

RVB Transcendence Limited

Grange House

Inspection report

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East Sussex
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Grange House is registered to provide care and accommodation for up to 17 people. There were 16 people living in the service when we visited. People who lived at Grange House were a mixture of younger and older people who were living with dementia, and/or a mental health disorder.

People's experience of using this service and what we found

The provider's governance systems had improved since the last inspection in September 2022 and systems were being used consistently to drive improvement within the service. The registered manager was pro-active and enthusiastic and committed to making improvements. Improvements had been made, however there were still areas that needed to be further developed to ensure continued people's safety and well-being. For example, ensuring staff undertake specific training to meet individual needs such as catheter care.

A new care plan system had been introduced since the last inspection. It has been in place since June 2023, and this had had a positive impact on care delivery and safe outcomes for people. People had care plans and risk assessments which meant people's safety and well-being was promoted and protected. The management of medicines had improved, and medicines were given safely to people by appropriately trained staff, who had been assessed as competent. Safe recruitment practices had been followed before staff started working at the service. There were enough staff to meet people's needs.

The home was clean, and comfortable, there were refurbishment plans in progress. Accidents and incidents were recorded, and lessons learnt to prevent re-occurrences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had a pro-active management team which provided good leadership for staff and communicated effectively with people, relatives and professionals. One visitor said, "The manager communicates well and in a timely way," and "Contact with the manager over any concerns was met with prompt action, nothing is too much trouble." The management team was approachable and visible to people, staff, and visitors. Staff were positive about their roles and felt valued for the work they did.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement, (4 November 2022) and there were breaches of

regulation. The service remains rated requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an comprehensive inspection of this service on 22 and 27 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contained the main elements of those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grange House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Grange House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Grange House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Southlands Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We looked around the service and met with the people who lived there. We spoke with eight people to understand their views and experiences of the service and we observed how staff supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, a senior care staff member, and 5 other staff members.

We reviewed the care records of seven people and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

Following the site visits, we continued to seek clarification from the registered manager to validate evidence found. We spoke with four visitors and three health care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure the safe management of medicines and to provide safe care and treatment to people, including failing to assess and mitigate risks and ensuring staff are competent. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider had met the breach of regulation 12.

Using medicines safely

- At the last inspection medicine management was unsafe. This inspection found that improvements had been made.
- Medicines were stored, administered, and disposed of safely. Medicines were ordered in a timely way. The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.
- All senior care staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief and mood calming medicines described the circumstances that it may be required. However, the protocols were generic and not specific to each person. Protocols for mood calming medicines did not explore when or why the medicine may be required, nor any detail regarding de-escalation techniques to try before giving or guide staff to use.
- We asked people if they had any concerns regarding their medicines. One person said, "No problems with my medicines, staff give me them as they should."

During the inspection process, medicine PRN protocols were further developed.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- At the last inspection, risks to people had not always been assessed and their safety had not always been monitored and managed safely. This inspection showed that improvements to risk management had been made. and staff were provided with guidance to promote independence and mitigate the risk of harm.
- People's risk of pressure damage was managed safely and at this time. the registered manager confirmed there was only one person with pressure damage, and they had arrived with the wound. Pressure relieving mattresses were checked by staff daily, but the setting was not recorded. This was added immediately to

daily checks. Risk assessments for monitoring skin health were up to date and reflective of changes to people's overall health.

- Since the last inspection, systems for assessing and monitoring risks of choking had been reviewed and improved. Nutritional and choking risk assessments had been completed and staff monitored people's food and fluid intake to ensure they were eating and drinking safely. There was evidence that specialist advice had been sought as required and their guidance followed by staff.
- People who were identified at risk from falls had an assessment that highlighted the risk and described the actions staff should take to reduce that risk. There were people who received 1-1 support to manage this risk. Sensor mats were also used to alert staff that a person was up and was at risk of falls.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- Lessons were learnt when things had gone wrong. At inspection we saw that safeguarding concerns were being appropriately raised. The accident and incident forms were fully completed, and a monthly analysis performed to highlight trends and themes.

Staffing and recruitment

At our last inspection the provider had failed to ensure that recruitment procedures were established and operated effectively. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider had met the breach of regulation 19.

