

Ashwood Court Healthcare Ltd

The Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection visit took place on 19 November 2014 and was unannounced. The previous inspection was carried out in 23 January 2014 and there were no breaches in the legal requirements.

The Grange Care Home provides accommodation and personal care for up to 28 older people. At the time of the inspection there were 27 people living at the service.

There was no registered manager in place, a manager had been appointed and had commenced their induction

in the service on 10 November 2014. This had enabled them to get to know the people at The Grange and the staff before starting their employment on 17 November 2014. The

manager was in the process of completing an application to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and understood the importance of raising concerns with the manager and the local authority. However the safeguarding policy lacked guidance, to support staff in the knowledge of how to make a referral to the safeguarding team and follow the Kent and Medway Safeguarding protocols.

Risks associated with people's health and welfare, such as mobility and behaviour had been assessed. However in some cases the risk assessments lacked guidance for staff to move people safely and support people with their behaviour, so that risks could be minimised. There were systems in place to review any accidents and incidents and make relevant improvements, to reduce the risk of further occurrence.

The management of the medicines were not safe. Some people had not received their medicines on time and in some cases it had been administered incorrectly. There were shortfalls in the storage and recording of the medicines. The medicines policy did not have guidance with regard to "as required" medicines and no medicine audits had been carried out. Checks had not been completed on the medicine records to ensure they were being administered and stored correctly.

Staff had received appropriate checks to make sure they were safe to work in the service. However two applications showed there were gaps in their employment history and there was no record that these had been investigated before employment was offered.

There was sufficient numbers of staff on duty to meet the needs of the people. The programme of staff supervision and appraisals was not up to date and the frequency of the supervision was not in line with timescales within the provider's supervision policy.

All new staff completed an induction programme, which included the relevant training. They shadowed experienced staff until they were deemed competent to work on their own.

There was a training programme in place and staff were encouraged and enabled to develop their knowledge and skills with further training courses. However, staff competencies were not checked to ensure they had understood the training they received. Training identified in a recent staff meeting, such as End of Life Training had been booked to take place in January 2015.

The service maintained good relations with people in the community. At the time of the inspection local school children arrived to chat to the people and play board games. People told us that this was a regular occurrence.

The building was well maintained and appropriate measures were in place to ensure the equipment and premises were safe. There were health and safety checks in place, together with regular servicing of equipment.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), so were aware of the process to support people, who may lack capacity, to make decisions. Records showed that family, health care professionals, such as nursing staff, had been involved in meetings, so that decisions could be made in people's best interests.

People said the food was really good and they were able to choose what they wished. The cook was very knowledgeable about people's different dietary needs, and ensured that people received food that was suitable for them. People's nutritional needs were monitored and appropriate health care support, such as dieticians, was sought when required.

People were chatting to each other and staff in relaxed and friendly manner. Different members of staff were supporting people to be involved in conversations and they took time to listen and respond to their requests. They also responded promptly to people who became anxious and talked to them quietly about what was important to them, such as family, until they were calm.

People, who were able, were involved in planning their care and others were supported by their family. Some care plans included people's preferred routines, their wishes and preferences but other plans were not clear as to the skills and abilities people had to remain as independent as possible. People had review meetings to discuss their support and any changes in their care. People's health care needs were monitored; they had

Summary of findings

access to a variety of health care professionals, such as district nurses, Parkinson's nurse, chiropodist and opticians. Staff were familiar with people's likes and dislikes, and supported people with their daily routines

We found a number of breaches in 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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were shortfalls in the management and storage of medicines to make sure people were receiving medicines safely.

Risk assessments did not give staff detailed guidance to make sure people were being moved safely and their behaviours were being positively supported.

Staff recruitment records did not show that the service had investigated gaps in prospective staff's employment history, to make sure they were suitable to work in the service. There were sufficient numbers of staff on duty.

The premises were well maintained to provide a safe environment. Regular checks helped ensure that equipment was properly serviced and in good order.

Requires improvement



Is the service effective?

The service was not always effective. Staff had not received individual supervision or a yearly appraisal. This meant that they had not had opportunities to discuss their role with their manager, or discuss their training and support needs. Staff had received training, but their competencies had not been assessed following training, to ensure the training had been understood.

The manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made where this was in their best interests.

The service provided a variety of homemade food and drinks to help make sure people were being supported to maintain a nutritious diet.

Requires improvement



Is the service caring?

