

Prime Healthcare UK Limited

# Ranelagh 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We visited the service on 20 May 2016. This inspection was unannounced.

Ranelagh Grange Care Home is registered to provide accommodation for persons who require personal care. The service accommodates up to 39 people and bedrooms are located on the ground and first floor of the building. There were 17 people using the service at the time of this inspection.

A registered manager was not in post. The previous registered manager had resigned from their post in March 2016. A new manager had been employed at the service since March 2016 who was in the process of applying to register with the Care Quality Commission. In addition, a new deputy manager had been recruited who had started their role in February 2016. 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.

Inspections of the service took place in October and May 2015. During these inspections we found that the service was not meeting all of the regulations we assessed. We judged the service to be inadequate and the service was placed into special measures. A further inspection of the service took place in January 2016 and we found that there was not enough improvement to take the registered provider out of special measures. At this inspection we found that there was enough improvement to take the provider out of special measures. Whilst we found a number of improvements in most areas, the registered provider had not demonstrated full compliance with the Health and Social care Act 2008 (regulated activities) 2014. You can see what action we have told the provider to take at the end of this report.

In December 2015 we imposed an urgent condition on the registration of the registered provider to restrict admissions to the service until the Care Quality Commission was satisfied that people are receiving safe, effective care. During this inspection on 20 May 2016 we found that sufficient improvements had been made to remove this urgent condition. This condition was removed in June 2016.

Improvements continue to be needed in the management of people's medicines. Although we found that people's medicines were safer, improvements were still required to ensure that all medicines were managed safely. We found that improvements were needed in relation to the recording of medicines, assessments for people administering their own creams and the auditing of people's medicines. This is a continued breach of Regulation 12(1),(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the systems in place to record people fluid intake. However, these charts were not always completed appropriately.

We made a recommendation that the service reviews the systems in place to record and monitor people's fluid intake to ensure that accurate information is available at all times.

Improvements had been made to how the service monitored the environment and the care and support people required. However, further improvements were needed to as to how people's medicines and fluid were monitored.

We have made a recommendation that the service develops a more robust and effective monitoring system to ensure that any issues highlighted are managed quickly.

New care planning documents had been introduced to record and plan for people's needs and wishes. These documents demonstrated that people's needs had been assessed and planned for.

Risk assessments had been developed in line with people's care plans which meant that known risks to people had been considered and were planned for.

There was an improvement to the overall understanding of staff with regard to the Mental Capacity Act 2005. People's care plans had been developed to include information about people's decision making abilities and in addition, where required applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS). This demonstrated that people's rights were better protected under the Mental Capacity Act 2005.

Improvements had been made in relation to the support and training available to the staff team. Staff had received supervision for their role. In addition, training had been identified, planned and delivered to improve staff knowledge in safe and best practice for their role.

Improvements had been made to people's living environment. Changes had been made to the décor and new flooring and furniture had been purchased for the communal living areas. We found the service to be clean, tidy and free from offensive odour. Furniture in the communal lounge and dining areas had been rearranged to create a more comfortable and relaxed environment for people to sit and have their meals.

People had a choice of meals and they were happy with the foods available to them. Staff were aware of people's dietary needs and wishes and they ensured people received the diet they required to meet their needs.

Improvements had been made to ensure that people's privacy and dignity were maintained. The manager had carried out discussions with staff as to how to ensure that people received care and support in a respectful manner. In addition, regular observations of staff practices took place. Throughout our inspection we saw good interactions between staff and the people they supported with lots of laughter and chatting taking place.

People were spoken to in a quiet caring manner and all personal care and support was carried out in private. People's personal records were securely stored and only available to staff who needed to access them. We saw people being choices as to what they would like to eat and drink, where they would like to sit and staff respected individual's decisions. Where people needed support to make decisions, staff were seen to gently offer what options were available to them.

