

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

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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>Highlea Care Limited is a domiciliary care service which provides support to people with a learning disability. At the time of this inspection Highlea Care Limited offered support to people living in 11 supported living buildings. This inspection focused on High View, South View, East View, North and West 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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The Grange had taken action to meet the following essential standards:

- Staffing
- Assessing and monitoring the quality of service provision
- Records

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 27 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

At the inspection in April 2013 we found there was not enough qualified, skilled and experienced staff to meet people's needs. We saw the provider did not have an effective system to assess and monitor the quality of services provided. In addition, people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained.

The provider sent us an action plan which had been completed following our inspection. This included the action they were going to take to meet the regulations and the timescales within which these would be achieved.

We returned to inspect on 27 February 2014 to review whether the provider had made improvements. We found improvements had been made in all of these areas.

Some of the people we saw and spoke with during the inspection had complex needs, which meant they found it difficult to communicate with us. We observed how they interacted with the staff that supported them and they appeared content and happy in their company.

We found there were sufficient numbers of qualified, skilled and experienced staff to meet people's needs.

We found the provider had an effective system to assess and monitor the quality of service provision. This included a range of monitoring activities and seeking feedback from people who used the service.

We found people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. This included people's support plans and risk assessments being reviewed and updated on a regular basis and records being stored securely.

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

More information about the provider

Please see our website 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

Staffing

✓ Met this standard

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, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the inspection in April 2013 we found there was not enough qualified, skilled and experienced staff to meet people's needs. We returned to inspect on 27 February 2014 to review whether the provider had made improvements. We found improvements had been made in this area.

We spoke with the registered manager and service manager about staffing levels at The Grange and asked to see the current duty rotas. The Grange was organised into four units; High View, South View, East View and North and West View. We saw each of the units had a team leader, senior support worker and between three and five support workers in post. We also saw there were five night support workers employed to provide cover during the night across the four units. This meant the provider was attempting to meet people's needs with sufficient numbers of appropriate staff.

Some of the people we saw and spoke with during the inspection had complex needs, which meant they found it difficult to communicate with us. We observed how they interacted with the staff that supported them and they appeared content and happy in their company.

We spoke with a team leader, a senior support worker and a support worker on duty at The Grange. They all said they felt there was sufficient numbers of staff to meet people's needs, although some said the mornings could be busy at times. All the staff we spoke with were clear about the management structure in place and who they were responsible for or reported to.

We spoke with the registered manager, the service manager and a team leader about the arrangements in place to deal with unexpected staff absence. They all explained any shortfalls in staffing would be met by the provider's own bank staff or staff from the provider's other locations. If neither of these options were available, the provider used agency staff. The registered manager told us their reliance on agency staff had decreased considerably and we saw records to demonstrate a reduction in costs in this area to support this.

All of this meant there were sufficient numbers of qualified, skilled and experienced staff to meet people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

At the inspection in April 2013 we found the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We returned to inspect on 27 February 2014 to review whether the provider had made improvements. We found improvements had been made in this area.

We spoke with the registered manager about how they monitored the quality of service people received. They showed us some examples of a 'Quality Assessment Framework' document the provider had introduced. This document had been completed by senior managers or service managers from the provider's supported living properties. The document had been used to assess each of the provider's supported living properties compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations described the essential standards of quality and safety that people who used health and adult social care services had a right to expect. We saw where any areas of concern had been identified; actions had been put in place to address these. For example, one service manager had identified access to advocacy services could be improved for their service users, so had taken steps to address this. This demonstrated the provider had measures in place to reduce identified risks in order to prevent the service becoming non-compliant with the regulations.

We saw team leaders were required to fill in 'Weekly Feedback' sheets and submit them to their line managers. We spoke with a team leader who said these sheets were used to inform their managers of work they had completed that week, including any audit activity or tasks completed. They explained there was an expectation that they would complete two quality audits per week within their service and feedback their results to their manager. We saw audits completed included audits of support plans, service user activities and timesheets. The service manager we spoke with showed us feedback was provided to their team leaders, and this was confirmed by the team leader we spoke with. This meant the provider was monitoring the quality of work completed by its employees on a regular basis.

The registered manager told us quality assurance meetings were held on a monthly basis.

A service user representative from each of the provider's supported living properties was invited to attend. We saw minutes of these meetings were recorded. We saw people who used the service had been asked for suggestions for any service user training they would like to complete and activities they would like to participate in. We also saw that a number of the provider's policies and procedures were routinely discussed and people's understanding of them checked.

We saw the views of people who used the service had been sought on a regular basis. We saw a questionnaire on service user's activities had been sent out in December 2013 and the results collated and analysed. We saw an action plan had been requested from team leaders as a result of this and these were due to be submitted soon. Another questionnaire about care planning and support provided was being sent out on the day of the inspection. This meant the provider was seeking the views of people who used the service and was acting upon their findings.

All of this meant the provider had an effective system to assess and monitor the quality of service provision.

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 inspection in April 2013 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We returned to inspect on 27 February 2014 to review whether the provider had made improvements. We found improvements had been made in this area.

We looked at a sample of people's care records, including those for three people in detail. All of the support plans and risk assessments we looked at had been reviewed and updated at regular intervals. We saw where people's needs had changed; adjustments had been recorded to reflect this. For example, we saw one person's support plan for personal hygiene had been updated to reflect an increase in the frequency of prompting required. We saw the monitoring records that supported this person's support plan were being completed as required, including where assistance with personal hygiene had been refused. This meant accurate records in relation to the care and treatment provided to service users were being maintained.

We saw the provider held and maintained a set of policies and procedures. The registered manager said these were kept at the provider's headquarters and staff knew how to access them, should they need to. The staff we spoke with told us they were aware of this arrangement. They also said one policy a month was sent to them to read and sign as a way of maintaining and updating their awareness of these. We saw the vast majority of the providers policies had been recently updated and were due for review in June 2016. A small number of policies were still in the process of being updated. The registered manager also showed us evidence to demonstrate their health and safety policy had just been approved by the local authority. This meant other records relevant to the management of the services were being maintained.

The staff we spoke with all demonstrated an awareness of their responsibilities with regards to confidentiality and data protection. We saw appropriate arrangements were in place for the secure storage of records. All of the records we requested to view as part of the inspection were able to be located promptly.

All of this meant people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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