The service was caring. Staff responded promptly to people's requests for help, and treated them in a kind and compassionate manner.

The atmosphere within the service was relaxed and people were listened to by staff who acted on what they said.

People were treated with respect and dignity. They were encouraged to retain their independence as far as possible. Friends and family were able to visit at any time.

Good



Is the service responsive?

The service was not always responsive because people's preferences and individual support needs were not recorded on their care plans.

Requires improvement



Summary of findings

People were involved in planning their care at regular review meetings.

People were supported in carrying out their preferred lifestyles, and enjoy activities of their choice.

There were procedures in place to ensure that people's concerns or complaints were listened to, and a response was provided to resolve the issues.

Is the service well-led?

The service was not consistently well-led. There were no systems in place to assess the quality of the service people received. Records relating to people's care were not suitably detailed, or accurately maintained.

People and relatives told us that staff and the manager were approachable and they were satisfied with the service being provided.

The Care Quality Commission was appropriately informed of formal notifications and changes to the service, including a copy of the action plan the manager had recently implemented.

Requires improvement



The Grange Care Home

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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 November 2014 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service, and the expert was experienced in older people's care.

The unannounced inspection was carried out as a response to concerns raised by friends of people using the service and the local safeguarding team, therefore a Provider Information Return (PIR) was not completed by the provider. 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.

Before the inspection we looked at previous inspection reports and notifications received by the Care Quality

Commission (CQC) and information from the local authority and safeguarding team. We were able to speak with two health and social care professionals who were providing support and treatment on the day of the inspection. Following the inspection we contacted four health care professionals from the local authority professionals and received responses from two in relation to their views about how the service was running. All comments received were positive about the care being provided.

We viewed all areas of the service, and talked with thirteen people who were receiving care and treatment, and six relatives. All of the people spoken with were complimentary about the service. The manager and senior staff assisted with the inspection and we also spoke with six members of staff.

During the inspection visit, we reviewed a variety of documents. These included six people's care plans. We viewed four staff recruitment files; the staff induction and training programmes; staffing rotas over two weeks; medicine administration records; risk assessments; minutes for staff meetings and residents' meetings; and some of the service's policies and procedures.

Is the service safe?

Our findings

The service was not always safe. People were not always receiving their medicine at the prescribed times. For example, one record showed that a person was receiving their medicine one hour later each morning, as there was not a trained member of staff on duty to administer the medicine at the right time. Once this was brought to the attention of the manager, immediate action was taken to ensure that there was at least one staff member trained in medicine administration on duty at all times during the night, to ensure that people received their medicine on time or were able to access pain relief.

The staff did not have a full understanding of 'when required' medicine. Where people were prescribed medicines on an "as and when required" basis, for example, to manage pain, there was insufficient guidance for staff on the circumstances in which these medicines were to be used, and when staff should seek professional advice for their continued use. This process and guidance was not included in the medicine policy. This could result in people not receiving the medicine consistently or safely.

The temperature of the storage area for medicines, including controlled drugs, had not been recorded consistently and on the day of the inspection was above the recommended temperature to store medicines to ensure their quality.

The medicines that people had refused or were discontinued had not been stored correctly or recorded accurately, and these had not been returned to the pharmacy for three months. As soon as this shortfall was identified, the manager instructed the staff responsible for medicines to complete the appropriate records immediately and arranged for the medicines to be removed and sent back to the pharmacy.

Some people were being supported to administer their own medicines. However there was no risk assessments in place to show what level of support they needed, or how this was being monitored to make sure they were receiving their medicines safely.

All staff administering medicines had received medicine administration training and told us that the previous manager had carried out competency tests, but there was no evidence to confirm that such checks had taken place.

The above is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Medicines arriving into the service were checked against prescribing instructions. Quantities were checked and recorded to ensure there was sufficient for the four week period.

Before the inspection the manager had recognised that there were shortfalls in the management of the medicines and had arranged for the prescribing pharmacist to attend the service to audit their systems. A new internal audit process was being implemented and on the day of the inspection the manager took further action to address some of the shortfalls. We were told that a full investigation would be taking place, which might result in further training and/or disciplinary action.

People and relatives told us that they felt safe living at the Grange. They said they would speak with the staff if they had any concerns. The staff we spoke with told us that they had completed training to support people safely. They demonstrated a good understanding of what constituted abuse and how to report any concerns. However the safeguarding policy had not been reviewed in line with current legislation, such as reference to vetting and barring scheme, and there were no guidelines for staff to follow in line with the local authority protocols. This meant that staff (in the absence of the manager) did not have clear guidance to raise and process a safeguarding alert.