People were happy with the service they received. They told us that they felt safe and that all of their needs were being met by the staff team. People's comments included "I'm more than happy. You can always get a drink, you just ask the staff and they will get you one", "The food is good and you can always ask for something different if you don't like what is on the menu", "They [staff] are all lovely to me, they are ever so kind", "I want for nothing they [staff] know me so well" and "Very nice indeed all of them [staff]" and Staff are polite, caring and happy to support with everything".

## 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.

People's medicines were not always managed safely.

Risks people faced had been identified and considered when planning their care and support.

Effective safeguarding procedures were in place to ensure that any concerns were identified and managed appropriately.

Safe recruitment practices were in place and followed to help ensure that only suitable applicants were employed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Improvements were needed as to how people's fluid intake was recorded and monitored.

People were happy with the meals and they had access to drinks and snacks throughout the day.

Staff had received supervision and training for their role. Further training had been planned to ensure that people received effective care and support.

Care planning documents contained information about people's ability to make decisions. When needed applications had been made to ensure that people's rights under the Mental Capacity Act 2005 were maintained.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness and staff demonstrated a caring approach.

Staff practices respected people's confidentiality and dignity.

**Good** ●

People's personal information was securely stored.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were fully captured in new care planning documents which had been introduced.

People received positive interactions to stimulate their physical and mental health.

A complaints procedure was in place and people knew who to speak to if they had a concern or complaint.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

There was no registered manager in post.

Whilst improvements have been made in that monitoring systems were in place, further development is needed to ensure that they identify and address areas of improvement required.

Staff were confident in the new management team.

# Ranelagh 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 is 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 was undertaken by two adult social care inspectors and a pharmacist specialist inspector. During this inspection we spoke with eight people who used the service and spent time with a further six people. We also spoke with one family member, a visiting social care worker, six staff, the manager and deputy manager.

We looked at the care records belonging to six people and other records relating to the management of the service including medication records of 17 people, the recruitment files of four newly recruited staff, staff rotas, minutes to meetings and daily records.

Prior to this inspection we obtained information from two local councils who had commissioned the service. Both councils told us that they had seen improvements in the service that people received at Ranelagh Grange. St Helens Council continue to monitor the service on a regular basis.

# Is the service safe?

## Our findings

At our inspection in January 2016 continued breaches of legal requirements were found. They included; Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service were not protected against the risk of receiving care that is unsafe and people who used the service were not protected from the proper and safe management of medicines. Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people who used the service were not protected against the risk associated with unsafe or unsuitable premises or equipment.

At this inspection people told us that they felt safe living at the service. Their comments included; "Yes I am very safe here", "I'm not worried about a thing. They [staff] keep me safe" and "It's most definitely safe here".

We found improvements had been made with the management of people's medication. However we found other concerns. We checked the medicines and records for 17 people. We found people had photographs and their allergies were recorded on their medicines records; this reduced the risk of medicines being given to the wrong person or to someone with an allergy, and was an improvement since our last inspection.

The minimum and maximum fridge temperatures were not recorded as per national guidance and therefore it was unclear whether the fridge had ever been outside of the recommended range. A food supplement that should have been stored in the fridge once opened had been stored in the medicines trolley. We spoke with staff who did not realise the supplement had to be stored in the fridge once opened.

We looked at the Medicines Administration Records (MARs) after the morning medicines round and found that some medicines had been signed for in error. Staff had signed that four lunch time medicines had been administered, but they had not yet been given. Staff had also signed that a person had refused to take two medicines in the morning; however the medicine should have been administered at lunch. The medicine audits highlighted that the same staff had made an administration error on their first day of working at the home by not giving one person's morning water tablet. When we asked the manager whether the staff member had been assessed to be competent to administer medicines before their first day, we were told that she had not been assessed.

Staff were prompting four people to apply their own creams; however there was no formal self-assessment or care plan to support this. One person was prescribed a fluid thickener powder to help with swallowing and they had a fluid chart in place to monitor the daily amounts of fluid taken. The fluid charts had not been completed accurately and the fluid thickener had not been recorded as being used, so it was unclear whether fluid had been thickened appropriately. One member of staff told us that they only used the thickener when serving certain drinks. This prescribed thickener was to be used in all drinks the person was offered.

