

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Grange

The Grange, Redworth Road, Shildon, DL4 2JT

Tel: 01388772115

Date of Inspections: 08 November 2012  
07 November 2012

Date of Publication:  
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✗ Action needed

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Highlea Care Limited
Registered Manager	Miss Lorraine Spiers
Overview of the service	<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 11 supported living buildings. This inspection focused on North View, West View and East View; all of which are located at The Grange, Redworth Road, Shildon. The head offices of the provider are also located in Shildon, County Durham.</p>
Type of services	<p>Domiciliary care service Supported living service</p>
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Staffing	10
Records	11
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	12
<hr/>	
<b>About CQC Inspections</b>	13
<hr/>	
<b>How we define our judgements</b>	14
<hr/>	
<b>Glossary of terms we use in this report</b>	16
<hr/>	
<b>Contact us</b>	18

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 November 2012 and 8 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

We spoke with a number of people who used the service within North, East and West View. One person said "I love it – I like everything" and other people indicated to us they were happy to be living there. People who used the service were given appropriate information and support regarding their care or treatment.

People told us they were happy with the care and support they were receiving. One person told us "They do look after me" and another person said "I'm happy. I'm moving soon (to another flat at the location) and I'm so excited." Although people told us they felt well looked after, other evidence did not always support this. We saw some of the actions set out in people's care plans had not been carried out.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had safeguarding policies and a procedure in place.

People said they were happy with the staff and the care they provided. One person said the staff were "Lovely – they do a wonderful job" and another person said "I like (staff's name) – they took me on holiday." We found sufficient staff were provided, however there was a lack of suitably experienced staff in post at North, East and West View to support people.

We saw the provider maintained appropriate records required for the protection of people who used services.

You can see our judgements on the front page of this report.

---

### What we have told the provider to do

---

We have asked the provider to send us a report by 20 December 2012, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

---

### Reasons for our judgement

---

People who used the service were given appropriate information and support regarding their care or treatment. To get a clear picture of each person's needs, an assessment was undertaken. This highlighted each person's strengths, preferences and needs. From this care plans and risk assessments were drawn up. Some of these were signed by the people receiving care, and were written in a person centred way. This meant these people were kept well informed about their care and treatment. The provider should note that in some care plans the comment 'unable to sign' was written. In these instances there was no evidence of how people had been made aware of or agreed with the content of their care plans.

We spoke with a number of people who used the service within North, East and West View. They were able to express their views freely. One person said "I love it – I like everything" and other people indicated to us they were happy to be living there. They also told us they were allowed to choose what they want to do during the week. People said they went out and took part in a range of different activities, including attending day centres, football matches, local bingo clubs and the cinema. On the day of our inspection one person said they had been to Bishop Auckland on the bus and another person had been accompanied by a member of staff to the hairdressers. This meant people were being supported in promoting their independence.

People's diversity, values and human rights were respected. We spoke with staff who were able to provide examples of how they respected people's privacy and dignity. We saw evidence of this being put into practice during the inspection. We saw staff treated people with respect and responded to their requests appropriately.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned, however it was not always delivered in line with their individual care plan.

People told us they were happy with the care and support they were receiving. One person told us "They do look after me" and another person said "I'm happy. I'm moving soon (to another flat at the location) and I'm so excited." Although people told us they felt well looked after, other evidence did not always support this.

We looked at the care records for four people in detail. We saw people's needs had been individually assessed, and where necessary plans of care drawn up. We saw detailed information was supplied by other agencies and professionals, such as social services, the dietician and local challenging behaviour team. This was used to complement the care plans and to guide staff about how to meet people's needs. People's beliefs, preferences and cultural background were noted to help ensure diversity was recognised and steps were taken to promote equality.

People's care plans were supported by monitoring records and were regularly evaluated. For example we looked at one person's dietary care plan. We saw both dietary input and weight was regularly monitored, and the care plan was informed by advice given by the dietician; however the outcome achieved did not reflect the goals stated (weight reduction). We saw another person had a care plan for oral hygiene. We saw records of staff attempting to provide support for this person were kept, however the care plan showed they regularly refused to clean their teeth. We spoke with this person briefly as part of our inspection and it was evident they were not achieving the desired outcome of good oral hygiene. There was no evidence these people's care plans had been re-written in light of this.

We saw some of the actions set out in people's care plans had not been carried out. For example, two people's weight levels could not be monitored due to a lack of working sit on scales. The 'health and wellbeing' care plans for these people stated they should be weighed at least monthly and this should be documented and monitored. The provider

could not produce alternative Body Mass Index (BMI) measures to evidence people's weight and body mass being monitored to ensure it remained within a healthy range. We spoke with the acting manager for North and West View at The Grange. They confirmed these two people had not been weighed.

Also, we saw there was contradictory guidance in another person's care file regarding the covert use of medicines. A letter had been received from their GP stating medicines could be given in liquid form or in food, but this did not overtly state this should be given covertly. The care plan guidance was for a 'care co-ordinator' (an external professional responsible for arranging this person's care) to be contacted when the person refused to take their medicines, but a risk assessment from 2008 guided staff to covertly administer medicines. There was no evidence of how the decision to provide medicines covertly was reached and how this was kept under review.