The above is a breach of Regulation 11(1)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care

Act 2008 (Regulated Activities) Regulation 2014.

There was a system in place to identify risks and protect people from harm. However risk assessments and management plans varied in detail and some did not record guidelines for staff to make sure the risk was managed safely. For example, one risk assessment stated "two staff at all times to transfer using handling belt and zimmer frame, if they cannot manage use the standard hoist". Another assessment stated "no longer walks, two care staff to transfer from chair to wheelchair". There was no guidance for staff to follow to ensure people were being moved as safely as possible. There were no assessments to

Is the service safe?

say when people may, or may not, need to use a hoist due to fluctuation in their mobility. People had not been assessed when using the bath hoist to make sure these risks were managed safely.

Risk assessments for people who needed support with their behaviour also varied in detail. One risk assessment stated “can be aggressive/rude at times”, and the control measures to minimise the risk stated “staff need to explain to the person that this is not appropriate”, however the person was living with dementia and would not be able to respond to this information. There was no guidance to say how staff should manage this behaviour to make sure this person received consistent care and support.

The lack of detailed risk assessments meant people were at risk of receiving unsafe or inappropriate care. and if new or agency staff were on duty they would not have current guidelines, to ensure that people received the correct care and support safely.

Other risk assessments, such as the risk of people choking, had details of what staff should do to prevent this; for example, cutting up their food, but there was no details of what action should be taken if the person started to choke and required medical attention.

This is a breach of Regulation 9 (1)(b)(ii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care

Act 2008 (Regulated Activities) Regulation 2014.

Accidents/incidents had been recorded and appropriate action had been taken, such as additional monitoring for people who had fallen or tripped. Accidents had been summarised to identify any patterns and to reduce the risk of events reoccurring.

The service had emergency procedures in place. This included contact information of all staff and senior management and important information about each person, such as their mobility. However this was out of date and had not been updated since November 2013. Therefore staff may not have current information in an emergency and what individual support people in the service might need from staff to get to a place of safety.

The above is a breach of Regulation 20 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Recruitment records included all the required information, including application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person’s identity and evidence of their conduct in previous employments. However there were two staff files, which showed there had been gaps in the employment history, which had not been investigated to make sure staff, were suitable to work at the service.

This is a breach of Regulation 12(b) Schedule 3 (6) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care

Act 2008 (Regulated Activities) Regulation 2014.

People and staff told us there were sufficient numbers of staff on duty. The staffing rota showed that there was a senior staff member on duty, with three care staff during the day, together with the cook and two domestic staff, and two night staff. The manager was also on duty. Staffing levels were based on the dependency of people using the service. There was an on-call system covered by management. The service used existing staff to fill any gaps in the rota, so that people had care from a consistent staff group.

People had the equipment they needed, such as pressure relieving cushions and mattresses, hoists, hand rails and zimmers to aid their mobility. There were records to show the equipment and premises received regular checks and servicing, such as the hoists, fire equipment, electrical installation and lifts. to ensure it remained in good working order.

Accident and incident forms were completed, including in response to slips and falls. Records dated October 2014, showed that these had been analysed and action taken to reduce the risks, such as introducing specific checks on people to make sure they were safe.

Is the service effective?

Our findings

People told us they were happy with their care and enjoyed living at The Grange. Relatives were satisfied and very complimentary about the service. They said they would not hesitate to recommend the service.

Staff had received training appropriate to their role. Records showed that new staff had completed an induction programme. Staff told us this included reading, shadowing experienced staff and attending training courses. Staff competencies had not been assessed following training, and we found that some staff were not aware of their responsibilities or the external processes to follow regarding safeguarding people at the service. The induction training was being reviewed, to include the common induction standards and to make sure competency tests were completed. There was a rolling programme of training in place and staff received refresher training when required. This included health and safety, fire safety awareness, emergency first aid, infection control and basic food hygiene. Some specialist training was provided, such as dementia awareness. Minutes of the staff meeting held in September had identified the need to arrange further training, such as End of Life care and diabetes training and this training had been booked for all staff to attend. Thirteen members of staff were completing a national vocational qualification (NVQ) award and six members of staff had already achieved level two or three.

