

Grange Residential Homes Limited

The Grange Residential Home

Inspection report

The Grange
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Tel: 01284769887

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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 Residential Home provides accommodation and support for up to nine people who have a learning disability. On the day of our visit, there were seven people living in the service.

At our last inspection in November 2017 we were concerned that people were not supported and encouraged to be independent. At that time people did not live in an environment that valued and underpinned the best practice guidance. Following that inspection, we met with the registered manager and deputy manager and discussed their action plan for making the necessary improvements.

At this inspection we found the necessary developments had been made. The registered manager and staff were working within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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's experience of using this service:

There were enough, suitably recruited staff who worked well as a team to ensure people received the care and support they needed.

People received personalised care which met their needs and risks were well managed.

Medicines were managed safely and records evidenced that people had received their medicines as prescribed.

People were treated with dignity and their privacy was respected. They were supported to make choices and decisions for themselves and encouraged to express their views.

People made their own choices about where they spent their time and had the opportunity to participate in a range of recreational and social activities.

People were supported with good nutrition and could access appropriate healthcare services when needed them.

People 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.

The registered manager had managed and run the service for 30 years, staff were also long serving and all knew people and their support needs very well.

Rating at last inspection: The service was rated 'Requires Improvement' at our last inspection. The report following that inspection was published on 12 February 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

The Grange Residential Home

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 an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The Grange Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or 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.

At our last inspection we were concerned that the service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because at that time people did not live in an environment that valued and underpinned the best practice guidance. At this inspection we found the service had worked hard to make improvements and support was now being delivered in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of our visits. The registered manager was also the provider and the owner of the company Grange Residential Homes Ltd who manages the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service

is run. The provider and registered manager has been referred to as the registered manager throughout this report.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with three people who lived at the service and also observed how staff interacted with everyone. We spoke with two relatives, two staff members, the deputy manager and the registered manager. We looked at the care records for two people and we undertook a tour of the premises with a person who lived there and the registered manager. We also looked at records in relation to the management of the home such as the action plan and health and safety information. Details are in the key questions below.

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.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe. One person commented, "I feel very safe here. My room is nice and clean and I am not lonely." A person's relative said, "I am 100% sure that my [family member] is safe there, and they are happily safe."
- Staff received training in safeguarding practice and procedures and knew the signs and symptoms they would monitor to establish if people were at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. A variety of appropriate risk assessments were in place for people in respect of their support. For example, one risk assessment covered road safety and location awareness skills whilst also encouraging independence.
 - There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEPs) in place which ensured there was appropriate guidance in place in the event of a fire.
 - People were supported to understand the fire safety arrangements in place at the service and their role in this. One person pointed out the fire extinguishers and smoke detectors around the premises to us and explained what they needed to remember to do should the fire alarms sound.
- The registered manager had purchased a range of board games based on safety awareness that staff played with people. These covered areas such as road safety and infection control.

Staffing and recruitment

- There were enough staff to keep people safe and to meet their care needs. There continued to be occasions when agency staff were needed to cover gaps in the rotas however, the service was still using the same five regular agency staff that they were when we last inspected. These additional staff were considered part of the overall team. This ensured continuity of care for people.
- The service had a very low turnover of staff and no new staff had been recruited since our previous comprehensive inspection. At our last inspection we reviewed the recruitment of new staff and found these to be safe. Recruitment practices remained the same and therefore we did not look at this area in detail. We will continue to monitor this at our next inspection.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. Staff received training and an observation of their competency to support people with their medicines.
- Medicines were stored and disposed of safely. Each person had a medicine administration

record (MAR) chart. We found these were completed in full and showed people received their medicines as the prescriber intended.

Preventing and controlling infection

- The service was clean.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

Learning lessons when things go wrong

- There were regular staff meetings. Any incidents or events at the service were discussed and the registered manager ensured lessons were learned where needed.

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

- Most people had lived at the service for many years and their support needs were well known to the registered manager and long-standing staff team. A lot of work, since we last inspected, had gone into ensuring people's care plans accurately reflected their needs.
- One person who had very recently moved into the service had done so very quickly due to their needs. The registered manager and staff were taking time to get to know the person and fully develop their support plan with them based on their needs and choices.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support in order to carry out their roles effectively. Further training was planned in caring for people who have autism and also people who have diabetes in order to widen staff knowledge further in order to support the people living at the service.
- Supervisions and appraisals were carried out with staff to ensure that they had the support and development they needed to care for people.

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

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menus and were encouraged to take part in some preparation of some meals.
- One person told us, "Care staff give me choice, for breakfast I can choose from different cereals. I like cereal and I can cut a banana myself. And I learned to make a sandwich with cheese. I put the pickle in the middle. That is my choice for today."
- Besides from the main kitchen in the home which staff prepared meals in, improvements had been made to people's access to prepare their own food. People had increased access to a kitchenette with all the facilities they needed to independently prepare snacks and drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Arrangements were in place to share information between services as appropriate and for the benefit of people. For example, people had a 'hospital passport' in place whereby relevant information about them was always available should they be taken to hospital in an emergency.

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

- People's bedrooms were personalised. They had belongings that reflected their interests and hobbies.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend healthcare appointments as needed.

- One person's relative told us, "We are very happy that my [family member's] key worker is on board with most health issues, [key worker] seems very knowledgeable when we ask if anything needs to be done."

