



## Inspection Report on

**Grange Residential Care Limited**

**The Grange  
The Roe  
St. Asaph  
LL17 0LU**

## **Date Inspection Completed**

09/02/2024

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## About Grange Residential Care Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Grange Residential Care Limited
Registered places	12
Language of the service	English
Previous Care Inspectorate Wales inspection	2 December 2021
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Grange residential care is based in a building which has been converted from two semi-detached Victorian properties. The building has the appearance of a large family home and is homely and comfortable throughout, with a garden that people can relax in.

People living in this service can be certain they will be listened to, and their views taken seriously. Management and staff take time to listen to people and their families to ensure they are delivering a good standard of person-centred care. They consider people's personal outcomes and support them to take positive risks that improve their wellbeing.

Management has good oversight of the service and are available and willing to talk to people about their concerns and wishes. Support staff are also well supported and told us they enjoy working at the service. They know people well and support them to achieve their desired outcomes.

## Well-being

People know what opportunities are available to them and are supported to find meaningful activities in the community they enjoy. People can be supported to access volunteering opportunities or permitted work. We saw people have full timetables of activities, and relatives told us loved ones are well occupied. There are also in house activities and on the day of our inspection, there was entertainment from a singer. People are supported to access holidays they enjoy, with some choosing to have several breaks a year.

The deputy manager has consulted people on the menu for the service, and we saw each individual has a chosen recipe for this. There is plenty of variety, and people can choose alternatives if requested. Every Sunday, people assist in making a pudding to follow their roast dinner. People described the food as “*lovely*”.

People can be sure they will be listened to. They are supported to access an advocate if they require one. There are very few complaints for the service, however we saw when people are unhappy their concerns are taken seriously, and solutions are found. The manager runs a weekly resident’s meeting. Support staff told us people can raise any issues they want, and any actions are followed up. During our inspection we saw people chatting comfortably to the manager and responsible individual (RI).

Support staff ensure people are safe. They receive safeguarding training and know how to report concerns. Support staff told us there is always a manager on call, and they will come out to the house if their support is needed. They also have access to the All Wales Safeguarding mobile app and know how to report safeguarding concerns. When people lack capacity to make an important decision a best interest decision making process is followed, to ensure their wishes are considered.

People live in a home which supports their wellbeing. People were comfortable and relaxed on the day of our visit. They can have visitors when they like and are also supported to visit family and friends. Relatives told us they value the service. One relative said “*I wouldn’t want X to be anywhere else*”. One person told us they are “*happy with everything*”. The service is working towards an ‘Active Offer’ of Welsh. Correspondence is accepted in both Welsh and English and staff are supported to develop Welsh language skills.

## Care and Support

People's wishes and aspirations are carefully considered, and their personal plans clearly record what they want to achieve. These documents give a detailed picture of each individual and how best to support them. During our visit, we saw support staff use steps contained within the personal plans to assist and reassure people if they became upset. Support staff enable people to do as much as they can for themselves, assisting them to maintain as much independence as possible. Personal plans also clearly explain people's health needs. Each health issue is clearly documented with details about how to support people to maintain good health. There are good records kept regarding health appointments. One healthcare professional told us support staff manage people's health needs well and commented "*they go above and beyond for all residents*". A relative told us, "*the care is faultless*".

Management and support staff consider any risks and specialist needs for each individual. They complete reviews and risk assessments when people's needs change to consider how the service can continue to support them. People have access to any specialist equipment they require. Relatives told us how supportive the service has been when health needs have changed, one relative told us, "*they have accommodated X however they can*". People are supported to take positive risks which increase their independence and wellbeing, with clear risk assessments and plans detailing the support they require. People can be responsible for their own medication if they wish, with support staff monitoring this to ensure this is being managed safely. Management deliver in-house training to support staff to ensure they have all the knowledge required to enable them to support people when they are upset or agitated.

Support staff ensure people live in a home which is clean, and they are protected from risk of infection. We saw the home was clean and tidy, and clinical waste is disposed of appropriately. Support staff receive regular training in infection control.

## Environment

People live in a homely and comfortable service. The service consists of two semi-detached properties, which allows for two smaller groups of people to live together. Management consider people's needs and compatibility with other individuals when allocating rooms across these two properties. People can personalise their rooms and we saw rooms decorated to suit people's individual tastes and needs. A social care professional told us how bedroom furniture has been changed on occasion to suit the tastes of the people they support. The communal rooms are decorated in a homely manner. There is a garden which people can access to sit and relax in or to enjoy some time gardening. We saw a raised vegetable bed, and people told us how they enjoyed growing potatoes and other vegetables.

The service provider ensures people live in a service which is safe and secure. They undertake regular health and safety checks, and have current gas and electrical safety certificates. We saw records of fire safety checks with any required actions being followed up in a timely manner. Management ensure fire alarm tests are carried out every week. There is a system to record any reported maintenance issues and track when tasks are completed.

## Leadership and Management

People can be certain there will be sufficient numbers of suitably qualified support staff to support them. Management ensure safe recruitment checks are completed appropriately for all new staff. People told us they felt well supported and the staff rotas confirm there are enough support staff to meet people's needs. Support staff receive regular training and supervision to ensure they have the knowledge and skills required for their roles. Some training is delivered in-house and tailored to the specific needs of the people living in the home. Support staff told us they feel well supported and are confident to raise anything they are concerned about in their supervision. They told us they are happy in their roles, and their rotas are managed to support their work/life balance.

The manager and RI undertake regular reviews and quality checks to ensure a good-quality service is being delivered. The RI attends the service regularly and we saw people engaging positively with them throughout our visit. People told us they valued the support they receive from the manager and RI. They commented that "*I like them*", "*they are nice people*" and the manager "*always gives people time*". The RI completes a formal report every three months, which considers people, what their outcomes are, and how well the service is meeting these. There is a quality of care review every six months which considers responses from people, their families, and staff. It considers anything which may have had an impact on people, such as the pandemic, and what further action can be taken to support them. If people are unhappy about something they can feel confident to speak to the manager and RI. We were told by professionals that they will take their time to talk through concerns with people.

The service provider continues to make improvements and investment in the service. They have devised their own occupational assessments to use with people and are trialling a new positive behaviour support app which is accessed on the service's iPads. They have also invested in a mobile app which support staff can access through their mobile phones. It has links to counselling, debt advice and a range of support and signposting for different issues they may experience.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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**Date Published** 10/04/2024