

Review of compliance

<p>Highlea Care Limited The Grange</p>	
<p>Region:</p>	<p>North East</p>
<p>Location address:</p>	<p>The Grange Redworth Road Shildon Co Durham DL4 2JT</p>
<p>Type of service:</p>	<p>Domiciliary care service Supported living service</p>
<p>Date of Publication:</p>	<p>February 2012</p>
<p>Overview of the service:</p>	<p>The Grange is a domiciliary care service which provides support to people with a learning disability. At the time of this inspection The Grange offered support to people living in nine supported living buildings.</p> <p>The Grange is registered with the Care Quality Commission for the regulated</p>

	activity of personal care.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Grange was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 December 2011, carried out a visit on 5 December 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We visited one of the supported living buildings where care was provided by The Grange domiciliary care agency. There were 10 people who used services at the supported living building which we visited. The people that we spoke with told us that they were very happy with the support they received from the service. One person told us, "I really like it here."

The people we spoke with told us that there were lots of activities to take part in each day and that they were able to choose what to do with their time. One person said, "I like baking and going bowling."

The people that we spoke with were very positive about the service. One person said, "It's good here, they help me do the things that I want to do."

Another person told us, "I'm moving into a new flat with my friend who lives here, my new bedroom is going to be much bigger. I can't wait."

The people we spoke with told us that they were very happy with the staff who worked at the home. One person said, "The staff are really helpful, they are really nice."

What we found about the standards we reviewed and how well The Grange was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Overall The Grange agency met this essential standard because people were treated with respect and dignity. However, to maintain this, improvements were needed. This was because the information was not available in a format that met the needs of the people using the service.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Overall The Grange agency did not meet this essential standard. This was because actions set out in people's support plans were not carried out, there were gaps in the recording of daily information and important information was left out of support plans.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Overall The Grange met this essential standard because there were arrangements in place to protect people from potential abuse.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Overall The Grange met this essential standard as the needs of people using the service were met by competent staff. However, to maintain this, improvements were needed. This was because there was conflicting instruction for staff around access to service users' monies.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Overall The Grange agency met this essential standard as there were systems in place to monitor and assess the quality of service that was provided.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We visited one of the supported living buildings where care was provided by The Grange domiciliary care agency. There were 10 people who used services at the supported living building which we visited. The people that we spoke with told us that they were very happy with the support they received from the service. One person told us, "I really like it here."

The people we spoke with told us that there were lots of activities to take part in each day and that they were able to choose what to do with their time. One person said, "I like baking and going bowling."

Other evidence

We were shown an information booklet called a service user guide. We were told that each person was given this when they began using the services. The service user guide gave people information such as how much the fees were and how people could make a complaint if they needed to.

We saw that the service user guide did not follow the principles of easy read. Easy read is easy to understand because it uses simple words, shorter sentences and pictures. We saw that the service user guide used long sentences, complicated words and did

not have any pictures to support people's understanding. In this way the service user guide was not in a suitable format for everyone who needed it.

We saw that staff treated people with dignity and respect. We began our visit in the head office of The Grange agency. Before we visited the supported living building where people lived, the manager asked people for their permission for us to look around their home.

The manager told us that service user meetings were organised once a month in each of the supported living buildings. We saw that the minutes from these meetings were kept at The Grange's head office. The minutes showed that the meetings were well attended and that service users' feedback was recorded and looked into.

Our judgement

Overall The Grange agency met this essential standard because people were treated with respect and dignity. However, to maintain this, improvements were needed. This was because the information was not available in a format that met the needs of the people using the service.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people that we spoke with were very positive about the service. One person said, "It's good here, they help me do the things that I want to do."

Another person told us, "I'm moving into a new flat with my friend who lives here, my new bedroom is going to be much bigger. I can't wait."

Other evidence

We looked at the care records for three people. We saw that a range of assessments had been completed. These covered areas such as whether a person was at risk of falling or if they were at risk of malnutrition. We saw that some of the assessments were not dated. This meant it was difficult to tell if the assessments were a reflection of the person's current needs.

Where risks had been identified we saw support plans which described what was required to meet the needs of the person. We saw that support plans were not in an easy read format. Pictures had been used to illustrate the meaning of the plans, but complicated words had been used and some of the sentences were very long. We saw that many of the support plans had been signed by the service user which showed that they agreed to the plan of care. However, as the support plans were not in an easy read format, people's involvement in their own care was not fully promoted.