This is a continued breach of Regulation 12(1),(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the required improvements had been made to the environment to ensure people's safety. A locked room had been identified and was being used for the storage of unused equipment and other items. In addition, a large space under a stair case had been converted into a locked store room and was used to store equipment when not in use. Flammable cleaning products and staff personal belongings including coats and bags which presented as a fire hazard had been removed from a ground floor bathroom. Cleaning products were stored in a locked cupboard and appropriate warning signs were displayed on the outside of the door identifying the storage of potentially dangerous substances. This was in line with Guidance on the Control of Substances Hazardous to Health (COSHH).

At the last inspection in January 2016 we found risks assessments had not been reviewed at the required intervals and they failed to take account of changes in some people's needs. At this inspection new risk assessments had been developed along with care plans which included any known risks people faced and how they were to be managed. For example, risk assessments had been developed in relation to people's physical health, nutrition and medicines.

At the last inspection we found that a personal emergency evacuation plan (PEEP) for two people provided incorrect information putting their safety at risk in the event of an evacuation from the building. At this inspection each person had a PEEP which included accurate information about the support and assistance they needed to help them exit the building safely during an evacuation. A copy of each person's PEEP and the registered provider's evacuation procedure was stored in a file held near to the main entrance of the service and staff knew where to locate it.

At the last inspection we were not provided with information that showed that accidents and incidents that occurred within the service were being monitored. At this inspection we saw that a system was in place to record and monitor accidents and incidents. Reporting forms were available to record the date, incident and outcome of any accidents that had occurred. In addition, a monthly auditing tool had been introduced in which the manager of the service completed an incident and accident report log to further summarise and monitor occurrences. This system gave the opportunity to monitor and highlight trends and incidents that people may experience and appropriate care can be planned for. Falls experienced by people were recorded and monitored. Since the last inspection a falls annual summary had been introduced to monitor the number of falls people experienced.

The majority of staff had completed safeguarding training in the last year and all staff had access to the registered provider's safeguarding policy and procedure and those set out by the relevant local authorities. A flow chart explaining the steps staff were required to take if they witnessed, suspected or were told about abuse was displayed in staff areas around the service. Staff described the different types and indicators of abuse and they said they would not hesitate to report any incidents they became aware of. Staff comments included, "Depriving someone of food and drink and not seeing to their personal care needs is abuse", "If I noticed someone was down in mood or had an unexplained bruise or mark I would report it" and "I would report any concerns I had right away, I wouldn't think twice".

A record of allegations of abuse which had occurred at the service was kept. The records showed that relevant staff, including the registered manager and deputy manager had taken appropriate action by promptly informing the relevant authorities such as the local authority safeguarding team and the Care Quality Commission (CQC). There was also evidence of action taken to reduce further risks to people. This included an analysis of any safeguarding concerns which was used to identify contributory factors and measures to prevent further incidents.

The recruitment of staff was safe and thorough. Records showed that appropriate checks had been

undertaken before new staff started work at the service. Staff had completed an application form, attended interview and provided photographic evidence of their identity. A Disclosure and Barring Service (DBS) check had been carried out and a minimum of two references were obtained in respect of new staff, including one from their most recent employer. A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This helped the registered provider to make safer decisions about the recruitment of staff. Staff confirmed that they did not start work until after the required recruitment checks had been obtained.

The staffing rota was developed a minimum of two weeks in advance and took account of the occupancy level and the needs of people who used the service. At the time of our inspection there were four care staff on duty, the registered manager, deputy manager and a team of ancillary staff including cook, kitchen assistant and domestic staff. The amount of staff working at the service reduced in the afternoon from four care staff to three. Staff told us that they thought the amount of staff on duty each day was sufficient to keep people safe.

