



Inspection Report on

The Grange

**The Grange
Lime Grove Avenue
Carmarthen
SA31 1SN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11 January 2022

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About The Grange

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Consensus Support Services Limited |
| Registered places | 6 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 21 June 2021 |
| Does this service provide the Welsh Language active offer? | Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

Staff know people well and are motivated to provide personalised care and support. The atmosphere in the home is generally calm with care workers knowing their responsibilities in relation to the support people need.

People are able to do some things that matter to them, but staffing shortages and the impact of the pandemic have limited opportunities to spend time away from the home.

Training is generally up to date, but some is needed to ensure all staff are able to carry out their duties safely and effectively. Also, the service's requirement to ensure care and support plans are reviewed every three months is not always being met.

There is a disconnect between those working in, and managing the home, with some staff feeling supported and others describing a very low morale.

Well-being

Care workers treat people with dignity and respect. They are safe and protected from harm because care workers know the action they are required to take if they suspect a person is at risk.

People are supported by care workers who do not always feel valued by their managers or able to express their views about the service. Training has increased in some areas and there is a detailed induction pack for new regular staff. There is a significant reliance on agency care workers and not all receive a thorough induction before starting their duties.

People and those caring for them engage well and staff demonstrate a good understanding of people; their likes and dislikes as well as how to recognise people's mood.

At the previous inspection, it was noted people are not able to do things which matter to them, as set out in their personal plans. We saw some people have spent time away from the home but this has been hampered by the pandemic as well as staffing levels in the home. People have spent some time visiting local parks and other places, but people are not always getting their allocated two to one time with care workers for time away from the home.

During the internal quality monitoring process, people have indicated they are happy with the support they receive but some do not always feel involved in decisions made in respect of areas including menu choice and choice of key worker. We observed people to appear relaxed in the company of staff and some indicated to us they are happy.

People live in a home which is comfortable, and to some degree, personalised. Improvements have been made to the home but further work would enhance the environment. There are plans to refurbish the kitchen and replace the windows. The work to replace a bathroom has not yet been started but is expected to be completed shortly. The home is mostly clean and there are no malodours.

Care and Support

Care records are person centred and detailed. There is some repetition but care workers find them helpful and have time to read them. The three monthly reviews are slightly over due and the manager confirmed the reviews will be completed in the next two weeks.

People's goals are recorded as well as how care and support is to be offered.

Support plans and risk assessments set out clearly how to recognise signs of distress and care workers we spoke with demonstrate a good knowledge of people and the action they need to take if a person is agitated or in pain.

There is a recording form in some people's file which show the staff who have read the relevant documents. Some forms indicate not all care workers have read the documents as necessary to ensure they have the most up to date information about people's care and support.

Support is offered in a calm and respectful way. Personal care is offered demonstrating care workers know the importance of dignity and privacy. People have activity plans but these are not always followed. There are several reasons for this, including if the person chooses to do something different; availability of staff and activities being available due to the pandemic.

We were told care workers have a good knowledge of people's dietary likes and dislikes and alternative meals are offered if the person does not want what is offered. Meals are relaxed and we saw people having breakfast at their chosen time.

People have been asked for their views about the care and support they receive and most of the comments are positive but some people consider they are not always involved in decisions such as choosing the menu; choosing their key worker and planning their support. Discussions with care workers showed people's views are important and are sought about aspects of their care and support.

At the last inspection, staffing levels were not considered adequate to ensure people can achieve their personal outcomes. All staff we spoke with confirmed people assessed as needing one to one support receive this. However some people have two to one time allocated and this is not always delivered. We discussed this with a senior manager who confirmed the funding authorities are aware of this and they are not charged for the time that is not provided.

Duty rotas show there are usually five staff on duty each shift. Some shifts four staff are on duty and on one occasion we saw there were three staff which meant the manager was required to provide support to people. A senior manager told us of plans to recruit additional staff and most of the shortfalls in staffing are due to sickness. Some care workers said staffing levels were often below the numbers needed but the duty rotas we looked at indicate the numbers are mostly five per day shift.

People have not participated in a number of activities due to the pandemic. The manager told us some of the activities were restarting. One person was due to go horse riding and another has restarted hydrotherapy.

Records show people spend some time away from the home. This includes trips to local parks and lakes, which sometimes includes stopping for food.

A music therapist is restarting their sessions at the home following the relaxing of the rules due to the pandemic.

The environment was calm throughout the inspection with care workers recognising and intervening appropriately to prevent any adverse incidents.

There are opportunities to increase the frequency and nature of activities for people but we do not consider people's health and well-being is at risk.

