

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:

Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	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, South View, East View, West View and High 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:

- Care and welfare of people who use services
- Requirements relating to workers
- Supporting workers

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 6 August 2013, 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

At the last inspection in April 2013 we found people did not experience care, treatment and support that met their needs and protected their rights. This was because some of the actions set out in people's care plans had not been carried out. In addition, the provider did not have effective recruitment and selection processes in place and staff were not supported to enable them to deliver care and treatment safely and to an appropriate standard.

We returned to inspect on 6 August 2013 to review whether the provider had made improvements. We found improvements had been made in all of these areas.

We found care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found care files were well organised and it was relatively easy to gain an overview of people's needs. We also found some areas of care were more difficult to track.

We saw the provider had updated their recruitment procedure and saw staff recruited recently had been through the checks required before commencing employment. This included identity checks, police checks and the receipt of satisfactory employment and character references.

We found staff were supported in relation to their responsibilities. This included the provision of appropriate training and supervision.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At the last inspection in April 2013 we found people did not experience care, treatment and support that met their needs and protected their rights. This was because some of the actions set out in people's care plans had not been carried out.

We returned to inspect on 6 August 2013 to review whether the provider had made improvements. We found improvements had been made.

People we spoke with told or indicated to us they were happy with the care and support they were receiving. They also said they had the opportunity to take part in activities. On the day of our inspection we saw one person had been to the library with their support worker and other people had been out into the community. The service manager also told us a number of people were out at day centres and placements. We looked at one person's recorded activities log. We saw they had taken part in a variety of activities and trips out into the local community. These included trips to a local market, the pub, film nights and a local social club for people with learning difficulties. This meant the provider was attempting to maintain people's feeling of wellbeing through the provision of meaningful activity.

We looked at four people's care records in detail. We found the files were well ordered and it was relatively easy to gain an overview of each person's needs. We saw there were arrangements in place to ensure staff confirmed they had read and understood important areas of care and risk. 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 and the Speech and Language Therapy (SALT) service. This was used to complement the care plans and to guide staff about how to support people at times of vulnerability and to help meet people's needs.

The provider should note some areas of care were difficult to track. For example, for one person, constipation monitoring records could not be located. The service manager said the person had just returned from holiday and therefore the records might be located in a

'holiday pack', but this was not produced. We saw another person had a 'do not attempt resuscitation' (DNACPR) agreement in place. This was up to date and had been reviewed by the GP within the last 3 months. We found there was no resuscitation plan in place to guide staff when it was necessary to intervene. The person had epilepsy and was at choking risk. We saw in circumstances when the person had gone into status, appropriate measures had been taken. Status refers to longer lasting epileptic seizures. The service manager said they would address the issues highlighted.

We saw three people had care plans for challenging behaviours. Each care plan included guidance for staff to follow if these people displayed any of the behaviours stated in the care plan. This included how best to support people to minimise risk of harm to themselves and others. The care plans also stated ABC charts were to be completed when these behaviours were displayed, as there may be a pattern to people's 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 occurrences of challenging behaviours had been recorded and ABC charts had been completed for these events. This should mean the provider was ensuring the welfare and safety of these people as triggers to or patterns of behaviour were being monitored.

We looked at one person's care plan for oral hygiene. This included guidance on how staff should support this person with prompts and encouragement for showering, dressing, hair care, oral care and shaving. If prompts, encouragement and assistance offered were refused, this was recorded along with any further attempts made to encourage the person with their personal hygiene. We saw records of staff attempting to provide support for this person were kept. This included within this person's daily report record and on the monitoring sheets associated with this care plan. This should mean the provider had ensured every effort was made to support people with their personal hygiene needs.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At the last inspection in April 2013 we found people were cared for, or supported by, staff that were not suitably qualified, skilled or experienced. This was because the provider did not have effective recruitment and selection processes in place.

We returned to inspect on 6 August 2013 to review whether the provider had made improvements. We found improvements had been made.

The provider showed us their current recruitment procedure. We saw the procedure had been reviewed and updated since our last inspection. The revised procedure had an 'issue date' of June 2013 and a 'next review date' of June 2016.

We asked the provider to supply us with a list of staff who were in the process of being or had been recruited since our last inspection. We saw seven people had been recruited and five people were still within the recruitment process. We looked in detail at the records the provider held for four of these people and for one person who had been promoted from within the organisation.

We found appropriate checks had been undertaken before staff began work. We saw evidence staff employed by the provider had been through recruitment checks prior to commencing employment. Identity checks had been completed and other checks included a Disclosure and Barring Service (DBS) check, employment and character references and evidence of people's full employment history. The DBS provides information about people's criminal record and checks that people are not barred from working with children or vulnerable adults. We also saw the provider had followed its own recruitment procedure for the internal promotion of a member of staff. This included following the formal application process and the receipt of a satisfactory reference from the applicants' team leader / senior. All of this meant the provider had made every attempt to protect people from unsuitable staff being employed.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At the last inspection in April 2013 we found people were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

We returned to inspect on 6 August 2013 to review whether the provider had made improvements. We found improvements had been made.

The people we spoke with who used the service indicated they were happy with the staff who supported them.

We spoke with three members of staff who were working at The Grange on the day of our inspection. We spoke with a support worker who was working at The Grange for the first time. They told us prior to coming on shift, they had been provided with information about the service type and location. They said on arrival they had received a handover from the staff on duty and had been informed about any possible risks the people they would be supporting could present. They said "The hand over was very good and the care plans easy to follow." They told us they had read the care plans for the people they were to support. We saw they had signed the care plans to this effect. They also said they wouldn't be working alone and were confident with the support provided by the team leader. Our observations confirmed this. This meant the provider had made arrangements for new staff to be supported.

We looked at the training records for staff employed to work at The Grange. We saw progress had been made on training or updates to training around care and safety for staff. This included evidence of medication competency assessments, infection control and moving and handling training. We also saw evidence of training delivered by external professionals that was specific to people who used the service. This included training around epilepsy and the use of specific moving and handling equipment.

We spoke with the service manager who showed us the 'In Service Training Plan' that had been devised for 2013. This included training already delivered and sessions planned for the coming months. Training included on posture awareness, depression anxiety and autism. All of this meant people were being cared for by staff who were being suitably trained.

We saw evidence to confirm planning sessions (supervisions) had taken place with staff. Supervisions were formal meetings where staff could discuss work related matters such as training and work performance. The staff we spoke with confirmed these meetings had taken place and were able to recall what had been discussed. One member of staff said they had had a development review (appraisal) two weeks ago. The service manager said they were planning development reviews for other members of staff. This meant the provider was attempting to support staff through the provision of appropriate supervision and appraisal.

We spoke with the service manager at The Grange and asked them if staff meetings were held. They told us a number of staff meetings had been held since our last inspection. This included meetings of the full staff team, night duty staff, team leaders and meetings of staff within each of the units at The Grange. We saw minutes had been taken as a record of these meetings and staff we spoke with confirmed these had taken place. We also saw minutes of service user meetings held had been taken. This should mean the provider was ensuring staff and people who used the service were given the opportunity to comment on the service or raise any concerns they had.

All of these measures demonstrated staff were now being appropriately supported in relation to their responsibilities.

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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