

Grange (Whitefield) Care Services Limited

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Inspection report

The Coach House, Wildwoods (Private)
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Tel: 02083667841

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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

Grange (Whitefield) Care Services Limited provides support and personal care to people with learning disabilities, living in five supported living units in North London and Hertfordshire. There were 37 people using the service at the time of our inspection.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. 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.

There was good overall feedback about the service, from people using it and their relatives. We found people were treated with kindness and compassion, and that they were given emotional support when needed. The service ensured people's privacy and dignity was respected and promoted.

People's needs were identified and responded to well. The service was effective at working in co-operation with other organisations to deliver good care and support. This included where people's needs had changed, and where people needed ongoing healthcare support.

The support staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they really enjoyed working in the service and spoke positively about the culture and management of the service. Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People participated in a range of social activities and were supported to access the local community.

The registered manager and staff ensured everyone was supported to maintain good health.

Staff were well supported with training and supervision which helped them to ensure they provided effective care for people.

The provider asked people and those important to them, such as their relatives or professionals, for feedback about the quality of the service.

The registered manager and staff knew what they should do if anyone made a complaint.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

The service was well led. There was a clear set of values in place which all of the staff put into practice. The management team had developed quality assurance checks, to make sure standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

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 remains safe.	Good ●
Is the service effective? The service remains effective	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 December 2018. The provider was given 48 hours' notice because the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

We spoke with, three support staff, the operations manager and the registered manager. After the inspection we spoke with six people who used the service and seven relatives by telephone

We reviewed the care records for six people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for four members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including quality assurance processes to see how the service was run.

Is the service safe?

Our findings

People we spoke with told us how they felt safe within the service. Comments included "Yes, I do feel safe here. There are enough staff to look after me and to look after everybody here. I can talk to all of them." A relative told us, "To my knowledge, she is extremely safe there. It is my main priority as to why she is there. I've no worries that she's being cared for properly."

Staff demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They could describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "We understand people's moods and can always tell if something is wrong." They explained that if they saw something of concern they would report it to their manager immediately.

Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

People had individual detailed risk assessments to enable them to be as independent as possible and to promote and protect people's safety in a positive way. The risk assessments addressed risks such as; anxiety, physical aggression, community activities and absconding. Risk assessments were reviewed on a regular basis and information was updated as needed.

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. A support worker told us "I never feel rushed in my role."

Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service.

Safe recruitment practices were in place. We saw the provider checked the suitability of staff prior to employment. Staff files had all the required documentation in place. They included two references from previous places of employment and Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

Medicines were managed safely. Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines. After staff had been trained they undertook observed competencies by a senior staff member to ensure that they understood the training and were able to put this into practice. Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed. A person using the service told us "I'm happy, I get help with my medication and staff take good care of me."

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service maintained a record of incidents and accidents to monitor trends and keep people safe. Each accident record showed the action taken immediately after the incident and any future action required to prevent the situation happening again. The registered manager told us how they had recently improved the process for recording incidents to ensure that any trigger points were analysed and that review of care plans and risk assessments would take place when required.

Is the service effective?

Our findings

Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through regular staff supervisions and appraisals and we saw evidence of this in the staff supervision files. . The registered manager confirmed that suitable new staff were enrolled on a Care Certificate training programme which is a nationally recognised training for staff working in social care.. A relative told us "The staff skills seem pretty good. Generally, communication is good too."

Individual staff supervisions took place. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision notes we noted supervision gave staff the opportunity to discuss any issues relating to the people who use the service, feedback from colleagues and managers and their own personal development and wellbeing.

Training records showed that staff were up to date with their mandatory training. There was also training which enhanced staff understanding of the issues which may be presented by the service user group they supported. This included autism and epilepsy.

The manager had oversight of all staff training and reminded staff of any training was overdue. Some staff had also been supported to gain recognised qualifications in care and had been supported to gain promotion within the organisation.

People's needs, choices and wishes were assessed prior to them being offered a tenancy agreement and package of care within the supported living scheme. The service reviewed and considered the local authority assessment document from which the service completed an initial assessment. A person-centred care plan was then compiled giving support staff information about the person and how they wished to be supported. A full review of each person's care plan was completed annually or sooner if any significant changes were noted.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, domiciliary care providers can apply for a 'Community DoLS'. We saw documents confirming that the service had applied for 'Community DoLS' where required and where authorisations had been granted this had been recorded within the care plan.