Staff from all departments were aware of their responsibilities to ensure people's safety. They knew where to locate first aid and fire fighting equipment and they were confident about reporting any concerns they had about people's health, safety and welfare. People told us that there were always staff around when they needed them. We observed staff meeting people's needs safely and in a timely way. For example, staff used equipment such as hoists when transferring people in and out of easy chairs and wheelchairs.

The environment was clean and hygienic and equipment was safe to use. People told us their bedrooms were cleaned each day and that other areas were always clean and tidy. Their comments included, "Spotless, they [staff] wipe over my bathroom every day" and "The whole place is clean and there are no bad smells". Cleaning schedules which were in place had been followed. All parts of the service were clean and tidy and there was a pleasant smell throughout. There was a good stock of personal protective equipment (PPE) around the service which was easily accessible to staff. This included disposable aprons, gloves and colour coded bags for the disposal of clinical waste and separation of soiled laundry. Dispensers containing hand gel, hand conditioner and paper towels were mounted on walls in people's bedrooms, bathrooms, toilets and at various points along corridors. Signs with instructions for hand washing techniques were displayed above hand basins. Staff used PPE when assisting people with personal care and when handling waste and soiled laundry and they followed appropriate hand washing techniques to minimise the spread of infection.

Records showed that checks on equipment including, small domestic appliances, the passenger lift, mobility aids and gas, electricity and fire systems had been checked at the required intervals and deemed safe by a suitably qualified person.

## Is the service effective?

### Our findings

At our inspection in January 2016 continued breaches of legal requirements were found. They included; Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the nutritional needs and wishes of people were not always planned and monitored. Regulation 11 and regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as systems were not in place to ensure that people using the service were protected by the Mental capacity Act 2005 and people using the service were not protected from inappropriate deprivation of their liberty.

At this inspection people told us positive things about living at Ranelagh Grange. Their comments included "I'm more than happy. You can always get a drink, you just ask the staff and they will get you one", "The food is good and you can always ask for something different if you don't like what is on the menu", "The food is ok" and "Plenty to eat and you do get a choice of food".

At this inspection we found that improvements had been made as to how people's dietary needs were met. However we found further improvements were required. People's dietary needs had been assessed and a care plan was in place for people with an identified need. This included people who were at risk of malnutrition or dehydration and people who needed prompting or assistance to eat and drink. Where required, people's fluid intake was being monitored. However, not all of the monitoring records had been completed to fully demonstrate what drinks the person had been offered and taken. For example, the amount of millilitres that a person had been offered and consumed had not been recorded correctly and therefore no accurate record was being maintained as to how much fluid had been taken. Records had begun with a decreasing balance, however later had been added together. The failure to maintain appropriate records could put people at risk of not receiving the amount of fluid they required. We recommend that the service reviews the systems in place to record and monitor people's fluid intake to ensure that accurate information is available at all times.

Food stores were well stocked with tinned, dried and fresh food items. Menus had been devised to suit people's nutritional needs, food preferences and the time of the year. Records and discussions with people showed they had been consulted about their food preferences, likes and dislikes. Kitchen staff held information about people's food dislikes and dietary needs and they were knowledgeable about them. For example the cook and kitchen assistant knew people who had food allergies, those who required a soft diet and those who had diabetes and required a low sugar diet.

People were given a choice of cereals and hot options for breakfast and a choice of two main meals for lunch and tea. People placed their order for lunch and tea at breakfast time. However, additional options including sandwiches and baked potatoes with various fillings were offered to people if they changed their minds. People were offered various snacks for supper, including biscuits, cake and toast. Meals were nicely presented and served at the correct temperature. Fresh fruit was offered to people daily, either as a desert following meals or as a snack throughout the day. The cook had various recipes for drinks made out of fresh fruit and they explained that they prepared them for people who found it difficult to eat pieces of fruit. During our inspection fruit and hot and cold drinks were served to people in between breakfast and lunch.

Jugs of cold drinks and glasses were available in people's bedrooms and in the lounge areas so that people could help themselves whenever they wanted. Staff regularly offered drinks to people who needed assistance to access them.

