The Grange Care Centre (Eastington) Limited

The Grange Care Centre

Inspection report

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16 May 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected The Grange Care Centre on the 11, 12 and 16 May 2016. This was an unannounced inspection. The Grange Care Centre is a nursing home for up to 75 older people. 62 people were living at the home at the time of our inspection. Nearly all of the people living at the home had been diagnosed with dementia.

We last inspected in January 2015. At the January 2015 inspection we found that the provider was meeting all of the requirements of the regulations at that time. A recommendation was made for the provider to seek professional advice around positive environments for people living with dementia which the provider had considered and made changes to the home.

There was a registered manager in post, who had been the registered manager of the service for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive their medicines as prescribed. Nursing staff did not always keep an accurate record of when they had assisted people with their prescribed medicines. The premises was safe on the whole, however the provider had not always taken action when risks to people's wellbeing from the environment had been identified.

People's care records were not always personalised to their needs and preferences. Care staff did not always keep a record of the support they provided people, such as repositioning or assisting people with their nutritional needs.

The provider had assessed people's mental capacity to make specific decisions and ensured the outcomes of these assessments had been documented. The provider worked with external healthcare professionals to ensure people's legal rights were protected.

People and their relatives were positive about the home, the staff and management. People told us they were safe and looked after well. Staff managed the risks of people's care and understood their responsibilities to protect people from harm. Relatives felt there were enough staff to meet people's needs. Staff raised some concerns around staffing numbers; however the registered manager was aware of these concerns and was working with staff to identify solutions. The impact to people was mitigated by a committed and a consistent staff team. Healthcare professionals praised the staff and the stability they provided to the home.

People had access to plenty of food and drink and received a diet which met their needs. Staff ensured their ongoing healthcare needs were met. There was a friendly, pleasant and lively atmosphere within the home. People enjoyed the time they spent with each other and staff. People were offered choices about their day.

People and their relatives told us they felt listened to and able to raise concerns or make suggestions.

Staff were supported by a committed management team and had access to training, supervision and professional development. They could request further training and development as required. There were enough staff with appropriate skills deployed to meet the needs of people living at the home. Staff spoke positively about the home and the registered manager.

The registered manager ensured people; their relatives and external healthcare professional's views were listened to and acted upon. The registered manager involved staff were involved in decisions regarding the home, and respected their views. The registered manager had systems to assess, monitor and improve the quality of service people received at The Grange Care Centre; however these systems were not always effective in addressing the concerns raised.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. We also made a recommendation to the provider regarding fire extinguisher storage.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People did not always receive their medicines as prescribed. Nursing staff did not always keep an accurate record of when they had assisted people with their prescribed medicines. The premises were not always safe as fire equipment had not been routinely maintained although action was being taken to reduce the risk to people.

There were enough suitable skilled and qualified staff deployed to meet people's needs; however staff had raised concerns on one of the home's units regarding a lack of staff and time. These concerns were being addressed by the registered manager.

People were safe from the risk of abuse because staff knew their responsibility around protecting people from harm. Staff knew the risks associated with people's care and had guidance to manage these.

Is the service effective?

Good

The service was effective. People's legal rights were protected. The service ensured where people were being deprived of their liberty, this was done in the least restrictive way.

People were supported by staff who were skilled, trained and had access to professional development. Relatives and healthcare professionals praised the long standing nursing and care team and the stability and care they provided to people.

People received support to meet their nutritional needs and had access to plenty of food and drink.

People had access to external healthcare. Where staff had sought the advice of external healthcare professionals to meet people's needs they followed this advice.

Is the service caring?

Good

The service was caring. People were at the centre of their care, and were supported to spend their days as they chose to do so. Staff respected people and treated them as equals.

Staff provided people with emotional support, and supported people to maintain their personal relationships.

Staff knew people well and understood what was important to them such as their likes and dislikes.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care plans were not always personalised to people or their needs. Staff did not always keep a consistent record of the support they had provided people with their food and drink.

People were supported with activities within the home and were engaged throughout the day by staff.

