

The Grange Care Centre (Cheltenham) Limited

# The Grange Care Centre (Cheltenham)

## Inspection report

Pilley Lane  
Cheltenham  
Gloucestershire  
GL53 9ER

Tel: 01242225790  
Website: [www.bondcare.co.uk/grange-cheltenham](http://www.bondcare.co.uk/grange-cheltenham)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Grange Care Centre (Cheltenham) is a residential care home which provides personal and nursing care to 60 older people and people living with dementia. At the time of the inspection 58 people were receiving care. The Grange Care Centre (Cheltenham) is located in Leckhampton, a suburb of Cheltenham. The home is set across four units. The home is set in well presented gardens which people could access. There was a range of communal areas that people and their relatives could use.

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

The registered manager and provider had carried out a number of improvements at The Grange Care Centre (Cheltenham). This included a range of recruitment, which had improved people's continuity of care. Management, activity and care staff were building strong links with the local community including healthcare professionals which helped to improve people's wellbeing. The registered manager was instilling a positive caring culture in the home which was welcomed by people, their relatives and staff.

The registered manager and provider had clear and robust systems to assess, monitor and improve the quality of care people received. Systems helped to improve the service and drive positive changes.

People, their relatives and healthcare professionals felt The Grange Care Centre was a safe place. People received appropriate care and treatment, based on current guidance and best practice. People's risks were known by care and nursing staff. Care and nursing staff were fully aware of their responsibilities to raise concerns and the registered manager and provider ensured lessons were learnt from any incidents or accidents.

Staff were well trained and had the skills to meet people's needs. Staff had access to support, reflective practice and the professional development they needed. People received effective care and treatment. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People told us care and nursing staff were kind, caring and compassionate. Staff were attentive to people's needs and knew how to promote their wellbeing. Staff had assisted people with their needs and supported people to return to their own homes following a short period of respite.

People received care which was personalised to their needs. Where people's needs changed, or their health deteriorated, nursing and care staff took appropriate and effective action to ensure their health and wellbeing. People enjoyed an engaging and varied life at The Grange Care Centre. People and their relative's spoke positively about the activities in the home as well as the one to one engagement they received.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 15 January 2019) and we identified two breaches of regulation. 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 that improvements had been embedded and sustained.

#### Why we inspected

This was a planned inspection based on the previous rating of "Requires Improvement". At this inspection we found that the service had improved and was now rated as "Good".

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Grange Care Centre (Cheltenham)

## **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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Grange Care Centre (Cheltenham) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager at The Grange Care Centre (Cheltenham). 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider had not been asked to complete a provider information return prior to our inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received from the provider, including statutory notifications.

During the inspection

We spoke with 10 people who used the service and 11 people's relatives about their experience of the care provided. We also spoke with a local authority commissioner and a healthcare professional. We spoke with 18 members of staff including nine care staff, two activity co-ordinators, the chef, two nurses, the clinical lead, the deputy manager, the registered manager and a representative of the provider. 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 reviewed a range of records; this included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection the rating of this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse at The Grange Care Centre (Cheltenham). People and their relatives told us they felt the home was safe. Comments included: "It has taken the pressure off. We know she is safe" and "My mind is at rest, I know my mum is well looked after."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the registered manager or provider and knew which organisations to contact outside the home if required.
- The registered manager and provider reported and shared appropriate information with relevant agencies to safeguard people.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- Staff were supported to reflect on their practice when things hadn't gone as planned. One member of staff reflected on a medicine error and how they could do things differently.
- The registered manager and provider used incident and accident audits to identify possible improvements to staffing arrangements or people's support. Staffing levels were increased in the evening as the service had identified this was a time when accidents were more likely to occur. This had led to a reduction in the number of falls or accidents people had.

Assessing risk, safety monitoring and management;

- People's skin integrity care needs were identified and assessed by nursing staff and care staff (along with community nurse support) at The Grange Cheltenham. Nursing staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks. One person was living with a pressure ulcer which nursing and care staff supported them with. Nursing staff had engaged with healthcare professionals to ensure the support they provided was effective and followed their guidance to support their treatment plan.
- People's individual risks had been assessed and clear guidance provided. Where specific risks had been identified, such as catheter care, distressed behaviours, choking or malnutrition, there were comprehensive risk and care assessments which provided staff with clear guidance on how to meet people's needs and protect them from the risks associated with their care.
- Each person had a detailed mobility risk assessment which included guidelines provided by healthcare professionals. We observed care and nursing staff assisting people with their mobility and following their assessed care plans. Staff understood the importance of monitoring people after a fall, especially if they

were on blood thinning medicines or had knocked their head, to ensure people's health and wellbeing were promoted.

- The registered manager and provider had systems in place to ensure any safety concerns regarding the building were addressed. The registered manager explained there was a plan of maintenance in place, which included renovating corridors and replacing carpets.

#### Preventing and controlling infection

- The home was clean and well presented on both days of our inspection. Staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- Housekeeping staff had the equipment they needed to clean the home and protect people from the risk of infection. The registered manager had systems in place to ensure people's equipment, including cushions and mattresses were cleaned and replaced to ensure people's wellbeing and comfort.

#### Using medicines safely

- People received their medicines as prescribed. Nursing staff kept a clear record of the support they had provided to people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of maladministration of their medicines. Nursing staff received training to be able to administer people's prescribed medicines. Staff competency to manage and administer people's medicines were assessed to ensure they managed people's medicines safely and effectively.
- People were given time to take their medicines in a calm and patient manner. Staff asked people who had 'as required' pain relief medicine staff asked if they wanted these medicines and acted upon their wishes.
- Staff had clear personalised plans to follow when assisting people with as required anti-psychotic medicines, pain relief and medicines which were agreed to be given covertly.