At this inspection we found that improvements had been made as to how people were protected under the Mental Capacity Act 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. People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. The manager and the deputy manager demonstrated detailed knowledge of the Mental Capacity Act 2005 and what staff needed to do to ensure that people's rights under the MCA were maintained. Since our last inspection appropriate applications had been made to the local authority for their review and, where appropriate their authorisation.

New staff completed an induction when they first started work at the service and a record of their induction was kept. The records showed, and staff confirmed that their induction included meeting people and staff, a tour of the building, introduction to the registered providers policies and procedures and the completion of mandatory training. Also as part of their induction new staff worked a number of shifts alongside more experienced staff until they were deemed competent and confident enough to work as part of the core team. All staff were entered onto a programme of on-going training provided by an external training providers and the local authority. Planned training included; updates in mandatory topics and topics relevant to people's needs, such as manual handling, fire awareness, first aid and dignity in care. Training records demonstrated that since the last inspection a number of staff had undertaken training which included safeguarding, first aid, fire safety, health and safety, the Mental Capacity Act 2005 and caring for people living with dementia. The manager also confirmed that any newly recruited members of staff would be supported to complete the Care Certificate.

Staff told us they had received all the support they needed to do their job. They said the level and quality of the support available to them had improved dramatically since the appointment of the new management team. Staff said they had no concerns about asking for help or advice and that they always got an answer. Staff comments included, "When we ask a question we always get an answer, the support is so much better", "We can approach them [management] and ask anything and we don't get fobbed off" and "Lots of support".

## Is the service caring?

### Our findings

At our inspection in January 2016 breaches of legal requirements were found. They included; Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as records in respect of people were not stored securely and Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people were not treated with dignity and respect.

At this inspection people told us that they were treated with respect and that the staff were kind and caring. Their comments included; "They [staff] are all lovely to me, they are ever so kind", "I want for nothing they [staff] know me so well", "Very nice indeed all of them [staff]" and "Staff are polite, caring and happy to support with everything". People told us that they made their own decisions as to what time they wanted to get up and go to bed and that staff respected this.

At this we found improvements had been made to ensure people's privacy and dignity. Since our last inspection the management team had held discussions with staff about ensuring people's dignity and they had carried out observations to monitor staff practice.

People's personal records were securely stored when not in use. They were stored in new lockable filing cabinets and relocated to an office which was kept locked when unsupervised. Personal records were accessed only by authorised staff. Throughout our inspection staff ensured people's confidentiality by ensuring their personal records were locked away when they were not in use. Staff explained the importance of ensuring people's confidentiality and the reasons why. Their comments included, "Their [people's] records are private and should always be locked away so they cannot be seen by just anyone" and "Records about the residents are confidential. I always lock them away so that they are safe".

People's commodes were clean, fitted with lids and stored discreetly in their own bedrooms. All bedroom windows on the ground floor, which looked out onto public spaces had been fitted with net curtains so that the rooms were not visible from the outside of the building. This promoted people's dignity and privacy.

Dining tables were attractively laid with table cloths, place mats, cutlery and condiments and each table had a small vase with flowers in the centre. Cold drinks were served in glasses which people found easy to use. Prior to people eating their meal they were asked by staff if they would like to wear a clothes protector and staff explained to people that it would help protect their clothes from any spillages. Staff sat next to people whilst assisting them to eat and drink and spoke exclusively to the person they were assisting. Staff avoided any interruptions and were patient and involving in their approach during the meal. For example, they avoided holding discussions with others. Whilst assisting a person with their lunch a member of staff needed to gain the attention of a colleague to assist another person. They used facial expressions and gestures to avoid calling for assistance and disrupting the person's meal and others whilst they were eating. Staff gave people plenty of time in between serving each mouthful of food and asked people if they were ready to continue with their meal. Staff recognised when a person had had enough to eat and offered to take their plate away.