People and their relatives were confident their comments and concerns were listened to and acted upon by the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well well-led. The registered manager and provider carried out audits and had systems in place which enabled them to identify concerns, however clear actions had not always been taken from these audits.

The views of people and their relatives were regularly sought. Staff told us they could raise ideas and were involved with decisions made within the home.

People, their relatives, nursing and care staff spoke positively of the registered manager and how they had supported them with a recent change in the ownership of the home.

The Grange Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This inspection took place on 11, 12 and 16 May 2016 and was unannounced. The inspection was carried out by one inspector.

At the time of the inspection there were 62 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with a local authority and clinical commissioning group commissioners and healthcare professionals including a GP and social worker about the service.

We also looked at the Provider Information Return for the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who were using the service and with 10 people's relatives. We spoke with 16 staff which included four care staff, four senior care staff, three nurses, a kitchen assistant, an activities co-ordinator, maintenance worker, head housekeeper and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed 14 people's care files, staff training and recruitment records and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

People were at risk of not always receiving their medicines as prescribed. Staff had not always adhered to the providers policies regarding the proper and safe management of medicines. For example, staff had not given six people their medicines in accordance with their prescription. One nurse had not given one person their medicines on one day. For three people staff had signed medicine administration records to document they had given the person their prescribed medicine. However when we counted the remaining stock of these people's prescribed medicines, we found more medicine than we expected. We raised these concerns with two nurses and the registered manager. The registered manager stated they would discuss these concerns with nurses and ensure action was taken so that people received their medicines as prescribed.

People may not always receive their medicines as prescribed because an accurate record of the stock of their prescribed medicines had not always been maintained. Nurses did not always document the amount of prescribed medicines which were administered from boxes. This meant it was not always possible for them to identify if people were receiving their medicines as prescribed. Additionally nurses were not always documenting when people's boxed medicines were opened or started. This meant it was difficult for nurses and the registered manager to assure themselves that people had received their prescribed medicines.

People were at risk of not receiving their medicines as prescribed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from the risk of harm within the home. Not all fire extinguishers had been maintained and they were not always effectively stored. The registered manager and a maintenance worker were in the process of ensuring old fire extinguishers were removed and replaced, and were waiting feedback from an external provider on which extinguishers needed replacing. Additionally the maintenance worker had recorded on fire extinguisher checks that some extinguishers had been 'removed'. The maintenance worker told us that people had picked up fire extinguishers on one unit in the home. They told us on occasion the extinguishers had been discharged and when people were anxious could use the extinguishers in a threatening manner. We discussed safe storage arrangements for these extinguishers with the registered manager and maintenance worker. They assured us action would be taken.

We recommend that the service seek advice and guidance from a reputable source, about the safe storage of fire extinguishers and take action to update their practice accordingly

People told us they felt safe living at the home. Comments included; "Safe, I think so. I won't get attacked or anything here"; "I think it is a safe place to be" and "I'm safe here." People's relatives were confident their relatives were safe within the Grange. Comments included: "I get peace of mind. I have no concerns"; "They've (relative) been here 9 years and while there has been changes, we've had no concerns" and "Definitely a safe place. No concerns about that."

People were protected from the risk of abuse. Nursing and care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns

promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "Any issues go straight to next in line or the manager." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "I've never had to, because the manager deals with things. However I'd contact safeguarding or CQC if I felt people were still unsafe." Staff told us they had received safeguarding training and spoke positively about how they would identify if people who could not verbally communicate were protected from harm. One staff member told us, "We notice changes in body language. If people are withdrawn or scared. I would report it straight away."

There were usually enough skilled and trained staff deployed to meet people's needs, Where people and staff had raised concerns the registered manager was taking action. People and their relatives felt there was often enough staff to meet their or their relative's needs, however some relatives raised concerns around staffing numbers at key times, such as mealtimes. Comments included: "Usually there are enough staff, however mealtimes seem a bit rush"; "I'm happy. Staff come when I need them" and "not a problem. Staff are around and. I can get in."