There are some effective systems for the safe storage and administration of medication.

The reasons for any PRN (as required) medication is recorded on the medication administration record (MAR). Almost all medication has been administered as prescribed and the stock balance of medication recorded. We did note one person had missed a dose of their medication and no reason was given on the MAR. Also medication had not been signed for on another occasion but the care worker was confident this was a recording error.

A process has been put in place so the administration of some medication is witnessed by a second member of staff. This has resulted in a reduction in any stock balance discrepancies.

Room and fridge temperatures are recorded daily.

Environment

People live in a home which is generally well maintained. Improvements have been made to the laundry which is secure from any unauthorised access.

Bedrooms are well decorated and personalised in the colour and furnishings of the person's choice.

The home is clean and there are no malodours. Some parts of the home would benefit from some high dusting, and the secondary double glazing makes it difficult for staff to clean between the glass panes. There are plans to replace the windows but due to the property being a listed building, any work must be done in accordance with local authority requirements.

The conservatory is cold and therefore not a comfortable place for people to use. Other parts of the home are generally comfortable but, by necessity, a bit sparse. Corridors and staircases are free of any clutter and hazards.

Work to refurbish the kitchen has not yet started and no date has been set for this. The manager told us there are plans to possibly make the kitchen bigger, which would make it easier for people to use the kitchen for meal preparation. Whilst the kitchen is dated, it is clean and has the equipment needed. It has been awarded the maximum score of five by the Food Standards Agency.

People are protected from unauthorised people from entering the home. Visitors are required to sign into a visitor's book and provide evidence of a negative lateral flow test. Temperatures and oxygen saturation levels are also taken. We saw most staff wearing face masks but the provider is to remind all staff of their responsibilities in respect of the correct use of personal protective equipment (PPE).

The garden areas are safe; secure and accessible for people.

Leadership and Management

A comprehensive induction booklet is available for all new regular staff. The booklet provides a record of the information given to staff which includes confidentiality; safeguarding and training. The files demonstrate the work of new starters is reviewed, initially weekly and then monthly. Comments made include *"I'm loving it here"* and *"X has had a great start. Working hard. Showing great initiative"*.

One agency care worker was doing their first shift and said *"the induction could have been better"* but did find the person's care plan clear and other care workers explained the duties to them. This worker had been allocated to provide one to one observations for a person and we have asked the provider to consider if this intensive work would be more appropriately allocated to a care worker who has more experience of working in the home.

There is a disconnect between managers and more junior staff. Some care workers describe working in the home as *"the worst it has ever been"* and described management as *"not honest"*. The home was described as *"very unorganised"* and staff feel this is having an adverse impact on people who live at The Grange. Another worker described working in the home as *"alright"* and consider the staff work well together as a team. We did not observe any evidence to indicate any disorganisation. Another staff member said *"(the manager) goes above and beyond for the staff"* and described feeling more supported at The Grange than in any previous role they have had.

Because of the issues raised at the last inspection in respect of staff morale being low, the provider arranged Listening Sessions where staff were encouraged to discuss the concerns they had. Staff meetings have also been held but the attendance was considered to be low.

Five care workers per day shift are considered to be necessary to ensure people's needs are effectively met. Some staff told us they often work with fewer than this number. Duty rotas indicate five staff are rostered to work most shifts but there are some where only four are on duty which meant the manager was required to work alongside the care workers. We were told shortfalls are attributable to staff sickness and difficulties in recruiting the right people for the roles. A quality report completed by a senior manager noted only three care workers were on shift on the day of their visit but the manager was working as an additional member of care staff. Some care workers told us staff work very long hours each week but others said they do not feel pressured to working additional hours. Duty rotas show some staff work in excess of 40 hours per week but all staff appear to have at least two days off each week.

The quality report completed five months ago by a senior manager states staff who have completed core training is at 79% and 65% for supporting individuals. The scores for staff training are now 92% and 81% respectively. One care worker told us they had not received training in caring for people with epilepsy. A report provided shows 70% of staff have completed this training. We have been assured additional training is booked to ensure all staff are suitably trained. Records show care workers have completed training in

oral care; safeguarding and autism.

One care worker described the training as "*brilliant*" but said there are no assessments carried out of staff's competence.

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 |
| 36 | The service provider does not ensure staff consistently receive an induction, core training and specialist training. | Achieved |
| 34 | Staffing is not always adequate to ensure that at all times individuals can have their personal outcomes achieved. | Achieved |

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 |
| 16 | Support plans were due for review in December 2021 and have not yet been done. | New |
| 57 | Risks to health and safety of individuals are not consistently identified and reduced. | Achieved |

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