We saw that some of the support plans were not specific. In a support plan which focussed on a person's challenging behaviour it stated "if staff observe this type of

behaviour they should intervene immediately." However there was no further information in the plan which described how staff should intervene.

We saw that information had been left out of some of the support plans. For example, we saw that staff had started to fill out a chart which recorded the times and dates of a person's challenging behaviour, to look for a pattern. This chart was not mentioned in the person's behaviour support plan, and we saw that the chart had been filled in for two weeks and then not updated.

We saw that some of the actions set out in the support plans had not been carried out. For example, we saw that one person's support plan said that the person should be weighed each week and the results recorded to monitor their weight. We saw entries had been made for two weeks after the support plan had been created, but after that the person's weight had not been recorded.

We saw that staff filled in daily notes for each person who used the agency. The daily notes were split into sections which reflected the support plans which were in place. We saw that on some of the support plans there were gaps where they had not been updated each day. Some of the support plans had gaps of up to five days. We were told that these daily notes were used to regularly review the support plans for people to make sure that the support plans were always an accurate description of people's current needs. However gaps in the daily notes meant important information could be missed.

We saw evidence that support plans were reviewed monthly.

Our judgement

Overall The Grange agency did not meet this essential standard. This was because actions set out in people's support plans were not carried out, there were gaps in the recording of daily information and important information was left out of support plans.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not ask people about this specific essential standard.

Other evidence

We were shown a document which told staff what to do if they suspected that someone who used the agency was at risk of abuse. This document was called the safeguarding procedure.

The manager told us all of the staff completed induction training before they began working at the home. This included details on how to spot abuse, and how to follow the safeguarding procedure.

We asked staff about the safeguarding procedure. They told us that they were confident in following the correct procedure. We saw from training records that staff had either taken part in safeguarding training, or had been booked onto safeguarding training in the months after the visit.

The manager of the agency told us that the use of restraint by agency staff was very rare and used only as a last resort. We were told that all staff had been trained in physical interventions. This meant staff knew how to hold someone in a safe way if they were at risk of harming themselves or harming others if they became agitated.

We were told when a person who used the service was restrained a detailed description of the situation and the restraint method used was recorded in an incident book. All of

the incidents were checked through by a manager in the company's head office to make sure that appropriate action had been taken.

Our judgement

Overall The Grange met this essential standard because there were arrangements in place to protect people from potential abuse.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The people we spoke with told us that they were very happy with the staff who worked at the home. One person said, "The staff are really helpful, they are really nice."

Other evidence

We spoke with some of the staff members who were on duty on the day we visited the agency. They told us that they felt supported by the provider. One staff member we spoke with said, "The management team are really good. If we have any suggestions for improvement they always listen to us and put things into place."

Staff told us that they had supervision sessions every three months with their supervisors. They told us that they discussed their performances in the supervision sessions and got a chance to learn new things. We saw evidence in staff files that supervision happened regularly and that it was recorded.

Staff told us that they received an appraisal once a year.

The manager told us that staff in The Grange's head office organised the training for each member of staff. The staff members we spoke with told us that they were up to date with their training, and that the training they had received was suitable for the roles which they were carrying out.

We saw training records that showed that staff were up to date with their mandatory training.

We looked at the finance policy for The Grange agency. This stated when a service user wanted to withdraw their money from the safe, two members of staff must sign a finance sheet to show that the correct amount of money has been removed. However we saw in minutes from a staff meeting that staff had been told by a manager from The Grange's head office that in circumstances where only one member of staff was on duty, then they can sign out monies with just their own signature on the finance sheet. This had been verbally communicated to staff, but the policy had not been updated to reflect this. This meant there was conflicting instruction for staff around access to service users' monies which could be misleading for staff.

Our judgement

Overall The Grange met this essential standard as the needs of people using the service were met by competent staff. However, to maintain this, improvements were needed. This was because there was conflicting instruction for staff around access to service users' monies.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not ask people about this specific essential standard.

Other evidence

The manager told us that they carried out service reviews twice a year where satisfaction surveys were sent to people who lived at the home, their families and to other health professionals to gather feedback.

We were told that the service carried out many audits, for example audits which looked into the quality of support plans or infection control. We saw evidence of these audits, and saw that action plans had been put together to work on areas for improvement.

Our judgement

Overall The Grange agency met this essential standard as there were systems in place to monitor and assess the quality of service that was provided.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: The service user guide was not in an appropriate format for the people who needed it.	
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: The Grange's finance policy had not been updated since new instructions had been given to staff.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: Support plans were not followed and gaps in the recording of information meant that people's support plans were not up to date.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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