Care staff raised concerns regarding the number of staff deployed on one unit. They told us they had raised these concerns to the registered manager. Comments included: "We struggle at mealtimes; we have 10 people to help. It can leave us rushed"; "People's needs are quite high. At the moment all staff can be off the floor, this puts residents at risk"; "We raised a concern around staffing. Staffing may be changing, at the moment it's just a risk all the time, you feel you're rushing people" and "Generally we're okay. On one unit it can be very tough, as people need a lot more support." All care staff spoke positively about the support they get from nurses and management around mealtimes, however stated this couldn't always happen.

The atmosphere in the home on all days of the inspection was calm. However it was clear on one unit that staff were very busy. Staff spoke positively about the consistency within the staffing team. This clearly ensured staff were able to meet people's needs. One staff member said, "We work incredibly well as a team, we have the skills to make sure everyone has the care they need."

We discussed the amount of staff deployed with the registered manager of the service. They told us staff had made them aware of their concerns and were arranging for an extra care staff member to be added to the shift. The registered manager and staff told us the staffing level changed depending on people's needs. The registered manager said a new admission had made one unit very busy and they were working with staff, the person's relative's and healthcare professionals to see if another unit would better placed to meet their daily needs.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled staff to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person was being cared for in bed and needed assistance to reposition. Care staff checked the person every three hours to assist them to reposition and protect them from the risk of pressure damage. They assisted the person to reposition at regular intervals to protect them from the risks of pressure damage. The person was comfortable throughout the inspection.

Where people were cared for in bed, nursing staff carried out assessments to see if people needed bed rails to ensure their safety. For example, one person fell from their bed. The person's family stated they would like bed rails in place to help protect the person. They discussed this request with a nurse. The nurse discussed the potential risks with the person and assessed the person to be at greater risk with bed rails in place as

they could climb over them. The family accepted this and alternative measures were discussed to ensure the person was protected from any harm.

Records relating to the recruitment of new nursing and care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included disclosure and barring checks (criminal record checks) to ensure all staff were of good character. The service had ensured references were sought for staff member's to check if they were of good character.

Good

Is the service effective?

Our findings

People and their relatives were positive about nursing and care staff and felt they were skilled to meet their needs. Comments included: "They do their best. They are very kind, I couldn't do this job"; "I can't fault the staff here"; "Nothing is too much of a problem for the staff, they know what to do" and "The staff are very good."

People's needs were met by nursing and care staff who had access to the training they required. Nursing and care staff told us about the training they received. Comments included: "We have ACC online training (a training system operated by the provider), there are so many different training courses. If we want to know anything we can access that and ask for support. The training we have helps to meet people's needs and protect them"; "Lots of training, such as dementia and moving and handling. Everything I feel I need" and "We have training all the time. We assist people with lots of different needs, so it's good." Staff told us they had the training required to meet people's needs. They were supported to undertake additional training as required, for example when people's needs changed. One staff member said, "We can request training. You can speak with (training co-ordinator) about training. They will look at what training is available to us."

New staff were given time, support and training to meet people's needs. One staff member spoke positively about the support they had during their induction to the service and the support they received around achieving a qualification in health and social care. They told us, "We have brilliant support, I'm learning all the time. I had anxieties around my health and social care level 2 (qualification). I managed it, I had a good tutor. The training co-ordinator provided me with lots of support." The registered manager told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the registered manager and senior staff to monitor staff competences against expected standards of care.

Care and nursing staff told us they had been supported by the registered manager and provider to develop professionally. Staff told us they had been supported to access qualifications in health and social care, and also to develop professionally to become senior care staff. One staff member said, "I received a lot of support. I become a team leader last year; it's really boosted my confidence." Another staff member told us, "I did my level 3 in health and social care. The training co-ordinator was very supportive. You can always go further if you needed."

People were supported by nursing and care staff who had access to supervision (one to one meeting) with their line manager. All staff told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. Comments included: "We all have supervision. We can use it to discuss what we need"; "I've had my appraisal, we discussed performance and any needs we have" and "I have my one to one regularly." We looked at supervision and appraisal records for nursing and care staff. These records clearly showed staff were supported to discuss their training and support needs and were encouraged to develop professionally."