Staff had not received individual supervision or a yearly appraisal. This meant that they had not had opportunities to discuss their role with their manager, or discuss their training and support needs. The manager told us that staff supervision and appraisals were not up to date and this shortfall was part of the action plan which was in the process of being implemented. One to one staff meetings with their manager had been arranged to start the following week and appraisals would follow. Staff told us that they felt supported by the senior staff and a staff meeting had already taken place with the new manager.

All staff received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where

relevant. Arrangements were in place for supporting people, if complex decisions were needed in regards to their care and treatment. This included meetings with their next of kin, representative or advocate, and with health and social care professionals, to make decisions on their behalf and in their best interests. There was no-one in the service who was assessed as needing to be deprived of their liberty for their own safety. No restraint practices were used within the service. Comments from social care professionals from the local authority confirmed that the service demonstrated their awareness of their responsibilities under the Mental Capacity Act.

People's nutritional needs were being monitored and met. Their likes and dislikes were recorded together with what support they needed to eat, for example to assist with cutting their food up or making sure they had a soft diet. People's weights were monitored so they maintained a healthy appetite and when required referrals were made to health care professionals for advice and support. People had access to adequate food and drink. There were drinks and snacks available throughout the day. People and relatives told us the food was good and said the cook was very efficient and knew people's likes and dislikes, and how much they liked to eat. People said there was plenty of choice and they really enjoyed the food. They said: "The food here is wonderful", "I enjoy mealtimes, the food is so good and I love chatting with my friends at the table. We are never hurried". One relative said, "My mother told me the shepherd's pie here is as good as mine".

We observed the lunch time meal being served. The majority of people choose to eat in the dining room, while others remained in their rooms. The food was served in a relaxed manner with lots of chatter between people and staff. People were given a choice of what they wanted to drink and eat and the food was home cooked and looked appetising. If people had changed their minds or decided to have something else this was accommodated. Staff were attentive, and gave people encouragement or support when needed. Equipment, such as plate guards to support people who were partially sighted, were provided.

The cook talked about healthy eating and how they used fresh food, cooked homemade meals and baked cakes. They had obtained guidance from the Community Health Clinical Nutrition and Dietetics. This organisation provide

Is the service effective?

advice and support covering a wide range of general and specialist nutritional areas. This included a high calories snack list for people who needed to boost their dietary intake.

People's health care needs were monitored. Relatives and people told us that any health concerns were acted on promptly. People told us that if they were not well staff supported them, for example, one person said: "The staff know I am in a lot of pain and do their best to make me comfortable". People had access to a variety of health professionals, such as doctors, district nurses, dentist,

chiropodist and opticians. People were also supported by specialist nurses, such as the Parkinson Nurse. People's weights were monitored and records showed that referral to dieticians had been made when people's weights were inconsistent. Checks were in place to make sure people were being monitored for pressure sores, and food and fluid charts were used to record people's intake where there were any concerns. We observed a senior staff member during hand over advising staff to check and monitor pressure relieving mattress to ensure they remained at the correct level for effective pressure relief.

Is the service caring?

Our findings

People told us the staff were very caring. People said: “I love it here, the staff are so nice, they are helpful, but let me do the things I can do, like washing and dressing”. “I had heard about The Grange and when I needed to come into care, I said I would only do so if I could come to The Grange. I just love it here and the staff are wonderful, caring and happy”. Relatives said: “This home was recommended to me and my family and I am so happy with everything here”. “My mother loves it here and I cannot fault the care”. One health care professional stated that the staff really cared and overall do a good job”.

Staff stopped to talk to people as they went about their daily tasks to make sure people felt involved in the service. They were polite and respectful and took time to speak with people and asked if they needed anything. Staff shared laughter and spoke with people about their family and what was important to them. People were able to make choices about their care and support. Staff talked about how they encouraged everyone to make their own choices, such as what they wanted to eat or wear.

People’s independence was promoted. One staff member was supporting a person to walk to the dining room, the person was struggling to do this, but was determined to walk, the staff member sensitively and quietly spoke to them, and they agreed to stop and sit in a chair until they recovered to walk the rest of the way. After a short space of time the person told the member of staff they were ready to walk again and was assisted to the dining room.

People were able to choose where they spent their time. Some people remained in their rooms and were visited by

staff on a regular basis, to check they had everything they needed or if they required any support. Staff were aware about the importance of people making their own decisions and consenting to their care. Advocacy services were available to people if they wanted them to be involved. Staff talked about advocacy for one person who needed further independent support to make the right decisions about their care and how health care professionals had been involved in best interest meetings. One relative told us how they were involved in supporting their family member at reviews to make sure they agreed with the care to be provided.

