

We observed how people were supported and to establish the quality of care people received we looked at records relating to their care and support. This included individual care and support plans and a selection of people's Medicine Administration Records (MARS). We also looked at records relating to the management of the service including; staffing rotas, staff recruitment, supervision and training records, premises maintenance records, accident and incident records, staff and resident meeting minutes and a range of the providers audits, policies and procedures.

Is the service safe?

Our findings

Safe- this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At the last inspection in March 2018 we found some shortfalls in the levels of staffing available at peak times on shifts. At this inspection we observed a number of improvements the provider had made to ensure there were enough staff deployed to meet people's needs.
- Improvements for staffing levels included; staff no longer having to prepare and cook people's meals. A full time chef had been employed. Staff told us this had had a positive benefit on the time they had to care and support people. The provider had an on-going recruitment schedule and was in the process of recruiting further support staff to ensure full coverage for all shifts. The registered manager told us the home was not at full capacity, however they had not reduced the amount of staff to help ensure a safe level of deployment of staff. The registered manager told us and staffing rotas showed the staffing levels at the home were as described and consistent agency staff were used to cover for staff absences such as sickness and annual leave. However, they had found recruitment of staff to be challenging and had experienced difficulties with finding the correct calibre of staff and also retaining staff once they had started their employment. Changes to the staffing rotas had been made to introduce more flexibility and to allow more staff cover at peak times. The provider used a dependency mapping tool to show how many staff should be on each shift to care for people safely. The totals the mapping tool showed were generally the total of staff deployed on each shift at the home.
- We received mixed views from people, relatives and staff about the current staffing levels in the home. People spoke positively about the levels of staff. One person told us, "Staff now have more time for us. There are enough staff on and at night if I ring my bell they come and help me quickly." Another person told us, "Staff have been rushed in the past, but now they have much more time for us and respond well... recruitment is ongoing they use agency but use the same people, it's good because they know you. If I ring at night the staff normally know what it's for."
- One relative told us, "Generally there are enough staff to help but it can be a bit of a kafuffle, as long as you are prepared to wait a bit you will be helped." Another relative said, "They could do with more staff, they have been a bit rushed when they are short staffed... hopefully now with the new cook that should make a difference." A further relative told us, "Generally there are enough staff to care for [person] and they all know what they are doing." A fourth relative said, "There are not always enough staff at weekend... if the bell is pressed they do come straight away... it is much better with the cook as before the staff did not have enough time."
- Staff we spoke with all commented at times there were not enough staff available. One member of staff said, "People's care needs have really increased and with staff going off sick it has got worse in the last six months with staff leaving... it is so frustrating, the main issue is the staffing. There are times when you are in a unit on your own, it's so frustrating." Another member of staff said, "[manager] has been very supportive but we need more staff, there is simply not enough staff. We really appreciate the agency staff so much they do a really good job."

- Staff at The Grange were working to full capacity and we identified there is a risk to staff morale and retention. We recommend staffing levels are kept under constant review to ensure people are being cared and supported for safely at all times by adequate levels of staff.
- Recruitment records showed staff were recruited safely. Robust procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at The Grange. This ensured staff were suitable to work with people in a care setting.

Using medicines safely

- Medicines were stored, managed, administered and disposed of safely. Records showed stock levels of medicines were correct. People had their allergies recorded and there was a clear system to ensure 'PRN' as required medicines were administered to people safely.
- The provider used an electronic medicine administration system. Staff told us they felt it was a good system and helped to ensure people received their medicines safely. The provider had listened to staff suggestions and had increased the numbers of computer terminals and hand scanners for use by staff when administering medicines to people.
- Staff received medicine training and had their competency checked annually to ensure they were safe and competent to administer medicines to people.
- Regular medicine management audits were completed to address any issues in medicine administration.
- At the time of this inspection no person needed to have their medicines crushed or administered hidden in their food and drink. Staff spoke knowledgeably about gaining the required GP and pharmacy authorisations if in the future people needed to have their medicines crushed or administered covertly in their food or drink.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt The Grange was a safe place in which to live.
- Staff received safeguarding training and spoke knowledgeably on how to spot the signs of potential abuse. They were aware of the correct action to take should people raise concerns with them.
- There was a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and staff demonstrated good knowledge on how people preferred their care and support to be given.
- Risk assessments were detailed, personalised and guided staff to support people safely whilst still maintaining their independence.
- Emergency plans were in place to ensure people received the support they needed in the event of a fire or other emergency incident.
- Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.
- Regular water systems checks to reduce the risk of legionella. Risk assessments showed The Grange was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Preventing and controlling infection

- Personal protective equipment was available for staff who wore it when it was appropriate to do so.
- The laundry had a clear dirty to clean flow process and staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- The home was clean and free from odours. Cleaning schedules were in place and formed part of the daily and weekly duties for staff.

Learning lessons when things go wrong

- There was a procedure in place for reporting, reviewing and analysing accidents and incidents. □
- Information regarding incidents and accidents was discussed with staff during daily handovers and staff meetings. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.

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.

Good: 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.