The registered manager and staff supported people to reduce their anxieties. For example, one person who

was living with dementia was often anxious. We observed one staff member responding to their needs and supported them whilst they waited for a relative to visit them. They provided them with reassurance and ensured they were comfortable. The staff told us how they had used their training in dementia to understand the emotional needs of the person, and how they could support the person to reduce their anxieties. For example, staff told us how they talked to the person and used distractions to enable them to be calm. All staff we spoke with told us when people became anxious they looked at triggers for these anxieties, to ensure people's sense of well-being was maintained.

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care and nursing staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "We can never assume someone can't make a decision. We provide choice, such as offering two options and encourage people to be engaged"; "People should be given a choice. We're strong in knowing that everyone is an individual and encouraging people to have a choice" and "We always try and provide as much choice for people as we can."

The registered manager ensured that where someone lacked capacity to make a specific decision, a best interest assessment was carried out. The majority of people living at the Grange Care Centre had a Deprivation of Liberty Safeguard (DoLS) authorisation. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For one person a best interests decision had been made as the person no longer had the capacity to understand the benefits and risks of refusing support with their personal hygiene. A decision was made in the person's best interests with their social worker and family present. The registered manager had also made a DoLS application for this person which had been approved.

People spoke positively about the food and drinks they received in the home. They told us they always had plenty to eat and drink. Comments included: "The food is alright. It is indeed. I had cottage pie with vegetables"; "Tea and coffee, you get plenty of it, and biscuits"; "I enjoy the food" and "It always looks appetising."

People were offered a choice of food and drink. For example, we observed one member of staff offer different flavoured squash to support someone who did not speak English, to make an informed choice. At mealtimes we observed staff offering people more food when they had finished their meal. For example, one person refused any additional sandwiches when asked. When staff asked other people if they would like more the person decided they did. The staff member acted on their request and provided them with more sandwiches of their choice.

People's dietary needs and preferences were documented and known by care, nursing and catering staff. The home's chef and kitchen assistants knew what food people liked and which foods were required to meet people's nutritional needs. The chef and care staff were informed when people had lost weight or if their needs had changed. People's care plans documented their dietary needs, such as a pureed or soft diet. Where people required a soft or pureed diet this was presented in a way in which people could identify the individual food items through smell and colour.

People were supported to maintain good health through access to a range of health professionals. These

professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, community nurses, speech and language therapists, podiatrists (foot specialist) and speech and language therapists. We spoke with a GP who was involved in the care of a number of people living at the Grange. They spoke positively about the service. They said, "It's fantastic. I recommend it for dementia patients. I have known the staff for a long time, there is clear consistency."

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Comments included: "I think the staff are genuinely caring"; "The staff are always nice and kind"; "Staff show definite concern. The care is exemplary" and "It is lovely here. The staff are lovely." A health care professional told us, "It is one home that gives fantastic service to residents."

People enjoyed positive relationships with nursing and care staff and the registered manager. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person walked around the home with the activity co-ordinator and their dog. The person used to own dogs and enjoyed walking them. The person told us, "I enjoy walking around and spending time with the dogs."

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us about one person and the emotional support they needed. They told us how they sang and joked with one person to ensure they were happy and reduce their anxieties. They said, "You'll probably think we're lunatics. We jolly people along, we'll have a joke and sing. They [people] always sing back."

Care staff were supported to spend time with people and they spoke positively about this. Comments included: "When we do have time, we like to spend it with the residents"; "We try our hardest to make time for them all" and "When we have that time, we like to have a chat and engage them." One relative told us, "They [relative] stay in their room. The staff come and spend time with them, they enjoy it." We observed staff in the afternoon on one unit taking people into the home's grounds to look at the sheep in a neighbouring field. Other staff sat with people and supported them as they read books or completed jigsaw puzzles. People told us staff took the time to chat with them and take them out into the home's garden. One person said, "They come and spend time with me."

People told us their dignity was respected by all staff at the home. Comments included: "They tell me what they're doing" and "They never force me." Care staff told us how they ensured people's dignity was respected. Two staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. One staff member said, "I always ask for their consent. Any personal care, I ensure curtains are drawn and doors are shut. Cover them up. Dignity is a big thing here. I wouldn't want to be exposed."