Care records included terms such as 'respect people's wishes' and 'promote choice and independence'. Staff used these terms when speaking about people and they put these principles into practice. For example, people were asked where they would like to sit and they were given choices at meal times and encouraged to mobilise independently. As people entered the dining room, staff greeted them and enquired about how they were. Staff asked people what they would like to eat and gave them a choice of tea, coffee or a cold drink before serving their meals. Staff were aware that some people had expressed a preference about the gender of carer to provide their personal care. One person's care records stated that they preferred a female to provide their personal care, staff knew this and the person confirmed this was respected.

Staff were knowledgeable about people's wishes, preferred routines and choices and they were considerate towards people. For example at lunch time a member of staff placed a person's handbag on the table in front of them because they knew how important it was for the person not to lose sight of it. Whilst transferring a person using a hoist staff spoke with them throughout and provided reassurance. The person was made comfortable in an easy chair and offered a cushion and blanket.

One person who liked to eat with others in the dining room was sat in their wheelchair at the dining table. Staff explained that this was because the person required a hoist for transferring in and out of chairs but found the experience very distressing. Staff went on to explain that as a way of limiting the use of the hoist they left the person in their wheelchair for meals and after meals they made the person comfortable in an easy chair in the lounge.

A group of people sat chatting together around the dining table for some time after their breakfast and lunch. Staff joined in the conversations and regularly offered each person a hot or cold drink. People told us it was their choice to sit in the dining room after meals. One person explained they liked to stay there for a while after meals and chat with their friends and staff.

New easy chairs and occasional tables had been purchased for the main lounge and the seating had been rearranged so that people had the opportunity to either sit alone or socialise with others. Daily newspapers and weekly magazines were available on occasional tables which were in easy reach of people. A member of staff explained that a person had received several bouquets of flowers for a recent birthday and had requested for the flowers to be displayed in the main lounge. The flowers were placed where the person could see them and staff looked after them each day.

People told us that the laundry service was efficient and that their clothes, bed linen and towels were always nicely washed and pressed. People also told us that they were supplied daily with clean towels and face clothes.

## Is the service responsive?

### Our findings

At our inspection in January 2016 breaches of legal requirements were found. They included; Regulation 9 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014, as the needs of people who used the service were not always planned for or reviewed on a regular basis.

At this inspection people told us positive things about the care they received. Their comments included "I'm alright, I'm ok and happy", "Staff are nice to you" and "You can do what you want really, I watch TV". People were confident that if they raised a concern with a staff member it would be addressed.

At this inspection we found improvements had been made as to how people's care and support was planned for. The registered provider had recently introduced a new format for planning people's care and support. The new care planning documents included personal information such as religious beliefs, medical history, information relating to medicines, personal belongings and possessions and a personal emergency evacuation plan. Individual care plans and risk assessments had been devised to consider areas of need such as physical and mental health, mental capacity, eating, drinking, nutrition, and personal care. Care plans clearly identified the area of need and how best to support the person to achieve the intended outcome. Wherever possible, people had signed to consent and agree with the content of their care plans. Staff explained that all care planning documents would be reviewed on a monthly basis, or as soon as possible if a change in a persons needs was identified.

In addition to identifying specific needs, people's care plans also had a section titled 'My Life, My Choices, About Me'. This document gave people the opportunity to share information about their early life, their working life, personal preferences and family members. Staff explained that they were still in the process of gathering this information from people and where appropriate from family members. A family member told us that they had been approached by staff for this information and that they were pleased that staff were taking a keen interest in their relative's life history. This information gave staff an insight to people's past lives and helped them to generate discussions with people about things of interest.

Daily records formed part of people's care planning documents. The records gave staff the opportunity to record what care and support people had been offered and had received throughout the day and night. Information contained in these records helped ensure that people's wellbeing could be monitored on a regular basis and further support sought and delivered if needed.