People’s family and friends were able to visit at any time. People told us that the staff respected their privacy and dignity. They told us that staff always knocked on their doors and asked if they could come in before entering. Relatives told us that staff were very good at promoting people’s privacy and dignity. The manager was a ‘dignity in care champion’, which is a scheme by a national organisation to promote and improve the dignity standards of care for people, and was intending to involve more staff to be part of this scheme. Social care professionals from the local authority told us that when they completed reviews with people and their family, the staff always treated them with respect and dignity.

During the inspection the hairdresser was supporting people to have their hair done. People told us they looked forward to seeing the hairdresser, as there was always friendly ‘banter’ with laughter and jokes. The hairdresser said: “I feel ‘part of the family’. I have always observed that staff treat people with total kindness and really care for the people who live at The Grange”.

Is the service responsive?

Our findings

Although people told us they were involved in planning their care and discussed their care plan at review meetings, we found that people might not always receive care which was responsive to their needs because people's preferences and people's individual support needs were not recorded on their care plans. In some cases the care plans were personalised, such as a section on "things that I can do", which covered communication, and what people could do for themselves. However details in support with personal care used phrases such as "assistance with dressing", "assistance with oral care", therefore there was no clear detail of people's ability to participate in their care and remain as independent as possible. Staff told us that they worked as a team and knew people's personalised preferences, but this information was not always reflected in the care plans.

This is a breach of Regulation 9 (1) (b) (i) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Assessments were undertaken to identify people's care and support needs before they moved into the service. People told us they had been asked about their care needs at this time and some were supported by their relatives to be involved in their care. Care plans were then developed and included activities of daily living, such as mobility, personal hygiene needs, continence care, skin integrity, nutrition and hydration and communication. Care plans had been updated to reflect people's changing needs, such as when there was changes in people's mobility or dietary needs.

Staff knew people well and were able to tell us how people liked to be looked after in line with their preferences and choices. For example, they knew that one particular person experienced anxiety and needed constant reassurance. We observed different members of staff taking the same approach to reassure them by talking about their family and daily routines.

Health professionals told us that any advice and guidance they provided was adopted by staff and incorporated into the care plans. One health care professional said that the service was responsive and proactive. They talked about one person's declining health, where the staff had requested the level of insulin be reviewed as the person's

appetite had reduced. They told us how the staff were very helpful, had a good overview of people's needs and managed complex issues well. The care plan detailed that this person was a high risk with regard to their diabetes and dietary needs and recorded that the health care professionals had been contacted to review their medicine in line with their recent decline in appetite.

Social care professionals from the local authority said the staff contacted them in a timely manner with changes to people's health care needs so that people received the medical attention they needed. Relatives also confirmed they were kept up to date with information about their relatives care.

The service provided end of life care and were supported by health care professionals to make sure people received the care they needed. Further training for staff was being sourced to ensure their skills were being updated to look after people at this time. Staff told us how they would stay on duty if people needed to receive additional care. One relative said: "I would like my mother to remain here and be cared for where she knows everyone and where I am confident that she will have good care right to the end".

Arrangements were in place to gather formal feedback from everyone involved in the service. There were regular resident and staff meetings. People told us that they had discussed the food, activities, staff and the service in general. Arrangements were in place to send out quality surveys on an annual basis. The previous survey was sent out last year. People told us that the staff asked them on a regular basis if everything was OK and they felt confident to give feedback about the service being provided. They felt they could approach any staff member who would listen to them and take the appropriate action.

Activities were provided by staff and outside entertainers. People told us how they played bingo, board games, reminiscence and had music entertainment. Staff told us how they supported people to go into the garden and for local walks. The service had arrangements for people's spiritual and cultural needs to be met. A member of the church visited the service on a monthly basis.

People were encouraged to express their views informally on a daily basis, to the care staff or the manager. The complaints procedure was included in the service's Statement of Purpose, and a copy of this was given to people when they came to live at the service. The manager

Is the service responsive?

had a visible presence each day as part of her routine was to walk around the service, so that it gave people and staff the opportunity to raise any concerns. None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would not hesitate to tell

the staff. One relative said that they had raised a minor issue and this had been dealt with swiftly and to their satisfaction. The complaints policy was also on display so that people would be aware of the process should they need to complain.