People were supported to maintain their personal relationships. For example, one person's relatives spoke positively about how staff were enabling them to access the local community with their relative. They said, "They're going to use their transport, so we can meet away from the home, have a coffee and a walk. Staff can come with other people." Activity co-ordinators told us how they planned to support this and the

positive impact it would have on the person's well-being.

People's spiritual needs were being met. For example, the home's activity co-ordinator told us that Holy Communion took place in the home once a month. They also told us if someone was unable to attend the session they could be visited in their own bedroom and receive a blessing. This helped ensure people's religious needs were met.

People, where possible, were supported to make decisions around their care and treatment. People's care plans and risk assessments were written by nursing and care staff with people. For example, one person's care plan clearly documented their views and also their wants and wishes regarding end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

Requires Improvement

Is the service responsive?

Our findings

People's care plans did not always provide clear information on the support people needed. For example, a number of people were being cared for in bed and were at risk of pressure damage if they weren't assisted to reposition after a period of time. Whilst people's care plans were detailed they did not provide clear information on how often the individual person needed support to reposition. People's turn charts did not state how often the individual needed repositioning. When we discussed this with care staff they told us they were aware of people's repositioning needs, however this information was not documented. We raised this concern with the registered manager, who discussed with care and nursing staff the importance of documenting how often people needed assistance on turn charts.

People's care plans were not always current and did not always provide personalised information. The registered manager and nurses explained that care plans were being changed using a new format requested by the provider. One person's care plans had not been completed to document their personal hygiene needs. Additionally, people's care plans whilst giving clear information regarding their clinical needs, did not always provide personalised information. For example, people's likes dislikes and preferences. Care staff we spoke with were aware of people's preferences; however these preferences were not always recorded. We discussed this with the registered manager, who was planning to involve care staff in documenting people's care needs to encourage personalised information to be recorded.

Staff did not always keep an accurate, current record of people's on-going, such as repositioning and assistance they received with food and fluids. Food and fluid charts and repositioning charts had not been completed consistently in the days before our inspection and during our inspection. For example, one person's repositioning charts had not been completed to show when they had been supported to reposition. This meant the person could be at risk of not receiving the care and support they needed.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans and risk assessments were reviewed monthly and where changes had been identified. For example, when healthcare professionals had been consulted and made recommendations regarding people's healthcare needs.

People's relatives told us they were informed of any changes in their relative's needs. For example, five relatives spoke confidently that staff would contact them if their relatives were unwell. One relative said, "They've always kept us informed and involved. When they (relative) were unwell, the nurses gave me their numbers so I was able to contact them for an update." Another relative told us, "They [relative] had an accident, so the staff let me know what was going on. They went to hospital, and the staff kept me updated."

Staff responded well when people's needs changed. Care staff told us about one person whose health had recently deteriorated. Staff had sought the advice of healthcare professionals to ensure they could meet the person's on-going needs. The person's GP and family were involved and were made aware of any concerns.

The GP told us, "The staff always follow guidance. They discuss medicines. It is all teamwork, we all work together. They let me know if there any concerns."

People and their relatives spoke positively about life in the home and told us there was always something to do. One person told us, "It's enjoyable." One person's relatives said, "They like a song and dance." We observed people taking part in activities such as singing, dancing, arts and crafts and spending time with pets and visitors to the home. People enjoyed having discussions between themselves and reading newspapers throughout the day. People enjoyed time spent with the care staff and their relatives. Some people in the home were happy with their own company. Care staff ensured they protected people from the risk of isolation by regularly visiting them in their bedrooms to make sure they were safe. Staff talked to people or ensured they had music which they enjoyed playing. People's relatives were able to visit people at any time and could have private time with their loved ones.

The home's activity co-ordinators discussed how they planned activities and events within the home. One activity co-ordinator told us, "We like to take people out, go to local garden centres and use the Willow Boats (a local boat tour company). We have a greenhouse for people who like gardening, so we've been planting tomato plants and flowers. We like to know what people's hobbies were and support people to continue them."

The home had a large enclosed courtyard which people could access. Staff and relatives spoke positively about this space and how it enabled people to have a change of environment. When the weather was good we observed people enjoying walking around the courtyard.