Staff encouraged and promoted people's involvement in meaningful activities. Located around communal areas of the service were various games such as scrabble, chess and bingo and a selection of art and craft materials for people to use at their leisure. Staff encouraged people's involvement in one to one and group activities. Photographs displayed on the 'residents' notice board showed people involved in activity sessions and events organised and facilitated by staff at the service. These included BBQ's, art and craft, birthday parties, baking, and cinema shows. People confirmed they had enjoyed the activities and that there was always something for them to do. Their comments included, "There are plenty of things going on to occupy us" and "I don't ever get bored or fed up. They [staff] are always offering something". The manager told us

that they were in the process of developing further opportunities for people to participate in activities.

A complaints procedure was available to people. The manager demonstrated that a system was in place to record all concerns and complaints raised and the responses and action taken in response to complaints. A newsletter produced by the manager reminded people about how to raise any concerns they may have.

# Is the service well-led?

## Our findings

At our inspection in January 2016 breaches of legal requirements were found. They included; Regulation 17 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014, as insufficient and ineffective systems were in place to assess, monitor and improve the service that people received and to protect them from the risk of harm.

At the time of this inspection there was no registered manager in post at the service. The previous registered manager had left the service in March 2016. A new manager had been in post for approximately two months, along with a recently recruited deputy manager. The newly appointed manager was in the process of applying to the Care Quality Commission to become the registered manager.

Staff spoke positively about the new management team in post and the recent changes made to the service. Their comments included "Things are much better. The manager is firm but fair, she is always there for you", "The atmosphere is great, we hear the staff laughing" and "No bad atmosphere. A lot of work has been done".

A family member told us that they had seen improvements to the service over the past couple of months. They felt that staff were more alert to their relative's needs, staff were more pro-active in their roles and were very responsive and knowledgeable when they contacted the service. They told us that they felt there had been definite improvements in their relatives personal presentation over the past couple of months and they felt the service had improved generally.

At this inspection we found that improvements had been made as to how the registered provider monitored the health and safety and quality of the service people received. For example, systems for checking the temperature of the hot water, the call bells used by people, building maintenance, pressure mattresses, cleaning and catering were in place and had been carried out.

Further audits had been developed to consider and monitor safeguarding issues, documents used for recording and monitoring people's weight, fluid intake and medicines. However we found that some audits were not always effective. For example they failed to identify gaps in the recording of medicines and the monitoring of people's fluid intake. Medicines audits had been completed since our last inspection and there had been some improvements. However four Medication Administrations Records (MARs) had been coded to indicate that there had been a missing signature against an item of medication prescribed. This had been highlighted by the manager, but there was no clear action plan in place to reduce this.

We recommend that the service develops a more robust and effective monitoring system to ensure that any issues are highlighted and managed quickly.

An action plan had been developed by the registered provider and the manager detailing how they intended to make continuous improvements to the service. It included the development of staff, person centred care planning, on-going assessments of people's care and support needs and improvements to the overall

management of the service.

The manager had held meetings as a way of introducing themselves to people and family members. During the meetings people in attendance were given the opportunity to put forwards their views and ideas about the service delivered at Ranelagh Grange. In addition to this a 'Newsletter' had been developed and circulated to people and their family members. The 'Newsletter' contained information about changes taking place within the service. For example, changes to the staff team, the environment, food survey, laundry information, the introduction of personal money statements for people and information as to how to raise any concerns.

A survey to gather people's thoughts, ideas and suggestions about the service was planned to take place. The manager explained that once people's views had been gathered, an action plan would be developed and include how they intend to respond to people's comments.

Polices and procedures were in place to promote good practice around the service. This information was detailed and available to all staff. During this visit the manager told us that the management team were in the process of reviewing all of the polices and procedures in place. This was to ensure that they contained the most recent up to date information on delivering safe, effective care and support to people.

The manager had informed us promptly about any untoward incidents or events which occurred at the service. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations. For example statutory notifications had been received in relation to accidents and safeguarding concerns raised by the registered provider.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use the service were not protected from the proper and safe management of medicines. this is a continual breach of this regulation.