- People's care and support was planned and delivered in line with current legislation and good practice guidance. Assessments were unique to each person and contained personalised information and guidance for each person that reflected their preferences and wishes.
- Care and support plans were regularly reviewed and updated in full consultation with people, family and health professionals when appropriate.
- Wherever possible people were supported to be themselves and to live their lives as they wished. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience.

- People and relatives told us they felt the staff were well trained and supported people effectively. One person told us, "They look after me and make sure I'm kept comfortable...I don't have any issues I can think of at the moment, it's all ticking along fine." One relative told us, "The staff all know how to use all the equipment...they do everything very well, efficient and very friendly. They care for [person] very well." Another relative told us, "I think the staff are well trained to accommodate [person's] needs...they know them very well and are very conscientious of [person's] requirements."
- Staff received an induction into the service when they started working at The Grange and newly recruited staff completed The Care Certificate. The Care certificate is a nationally recognised level of training for care and support workers in the health care sector.
- Staff were supported with regular supervision sessions and annual appraisals which they told us were helpful and supportive. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning.
- Training was mainly delivered through e learning sessions. Staff told us they were useful but they preferred the practical training sessions normally conducted in small groups. One member of staff did not feel the electronic learning was particularly effective. One member of staff said, "The training, I can't fault it. I've been given the training I requested, it was sorted out for me." Another member of staff told us, "The recent Mental Capacity Act training was excellent...the trainer was a fountain of knowledge and was amazing, so thorough, it was great. We have asked for another training day and that has been booked."

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

- People and relatives spoke very positively about the cook who had recently been employed to prepare and cook all their meals. One person told us, "The vegetarian meals they do are very good. It's much better now we have a chef. The menu is a week in advance and we choose what we want. The food has been very good." Another person said, "Life here is good. The food is much better now we have a cook. They have just

recently started so we are giving them time to settle in, it's all good." A third person told us, "It's a great improvement with the cook, I've filled in one menu for my choices and we have enough choice for meals."

- There were small kitchenette's available throughout the home where people could get themselves, or staff could support them, to make a hot or cold drink or snack at any time.
- People were supported to receive appropriate nutrition and appropriate support was given to people to ensure they could eat and drink as independently as possible. Care plans reflected clear guidance about any specific support people may need. For example, adaptive cutlery and crockery were used which helped people to continue to eat independently which was important for their sense of well-being.
- For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.

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

- People's bedrooms were highly personalised and included items and belongings that were of comfort to them. The home had recently undergone some major refurbishment which included new flooring and windows and a fully fitted commercial kitchen.
- Shared communal areas, were bright and free from clutter to ensure people could mobilise effectively throughout the premises.
- The premises had adaptations to ensure people with restricted mobility could be cared for safely. These included, lifts, overhead hoists, bath lifts, stand aids, hand rails and grip rails. The provider employed maintenance staff who managed the day to day maintenance of the building.□
- One relative and some staff told us they felt the home would benefit from having a soft seating, comfortable area where relatives and people could talk in private in comfort. One relative told us, "It's a homely place but there's no homely facilities. There is not anywhere to sit; it needs a cosy, comfy area." Supporting people to live healthier lives, access health care services and support. Staff working with other agencies to provide consistent, effective, timely care.
- There were effective systems in place to monitor people's on-going health needs. A range of health professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure they received the right healthcare.
- People were supported to have their healthcare needs met, and access healthcare professionals when required. Staff spoke very knowledgeably about people's health needs and recognised the importance of being pro-active in seeking guidance and support from health professionals. Records showed timely and appropriate referrals were made to a range of healthcare professionals. These included dieticians, speech and language therapists, learning disability nurses, dentists, GP's and chiropodists.
- People had 'hospital passports' completed for them. These documents contained summarised relevant information regarding each person to ensure they were cared for safely should they need to go into hospital or move to another 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 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 met.

- Where people did not have capacity to make decision, they were supported 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.
- People's care records continued to identify their capacity to make decisions. People had been fully involved and had signed their care records to show they consented to their care and support. Staff had received training about the MCA, and further additional training around DoLS had been scheduled.

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

Good: 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.

- Relatives praised the staff who they said were helpful, caring and kind. One relative told us, "The staff are all great...the girls are simply brilliant." A relative told us, "The great attraction is it's run as a home, rather than a business, it's all good." Another relative told us, "I'm always made to feel welcomed and can speak to them at any time...I would worry if [person] had to go anywhere else, they are in the best place here."
- Staff demonstrated a thorough knowledge of each person, how they preferred to receive their care and support. Staff spoke of people with fondness, warmth and genuine concern for their well being and happiness.
- Throughout the inspection we observed staff treated people with kindness, warmth and patience. People were relaxed in the company of staff and smiled, chatted and laughed with them. Staff knew people well and were attentive to their individual needs.
- People's care and support records reflected how people wished their support to be given to meet their cultural and religious beliefs and staff respected their views. Support plans and records reflected the diverse needs of people using the service, including those related to disability, gender, ethnicity, faith and sexual orientation

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

- Records showed people, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. Relatives told us they were kept well informed at all times and felt fully involved in people's care and support.
- There were regular resident meetings where people discussed what was happening at the service and could put forward their views and ideas on any developments they may like to see.
- People and their relatives had been fully involved in care and support planning and had been given the opportunity to share information that was important to them. This included information about their life history, important relationships, their likes, dislikes and preferences.
- Each person had a communication plan. This gave clear guidance on how people preferred to communicate and ensured people were able to express their views and be actively involved in decisions about their care.
- Staff explained people's different styles of communication. How they used specific body language to make their views understood. Staff demonstrated a good knowledge of how people liked and preferred to communicate.