We saw one person's care plan for challenging behaviours stated 'ABC charts are to be completed when these behaviours show, as there may be a pattern to (person's name) behaviour.' ABC stands for Antecedents Behaviour Consequences. An ABC recording chart provides an easy way to identify the causes of a particular behaviour and the stimulating information or events that maintain that behaviour. We found the occurrence of challenging behaviours had been recorded, however ABC charts had not been completed for these events. This meant the provider was not ensuring the welfare and safety of this person as triggers to or patterns of behaviour were not being monitored and there was a risk of challenging behaviours being stimulated as a result.

We saw evidence care plans were reviewed regularly. These reviews had identified areas where care wasn't being delivered, however care had continued to not be delivered after this. All of this meant the provider was not meeting people's individual needs.

There were arrangements in place to deal with foreseeable emergencies. This included the provision of 24-hour on-call support for care staff. This meant the provider had ensured the needs of people would continue to be met before, during and after an emergency.

**People should be protected from abuse and staff should respect their human rights**

---

## **Our judgement**

---

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

## **Reasons for our judgement**

---

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

All of the staff we spoke with during the inspection were familiar with safeguarding procedures. They all described clearly what action they would take in the event of a safeguarding matter coming to their attention. They were clear about their roles and responsibilities in this area. They were also able to give examples of what constitutes abuse. One member of staff, when asked about their responsibility to protect people said "We are here for their needs, not to cover for people." We spoke with the manager in charge of North and West View at The Grange. They told us safeguarding of vulnerable adults had been discussed at the most recent staff meeting held on 7 November 2012. We saw minutes of the meeting confirmed this. All of these measures demonstrated staff were aware of how to respond appropriately to any allegations of abuse.

The provider had safeguarding policies and a procedure in place. One of the three policies and procedures we saw stated a required review date of May 2012 – at the time of our inspection this had not been completed. The registered manager told us this needed to be done. We saw the provider had responded appropriately to allegations of abuse and records of incidents and the investigations into these were maintained. People who used the service told us they felt safe there, although one person said they had been the victim of an incident with another person who used the service. Both the person involved and the member of staff supporting them on the day of our inspection said this had been reported and investigated in line with the providers policies and procedures and no further incidents had occurred since.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

---

## **Our judgement**

---

The provider was meeting this standard.

There were enough qualified and skilled staff to meet people's needs.

---

## **Reasons for our judgement**

---

Prior to the inspection we had received information that alleged people who used the services at The Grange were at risk because there were insufficient staff on duty.

We spoke with the registered manager about staffing levels and asked to see staff rota's. We saw evidence to confirm sufficient staff were provided to meet the number of contact hours contracted in agreement with the local authority. The registered manager told us there were three team leader vacancies that needed to be filled at The Grange and they were attempting to recruit to these posts. One team leader was in post, however they had only recently started working in this role and were still within their induction period. In the absence of these team leaders, the provider had put senior managers in place as a temporary measure to oversee the services provided at North, East and West View (The Grange). The registered manager told us staffing levels were discussed regularly at senior management team meetings and we saw minutes taken of meetings to confirm this. The provider should note that although sufficient staff were provided for the purposes of carrying on the regulated activity, there was a lack of suitably experienced staff in post at North, East and West View to support people.

People said they were happy with the staff and the care they provided. One person said the staff were "Lovely – they do a wonderful job" and another person said "I like (staff's name) – they took me on holiday."

The provider had plans in place to respond to unexpected changes in circumstances. The manager told us if staff were unable to attend work at short notice, other staff already employed by the service or agency staff who had worked at the service before were able to cover. We saw records of staff contact hours worked included the occasional use of agency staff. The registered manager told us they tried to use the same agency staff when they were required to maintain continuity of care for people. This meant plans were in place to ensure people's needs could continue to be met in unexpected circumstances.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

---

### Our judgement

---

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

---

### Reasons for our judgement

---

At the last inspection we found the provider was not protecting people from the risks of unsafe or inappropriate care and treatment. This was because people's personal records, including medical records, were not accurate and fit for purpose as they were not always being evaluated and updated in a timely way.

The provider sent us an action plan which had been completed following our visit on 19 April 2012. We returned to inspect again on 7 and 8 November 2012 to review improvements the provider had made. We did not speak with people directly about this outcome due to the nature of the compliance action set at the previous inspection.

On the days of our inspection there were 15 people living at the supported living property we visited. We looked at a number of people's care records during our inspection, including four people's in detail. We found records were kept securely and could be located promptly when needed. We saw the provider maintained appropriate records required for the protection of people who used services and for the effective and efficient management of the service. When we looked at people's care records, we saw in two out of four cases each section (including risk assessments) had been agreed and signed by them or their representatives. This demonstrated some people had access to their records.

It was evident people's records were being evaluated and reviewed on a regular basis. This meant accurate records in respect of each person who used the services were being maintained.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> The registered person did not take proper steps to ensure that each service user was protected against the risk of receiving care or treatment that was inappropriate or unsafe, by means of planning and delivering care in such a way as to meet the service users individual needs and ensure the welfare and safety of the service user (Regulation 9(1)(b)(i) and (ii)).

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 by 20 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---