



Inspection Report on

Grange Residential Care Limited

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

Date Inspection Completed

Date_Last_Inspection_Completed_

2 December 2021

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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	20 December 2018
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive ongoing, good quality care from care staff who are encouraging and know them well; people's care needs are central to the service provided. Personal plans are outcome based, detailed, well planned and a variety of interventions are introduced to enhance progress, including input by care professionals, for example, advocacy. The staff team and management have worked with the service for a significant length of time, which contributes to the quality of care. The new management team are proactive and are keen to ensure ongoing improvement. The environment is clean and there are effective infection prevention measures in place onsite and for individual people.

Well-being

People have control over their daily routine. We found a range of activities available for people to get involved in. We evidenced individuals participate in the activities they choose to. People told us about their routines and the activities, hobbies and work they attend on a daily and weekly basis. The care files we viewed also evidenced this. People know care staff well and we found them to be at ease with them. During the pandemic, people's activities were reduced and took place within the service. However, people are slowly returning to get involved in more social activities, in and away from the service.

People are encouraged to be as active and healthy as they can be. Care staff know people well and are focused on people's individual needs. People told us they feel happy and are encouraged by care staff to "*get involved*". We observed people discussing their care needs and routines with care staff and responses were seen to be kind, patient and informative. The sample of care records we viewed are consistent with people's care needs. Timely and appropriate referrals are made to professionals when required.

The provider ensures there are measures in place to protect people. People's safety is maintained. We observed people with care staff and found people's body language indicates they feel secure and safe with them. Appropriate and relevant applications have been made to the relevant authorities. As required under the Deprivation of Liberty Safeguards (DoLS), for people who may not have the ability to make decisions about aspects of their lives, including support. Care staff are provided with enhanced recruitment checks and training, which enables them to safeguard the people they work with, for example, references and identity checks.

The management have established measures to ensure people have a variety of recreational activities to participate in. People are involved in ongoing recreational and educational activities, for example, attending work and activity clubs. We observed people coming and going to and from the service, to attend a variety of activities away from the service. We observed care staff assisting people to get ready to attend recreational activities with people, in the local area.

We found the environment to be safe and clean. People are at ease within their environment and with the care staff. We saw people's key workers are available for them; these are care staff who are allocated to individuals. This means people know their care staff well, and vice versa. People have the choice to spend time in a variety of communal areas.

Care and Support

The provider ensures, as much information about people's care needs is gathered before they move to the service. Appropriate policies are in place to ensure admissions are safe, in particular in light of the pandemic. Further information is gathered during assessment, about people's individual care needs.

Personal plans are based on individual need and on people's chosen outcomes. The way in which personal plans are recorded has recently been reviewed and is in the process of improvement. Care needs are reviewed, in line with personal plans, regularly or when care needs change. These are monitored by management to ensure quality of care and records are up to date. The sample we viewed evidenced files are monitored regularly and are updated or changed if care needs change. We found people are involved in the review of their care.

The provider ensures there are measures in place to safeguard people. The service has up to date and relevant policies and procedures in place, including, safeguarding, lifting and handling, medication and infection control. Care staff also receive up to date training in these areas and can access the policies and procedures. We saw that care staff have read the policies. Care staff told us they know what steps to take, if/when they are concerned about someone. People have individual risk assessments to reduce risk of harm.

There are safe systems in place for medication management. People receive their medication as required. Care staff are trained in medication administration. We viewed a sample of medication administration records (MAR) records, which showed medication administration. We evidenced managers' check these records. We were shown that appropriate steps are taken if medication is missed. The service has up to date policies and procedures for medication.

Environment

The environment is set out in a way that people have space and can choose where they spend their time. The service is located in a residential area, where there are several facilities for people to attend within the local community. Most facilities, including shops, clubs pubs and buses are within walking distance from the service, which is central. People's rooms are personalised. We saw people have access to the garden areas, where they get involved in gardening. People told us they are happy with their rooms, which are spacious and clean.

The provider ensures appropriate safety measures and checks are undertaken for fire safety. We signed the visitor book on entering the service. Fire safety documents are in place and there are regular fire drills and checks. People have individual and accessible Personal Emergency Evacuation Plans (PEEP'S). The fire risk assessment policy is up to date.

Leadership and Management

The service works well and in accordance with the Statement of Purpose (SOP), which has recently been updated since the recent change in management. Appropriate notifications have been made to Care Inspectorate Wales (CIW). Updated policies and procedures are available for care staff to access guidance and information to support them in their roles. We viewed a sample of these and evidenced care staff signatures.

We found appropriate ratios of care staff available to support people within and away from the service, when people attend recreational activities and work. We viewed a sample of care staff files, which demonstrate they receive the required training and support. Care files demonstrate all care staff have been undertaking annual refresher training. Care staff attended safety intervention training on the day we inspected. The care staff we spoke with told us they feel supported and enjoy their work. We observed people with care staff and found them to be comfortable and at ease with them. Four people we spoke with during our visit told us they felt happy with the care and support they receive. We found management are currently focusing on approaching review of care via a person centred approach, where people are fully involved in the planning and review their care.

The service has appropriate governance arrangements in place to support the smooth running of the service. The manager is registered with Social Care Wales. They are working closely with senior staff members to improve the quality and ensure people are fully involved in the care provided. We viewed an action plan which shoes how the service plans to make these improvements. We evidenced the responsible individual visits the service frequently and works effectively with the management to review the quality of care.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
N/A	No non-compliance of this type was identified at this	N/A

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