Respecting and promoting people's privacy, dignity and independence

- We observed people were treated with dignity and respect by a staff team who knew people well.
- People's privacy was respected. Staff respected people's bedrooms as their private, personal space and

knocked before entering people's bedrooms to maintain their privacy.

- Staff gave good examples of how they ensured people's privacy and dignity was maintained.

People were supported to be as independent as possible. Their assessment's and support plans determined the level of assistance each person required with specific tasks such as, assistance with food and drink, bathing, laundry and cleaning.

- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's assessments were person-centred, regularly reviewed and supported staff to understand people's strengths and weaknesses. The assessment provided clear guidance for staff to ensure people received individual care and support.
- Care and support plans focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given.
- There were clear communication systems in the home. Staff told us communication was good with handovers completed at the start of each shift and there was a communication book that held all the details staff needed to know to care and support people well.
- People were supported to communicate in ways that were meaningful to them. Their methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard.
- Most people led active lives and were supported to take part in a range of activities they enjoyed, such as swimming, attending football matches, shopping and trips into town and places of interest. The service employed an activity co-ordinator and there was an activity schedule on display in each living unit so that people could see when the activities were planned. We spoke with the activities member of staff who spoke knowledgeably about how people preferred to spend their time.
- There was a separate computer room with broadband facilities available for people to use when they wished. Some people we spoke with told us they had their own computers and electronic devices which they used in their own bedrooms.
- For people that preferred to spend time in their bedrooms, staff spent time with them supporting them to enjoy activities they liked such as reading and arts and crafts. The home had a bank of volunteer workers who supported people with activities of their choice.

Improving care quality in response to complaints or concerns.

- The provider had a clear complaints policy and procedure which was clearly displayed around the home. People and relatives told us they knew how to make a complaint and were confident any concerns would be addressed. One relative told us, "Any problems at all I would speak to the manager, I know they would listen." Another relative said, "I know who to speak to if I have a problem...they have sorted any problems out in the past. I know how to complain."
- The provider had received four complaints since the previous CQC inspection. These had been investigated and actioned in accordance with the providers complaint policy.
- People and relatives were encouraged to have their say about the service they or their relative received, this ensured any improvements or concerns could be raised and practical solutions implemented.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- People and relatives were fully consulted and supported to make end of life plans to ensure they received person centred care and support in line with their wishes. Local palliative care and district nursing teams were also involved and consulted where appropriate.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- At the last inspection in March 2018 we found people wanted more contact with senior members of the organisation in order for their views to be heard. This shortfall had been highlighted as an area for improvement. At this inspection people told us the visibility of senior management had improved and they felt they were given opportunity for their views to be heard, listened to and acted upon.
- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people and relatives. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon.
- Staff felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- Regular resident and staff meetings were held to keep people and staff up to date with changes and developments within The Grange and the people who lived there. Meeting minutes were clear, detailed and made available for all. This ensured any person that had been unable to attend had sight of the discussions that had taken place.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Overall, people, relatives and staff told us they felt the service was well led, with a clear management structure in place. One person told us, "It's a nice atmosphere here, any maintenance problems get sorted and any other problems always get sorted". Another person said, "The people are nice here and it seems to be run well. I'm happy here...we always know what's going on and they all talk to me."
- Staff and relatives spoke positively about the service and felt there was a friendly, homely, caring, culture at The Grange.
- There were good communication systems which included staff handovers, communication boards, daily communication books and regular staff meetings to ensure people's needs were met and staff worked collaboratively.
- The service had a motivated staff team who enjoyed their roles and showed genuine warmth and compassion for the people they supported.

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

- There was a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and told us they all worked very well together as a team. They were confident in the quality

of care and support they were able to offer people.

- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- The provider had a whistleblowing policy and staff spoke knowledgeably about how to raise concerns if needed.
- Notifications to CQC as required by the regulations had been appropriately made.

Continuous learning and improving care.

- There was a process of continual improvement and quality assurance in place. There was a variety of robust audits completed to ensure the quality of the provision was maintained.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
- Information regarding incidents and accidents was discussed during staff meetings and handovers. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.

Working in partnership with others.

- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received from the variety of health care professionals had made positive impacts on the lives of the people who lived at The Grange.
- The registered manager was given the opportunity to meet with their peers within their provider network. This allowed valuable sharing of good practice and an opportunity to discuss different ways of caring and supporting people for everybody's benefit and well-being.