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.

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.

- The registered manager had applied for DoLS authorisations when this was appropriate and in line with the legislation and followed any conditions in place from the local authority.
- Staff had received training about the MCA and demonstrated a clear understanding of how to support people with decision making. People were asked for their consent before staff carried out any support. Staff were confident how to communicate information so that people understood what they were being asked.

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 our last inspection in November 2017 this key question was rated 'Requires Improvement'. This was because we were concerned that people were not having their independence promoted. We found at this inspection that improvements had been made. Therefore, the rating for this key question has improved to Good.

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us they were supported by staff who were caring. One person said, "I like every carer here, but my key worker is special. We have tea on Sunday in my room and we chat a bit. [Key worker] is a good friend."
- People's relatives continued to be complimentary about the caring approach of the staff. One relative told us, "I just want you to take this as our message... there are no kinder people to work with my [family member] as the ones we have here at The Grange."
- Not all of the people who lived at the service were able to tell us about their experiences and views of the service. We observed staff to be very caring in their interactions with people.
- Most people had lived at the home for many years, it was clear everyone knew each other very well. Staff knew people very well, including their backgrounds and histories and used this information to support people.

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

- People were supported to express their views, and involved in the reviewing and creating of their care plan. We looked at one person's care plan with them and could see that they had contributed their views.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent. We observed staff involving people with everyday tasks, such as preparing drinks and meals.
- One person was encouraged to prepare their own packed lunch and wash up their crockery after they ate.
- People were involved in deciding what they wished to do such as going out and where to.
- People were supported to be as independent as possible. We observed staff supporting people when they were mobilising, giving them space to be independent, but remaining close by in case support was required.
- People were supported to maintain relationships with those relatives and friends who were important to them.

Is the service responsive?

Our findings

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

At our last inspection in November 2017, this key question was rated 'Requires Improvement'. This was because at that time care records were dated, lacked detail to enable staff to understand people's needs and they did not clearly set out how to support each person so that their individual needs were met. At this inspection we found the necessary improvements had been made. Therefore, the rating for this key question has improved to Good.

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

- Since we last inspected a new system for person centred care planning had been introduced. People had been involved in planning their care considering their goals and aspirations.
- People's care plans were person centred and addressed their individual needs, wishes and preferences. Care plans were reviewed monthly, or when people's needs changed and were up to date. Where possible, staff discussed care plans and changing needs with people.
- People were supported to engage in activities that interested them. One person told us, "I like living here because we do a lot of things when we are out. We go swimming, we go for a beer and we go on the bus."
- Other examples of activities undertaken included, an exercise class, going out to the local community and participating in a 'men versus women' quiz nights at the service. People told us how the quizzes provoked lots of laughter and friendly competitiveness.

Improving care quality in response to complaints or concerns

- There continued to be a complaints policy and procedure in place.
- An easy read pictorial version of the complaints procedure was displayed clearly in the service for people who preferred this form of communication.
- Records showed the service had not received any formal complaints in the last 12 months.
- Relatives we spoke with were clear who they would contact if they had any concerns.

End of life care and support

- At the time of our visit, no-one who lived at the home was receiving or required end of life care.
- In response to a recent bereavement people were being supported by staff with their grieving.
- Easy read guidance and information about death had been obtained and was being shared with people in order to aid communication and to encourage people to talk about how they were feeling.

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 in November 2017, this key question was rated 'Requires Improvement'. This was because at that time we were concerned that the service was not person centred. The service was being run as a family home and some boundaries were sometimes 'blurred'. At this inspection we found improvements had been made.

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

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

- People's relatives were complimentary about the running of the home and the standards of care. One relative said, "We are very happy with the management, but our biggest worry is [if they leave] and somebody else comes to run this place."
- Staff liked working at the home and felt that they were well supported by the registered manager and deputy manager. The majority of the staff team had worked at the service for many years.
- The provider had submitted their 'Provider Information Return' (PIR) as is required. The information provided in the PIR was detailed and reflected our observations during the inspection.

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

- The registered manager was very hands on. Having worked at the home for 30 years They worked closely with people and staff.
- Systems were in place to ensure the service was monitored and the quality of care people received was maintained. The quality assurance systems included checks carried out by staff, the acting manager and the provider to support the continued improvement of care.
- Staff felt valued and listened to by the registered manager and deputy manager.
- Staff had support appropriate for their job roles and were well trained and were aware of their roles and responsibilities.
- The service had notified us of all significant events which had occurred in line with their legal obligations. The rating achieved at the last inspection was on display at the home.

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

- People knew who the registered manager was and were observed interacting with her with ease.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service.

- The system of seeking feedback from people who used the service and their relatives or advocates was under review. The registered manager and deputy manager were looking to make this process more meaningful to people who used the service. They had plans to reintroduce this as soon as they had revised the format.
- The service had many links with the local community. Some people attended the local church and had close links with other parishioners there.

Continuous learning and improving care

- The registered manager and staff team had worked hard over the year since we last inspected making the necessary improvements. A lot of work had gone into developing person-centred care plans with people that focussed on their strengths and aspirations.
- Learning had occurred following a health issue with an agency staff member. The registered manager in response had put in a new system of storing next of kin contact details for agency staff in case of emergency.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.