Staff had a good understanding of the MCA and confirmed that they had been provided with training. They said they recognised when a person's capacity to take specific decisions may need to be assessed whilst at the same time enabling the person to take measured risks. Staff understood the need to seek people's consent before carrying out support and they demonstrated a good understanding of peoples' rights regarding choice.

People were supported to maintain good health and had access to health care support. Where there were

concerns people were referred to appropriate health professionals. We saw evidence on care records of multi-disciplinary work with other professionals and consultation with psychiatrists and social workers. We also saw that people were supported to go to their GP. The operations manager told us, "the GPs are good in this area."

The service supported people to eat and drink enough and maintain a balanced diet. People were supported to shop and prepare their meals. Care plans included healthy living and diet plans.

Is the service caring?

Our findings

People were positive about the attitude and approach of the staff who supported them. Comments included, "The staff are kind and caring. I wake up in the morning when I want and I can go to bed anytime. I can also have visitors anytime I want." and "The staff that I have met all seem kind, patient and caring."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. These were in pictorial form where required. People told us that staff listened to them and respected their choices and decisions. Relatives told us they were kept up to date about any changes to people's care plans.

Staff were clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their independence was "paramount." Staff told us that they would involve people in their day to day tasks according to their ability including light domestic tasks and laundry. A support worker told us, "We encourage people to be as independent as possible and let them do as much for themselves as they can."

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

All the staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia or ageism were forms of abuse. Staff gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preparation and preferences.

Staff could describe the importance of preserving people's dignity when providing care to people. Staff told us they supported and encouraged people in closing their bathroom and bedroom doors to maintain their privacy. A relative told us "As much as anyone can be who hasn't got the communication, she is cared for yes. They always knock on her door. I have noticed that because I'm her mum and I just walk in, but they always, always knock before coming into her room."

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. Care records contained a comprehensive pre-admission assessment, which the registered manager told us formed the basis of the person's care plan. Records we looked at showed that information from the needs assessment was used to inform the care plan including the number of support hours each person needed. The plans contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and we saw that people had participated in the development of their care plan.

We found that care plans provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. They were retained safely and a copy was kept in individual's homes. The information was easy to locate, as the files were separated into individual sections for ease of access.

People's needs were being regularly reviewed by the service, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed the service had made changes to the person's support plan.

People were supported to engage and take part in activities and outings that were of personal interest. Some people also attended structured sessions within day centres or colleges.

We found that feedback was encouraged and people we spoke with described the managers as "open and transparent". People confirmed that they were asked what they thought about their service and were asked to express their opinions.

A relative told us, "She does activities most days. She goes to the shops and day centre We have completed surveys and questionnaires and there are lots of meetings. My daughter accesses the community a lot. Her care plan is bespoke to her and I am fully involved and know all about her care and they carry it out well."

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. Relatives told us they knew how to make a complaint if needed. We saw that, where complaints had been raised, these had been appropriately investigated and dealt with.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the management of the service.

Comments from people included, "The Manager seems okay to talk to. I do think the place is well run." and, "I know the top manager. They are approachable. I go to all the specialist meetings and annual review meetings."

A staff member told us, "The managers are very supportive and always available, if there are any concerns they are quick to respond." Staff were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect in an open and non-judgemental way and without discrimination. When we discussed these visions and values with the management team it was clear that these values were shared across the service. Staff meetings were held regularly and staff told us the management were open and transparent and they could raise any issues they wanted to. They told us they liked working for the provider. A staff member told us "I really enjoy my job; the managers are very knowledgeable and understand the clients and their needs."

Regular audits were taking place in relation to care plan documentation, maintenance, medicines, accidents and incidents and general health and safety.

Annual satisfaction surveys were also used to obtain people and relatives feedback about the quality of care and support that they and their relative received. The most recent survey was completed in June 2018 and results were overall positive. Where issues had been identified records confirmed the actions that had been taken to resolve these. Support staff were also given the opportunity to complete annual staff surveys to give feedback about how they felt working within the service and for the provider.

The managers of the service also carried out regular spot checks, the spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if support was being provided according to the person's wishes.

The managers were known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that he made sure things got done and could see that they were working to improve the service. Relatives confirmed that they felt able to feedback to the manager as and when they needed to and that the manager was responsive to their ideas and suggestions.

Discussions with staff found they were motivated and proud of the service. We found that staff turnover was kept to minimum ensuring that continuity of care was in place for people who used the service.

The service worked in partnership with other agencies to support care provision and development. This included community mental health teams, local colleges, social workers and housing providers.