People's relatives knew how to complain. Everyone we spoke with told us they had not needed to make a complaint however knew who to speak to if they had any concerns. They felt the registered manager, nurses and team leaders were very approachable regarding any concerns. Comments included: "I'd happily speak to the nurses if I was concerned"; "I don't have any grumbles, if I did I would certainly tell someone" and "I would be happy to speak to the manager if I was concerned, they're willing to listen."

The registered manager had a record of complaints and compliments they had received during 2015 and 2016. Where a complaint had been made, this was clearly investigated by the registered manager. For example, one complaint made by a relative led to the registered manager implementing new assessment documents for people and providing clear direction to nursing and care staff.

Requires Improvement

Is the service well-led?

Our findings

There were a range of systems to monitor the quality of service people received at the Grange Care Centre. However these systems were not always effective and did not always lead to improvements. For example, two medicine audits were carried out on two different units, one was carried out in April 2016 and the other in March 2016. The March 2016 identified significant concerns around the administration of people's prescribed medicines, similar to the concerns identified during this inspection. This audit had no clear action plan, and there was no documented record of the actions taken to improve the safe administration of medicines within the service. The audit carried out in April 2016 by a nurse had been reviewed and had identified a concern where nurses were not keeping an accurate record of people's prescribed medicine stocks. An action was set for this to be addressed 'as soon as possible' however this had not been completed. We raised this concern with the registered manager who assured us action would be taken to address this.

The registered manager sought people's relative's views through questionnaires. The registered manager told us that questionnaires were provided to people's relatives regularly. Relative's responses were generally positive, however some relatives had raised concerns regarding activities and staffing within the home. There was no documented response to these concerns. We discussed this with the registered manager who told us they spoke with any relative who may have a concern; however they had not always recorded these responses. This meant it was difficult to ascertain what action had been taken in response to these concerns. The registered manager told us all responses would be documented in future and would inform an action plan to assist the service to improve.

Staff did not always have the information they needed to ensure people's needs were effectively monitored. Staff were not always aware how much fluids people needed. Additionally there was no record that care or nursing staff reviewed these records to see if people were receiving the support they expected. Care staff informed us some people on food and fluid charts were drinking well and were unaware of the reason why their support needed to be documented. Nurses told us they asked for these records to be completed for people who were cared for in bed, to ensure they received fluids. Not all staff were aware of this, or had the information they needed.

These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Grange Care Centre had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They had been registered manager of the service while the service had changed ownership. Nursing and care staff, people's relatives and external professionals spoke positively about the support the registered manager had provided during this change. One staff member said, "I feel there has been little impact on us, the manager reassured us and has managed the change." A relative said, "I think the manager has managed the change well. It was communicated; however it's had no impact. The staff seem happy."

Staff felt the registered manager and senior support were incredibly supportive and approachable. Staff felt confident that they could suggest ideas to the registered manager and that these ideas would be listened to. There were regular team meetings, these were carried out for individual units, and then for the larger home. Staff spoke positively about these meetings and felt they were informed and involved with changes. Staff spoke extremely positively about the consistency of senior staff and team working within the home. Comments included: "The manager asks for our views, we have team leader meetings, they ask what I think"; "We're like a family, We get on really well, we're able to reflect, suggest ideas and improve" and "We have great team work here, we know each other's strengths and we use that to really support people."

People were protected from risk as the registered manager ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents.

The registered manager and provider carried out audits in the home such as housekeeping, infection control and dining room audits. These audits enabled the registered manager to see where improvements could be made to the service. For example, dining room audits took into account what happens for clients and how the experience could be improved for them, such as changing the atmosphere and playing low level music.

The registered manager and provider carried our relative meetings. These meetings allowed people's relatives to discuss key issues and be informed of changes to the service. One relative spoke positively of these meetings. They told us, "They give us information we need."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medicines as prescribed. The service did not always operate systems to monitor the stocks of people's prescribed medicines. Regulation 12 (f) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not always have effective systems to monitor the quality of service they provided. The service did not always keep an accurate and current record of the care and treatment people received. Regulation 17(1) (2)(a)(c).