- Recruitment procedures were now established and operated effectively. New staff were safely recruited. All staff files included key documents such as an application form, interview notes, full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.
- Staffing levels were adequate to meet people's needs. During the inspection there was always a member of staff in communal areas to ensure people were safe. Staff told us, "There are enough of us, we can look after people well."
- We observed positive interaction between staff and people up to and including lunch. Staff were seen to assist people in a kind and considerate way.
- People told us, "Lovely staff, I like them all." Visitors told us, "The staff are lovely, very respectful, very kind."

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People we spoke with, told us that they felt safe with all the staff who supported them. One person said, "I am safe here, staff are kind."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Information was available for people and for staff regarding adult safeguarding and how to raise concerns.

Information was provided in an appropriate format to enable people to understand what keeping safe means and how to raise concerns. One relative said, "There have been changes, a new manager, but there is always someone I can approach if I'm worried." A staff member told us, "We have procedures to follow, but we would go to the manager first to discuss, he is very approachable."

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- People were asked for their consent and were involved in day-to-day choices and decisions.

Documentation supported that each DoLS application was decision specific for that person, for example, regarding restricted practices such as locked doors, 1-1 staff support and sensor mats. We saw that the conditions of the authorised DoLS had been met. For example, people's care plans reflected how the decision had been made and what actions staff needed to take for that condition to be met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor, and mitigate risks to people and to seek and act on people's views. The provider had failed to maintain accurate, complete, and contemporaneous records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however there were some improvements that needed to be developed further and embedded into everyday practice.

- At this inspection, there were organisational quality assurance systems in place and all the documents for the safe running of the home were available for review. Audits were completed monthly, and these were used to improve the service. We found some areas that needed to be improved, for example, hot water temperatures were not recorded, the 'grab' bag fire assessment list was not accurate and had peoples' names on that were no longer there and some people recently arrived were not included. Air mattress checks were done but did not include what setting it should be on. One was incorrect, but immediately changed.
- Training for staff had been progressed. There were some gaps in service specific training such as catheter care and dysphagia, which had been assigned but had yet to be completed.

During the inspection, the fire list was updated, hot water temperatures had been recorded and air mattress settings recorded and will be checked daily.

- A new care planning system with risk assessments had been implemented in June 2023 and whilst there were areas that needed to be developed, the information on each person was informative and current. This had ensured that risk to people was safely mitigated.
- Inductions for new staff was thorough and tailored to the staff member. For example, if a new staff member had not worked in adult social care before their induction would be longer and there would be extra supervision and support supplied by senior staff.

- Peoples' records in respect of the care and support received were accurate, and informative. Daily notes, food and fluid charts were consistently completed. People's weights were monitored and during the inspection an overview of weights was developed so the registered manager had an overview of people's weights, without entering individual care plans.
- There was now clear leadership to guide staff in delivering a consistently good level of care. The staff were all positive about the new management of the service. Comments included, "Its working very well, the training is really good, I feel more confident now," and "We are working hard and it's a lot better, we have a structure to follow and it's a lovely place to work."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection resident and family meetings had not happened due to the pandemic. These have been re-instated, and an invitation has been sent. Family and visitors confirmed that they could approach the management team at any time, and felt communication was very good.
- Staff meetings are held regularly, and staff said they were helpful and gave them opportunities to share information and discuss people and the home. Comments included, "We talk about how things have been, if we need to change anything for residents, really helpful."
- Feedback from families and visitors had been sought recently in July 2023 and were all positive. One visitor said, "The staff have been so helpful, courteous and nice to me," and "Both management and staff are proactive, understanding, and caring. Staff have an excellent rapport with residents and visitors and are very attentive and caring."

Continuous learning and improving care

- The registered manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. One staff said, "We monitor all falls and injuries, we then contact the GP and falls team for advice if we need to. We used to prevent it happening again."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Working in partnership with others

- The provider and manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. We have received notifications as required.
- The manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs, falls teams, mental health teams and social services, who were contacted if there were any concerns about a person's health and well-being. For example, there was evidence of the falls team being involved for one person and the outcome was 1-1 care for 24 hours, to prevent a re-occurrence of falls.