Is the service well-led?

Our findings

People and their relatives told us that the service was managed well. They said that staff were always available to speak with them and there was an 'open door' policy. They told us that there were residents meetings on a regular basis, where they discussed any issues. Visitors were in the service throughout the inspection and told us that staff were always welcoming. The manager told us that with immediate effect, their hours of work would include working alternate weekends, so that they would be available at various times in the service. The manager had introduced a daily 'walk around' the service, to identify any areas of concerns and give people and staff the opportunity to raise any issues. We saw that the manager interacted with people and relatives, so that they were aware of the management change.

The systems in place to monitor the quality of the service were not effective. People, relatives, staff and care professionals had not been given the opportunity to voice their opinions on the service being provided. The manager told us that the quality assurance surveys had not been completed since 2013.

There was a lack of quality assurance of the service as no medicine audits had been completed and effective systems were not in place to monitor the quality of the service provided.

The above is a breach of Regulation 10 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care

Act 2008 (Regulated Activities) Regulation 2014.

Staff had access to policies and procedures, which had not all been updated on a regular basis. The medicine policy and procedures were out of date. Records were not always accurate or available for inspection. For example, the medicine administration records (MAR) were not being completed properly. There were gaps where staff had not initialled that medicines had been given to people and discrepancies in what was actually administered in line with controlled drugs records. One entry showed that the controlled drug had not been given but the controlled drugs booked signed by two staff recorded that it had been given. Staff confirmed that the medicine had been administered and the remaining stock confirmed this.

Records of the previous quality assurance surveys could not be found at the time of the inspection. Emergency evacuation plans were not up to date. Although staff told us that observation checks were carried out to assess their competency to administer medication there were no records to confirm this.

The above is a breach of Regulation 20 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

At the time of the inspection there was no registered manager in post. The previous registered manager had left in November 2013. The provider had advertised the post without success and had appointed an acting manager to run the service, until the new manager was appointed in November 2014. The new manager confirmed that they were in the process of applying to the Care Quality Commission to be registered for the manager's post.

The manager had been in post for two days prior to this inspection. On arrival at the service the manager was able to give us an overall picture of the service, including information about the dependency of people and staffing levels. They had worked in the service the previous week to familiarise themselves with the people and staff. During this time they had identified some areas of improvement, such as care plans, including risk assessments and medicine management. They had drawn up an action plan, which had been implemented and a staff meeting was held to make staff aware of the shortfalls. The minutes of the meeting confirmed that staff discussed the shortfalls and what action was being taken to improve the quality of service.

The manager acknowledged that there were additional challenges ahead for the service and any further shortfalls identified would be added to the action plan, which would include what action they intended to take to manage these. For example, sourcing further training in personalised care and introducing and monitoring the quality audits of the service.

Is the service well-led?

Social care professionals from the local authority told us that the management and staff knew what they were doing in respect of the care and support provided to the people, and this was reflected in the positive comments made by people and their families.

Staff told us that they felt supported by the manager and when they had raised issues they were dealt with straight away. During the inspection staff questioned practice with regard to moving and handling, there was an open discussion between staff and the manager, and as a result a referral was made to the Occupational Therapist for an assessment.

When people moved into the service they were given a welcome pack, which included information about the

service and the organisation's vision and values. This gave them information about what to expect from the service. Staff spoken with knew about these and told us about personalised care, people's right of choice, cultural and religious needs and feelings of self-worth. One staff member said: "Our main priority is the care and happiness of the people who live at The Grange".

There service had links with the local community, such as Age UK and young people from the local school, together with church representatives visited the service on a regular basis. Guidance such as 'Food First for Care Homes' had been sought to ensure that people received a healthy diet and their nutritional needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider failed to properly assess the risks to people and mitigate such risks. There was insufficient guidance in risk assessments to ensure the welfare and safety of service users.</p> <p>The provider did not have proper and safe arrangements for recording and handling, safe keeping and safe administration of medicines used for the purposes of the regulated activity.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not made suitable arrangements to ensure that people were safeguarded against the risk of abuse to ensure that staff had clear guidance respond appropriately to any allegation of abuse</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that recruitment procedures were effective as any gaps identified in staff's history of employment had not been investigated and recorded.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

The provider had failed to ensure that the systems in place to assess, monitor and improve the service were effective.

Records were not accurate, detailed or available at the time of the inspection.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.