#### Staffing and recruitment

- There were enough staff, at any given time, to meet people's personal care needs. The registered manager ensured there were more staff (which included agency staff) than their assessed safe staffing levels, whilst they carried out recruitment, to ensure people received continuity of care.
- People and their relatives spoke positively about staffing and the continuity of care. Comments included: "There is the odd occasion when staff numbers are down but usually they are adequately staffed"; "I just pull the cord and the staff come and are quite good to help me on the toilet" and "Staffing has improved, there is more staff around and more engagement for the residents."
- Staff told us that there were enough staff to meet people's needs and spend time with them. Comments included: "Staffing is fine, [registered manager] is doing a lot of work around sickness"; "The staffing here has really improved" and "For now it's enough. Here is one of the best places to work." The registered manager explained they are doing a range of work in relation to staff sickness levels, to help improve continuity of care for people.
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not always ensured that staff had the training and support they required to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made by the provider and registered manager to meet the regulation.

- The registered manager had focused on staff training and supervision. They explained the action they had taken to ensure staff had the training and skills they required. They had employed a training co-ordinator as well as trained up staff to provide internal training, such as moving and handling and end of life care. Staff training completion had significantly improved since the registered manager came into post.
- People and their relatives spoke positively about the nursing and care staff. Comments included: "I think the staff are well trained" and "The staff are fantastic. They are very switched on."
- Staff spoke positively about the training they received and felt they had the skills required to meet people's needs. Staff had opportunities for professional development, including completing qualifications in health and social care. Staff comments included: "I have the training I need, we can always ask for more training" and "I have dementia training coming up. There is lots of training, I'm happy with what I have had."
- All staff had access to effective and frequent supervision (one to one meetings with their line manager). The registered manager explained they had ensured all members of staff had received a meeting since they started in post. This had included discussions on staff practice and expectations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals.
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. Staff at The Grange Care Centre (Cheltenham) used recognised systems which identified the deterioration in people's healthcare needs to ensure their support remained effective. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a varied and balanced diet. People and their relatives mainly spoke positively about the food they received. Comments from people included: "The food is nice, as much as I can eat. There's

always a choice"; "The food is well cooked and I have enough to eat" and "The food is getting better all the time."

- The registered manager explained they had made some changes with the catering within the home and had now recruited a new catering team. They were working with this team to improve the quality and variety of people's food.
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. All staff were aware of people who required a textured diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from the risk of aspiration.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the support people required was clearly documented and readily available for staff. The chef was fully aware of people's needs and discussed the use of fortified food and protein rich diets.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Care and nursing staff worked alongside GP's and other associated healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input. One healthcare professional told us, "Senior staff in the care home are proactive in raising issues for example medication reviews with the GP. They also tell me that they pull in relevant community team members where needed for example, managing memory services."
- Advice from health care professionals helped inform people's care plans to enable staff to meet people's needs. This included clear guidance in relation to catheter care, diabetes and specific nutritional needs, such as enteral feeding care (where people were unable to take food orally).
- Each person's oral care needs had been assessed. Where necessary people were referred to specialist dental services. One person had been supported with a dental appointment and guidance had been provided for staff to follow.
- Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such as using a toothbrush.

Adapting service, design, decoration to meet people's needs

- People could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. People and their relative spoke positively about the layout of the home.
- The registered manager and provider had a clear plan of development for the Grange, to promote people's wellbeing. They had plans to have allotments on site which would be managed by people and volunteers. They were also changing one room to a shop and another into a hairdresser. Both of these rooms would be accessible from the outside and people would be supported to access them, helping to promote people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make informed choices regarding their care. We observed staff support people to make choices throughout the day, including what they would like to eat and the activities they wanted to enjoy.
- The registered manager and provider ensured Deprivation of Liberty Safeguards (DoLS) had been applied for people whose liberties were being restricted. DoLS applications had been underpinned by comprehensive mental capacity assessments and best interest assessments. Where the authorising body had made conditions, the service had tracked these conditions and made the authorising body an update on any changes.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care. For example, one person's Power of Attorney for Health and Welfare had been clearly involved in making decisions in relation to their relative's care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question had remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence and wellbeing were promoted by nursing and care staff at The Grange Care Centre (Cheltenham). One person was admitted for respite care and was dependent on staff for all their mobility needs. Staff supported the person with exercises agreed with a physiotherapist team. This support enabled the person to regain their mobility and return to their family home as per their wishes. The service worked as part as a multi-disciplinary team to identify the support the person needed to return home and maintain their safety and wellbeing.
- People were supported to maintain their personal relationships. Staff identified one person's relative had stopped visiting. They identified the relative was unable to get to the home due to mobility concerns. The home agreed to provide travel for the relative, so they could visit their loved one, promoting their wellbeing.
- People were encouraged to retain and promote their independence. One person was living with diabetes and wished to return to their own home. Nursing staff worked with healthcare professionals to coach the person and their relatives on how to manage their diabetes, including doing blood tests. With this support the person wish to return their own home was achieved.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring and compassionate. Comments from relatives included: "The staff are fantastic. They look after mum so well"; "I feel the staff were sensitive and understanding not only towards my mum but also to myself as a family member" and "We're really happy with the care."
- People and their relatives felt valued and cared for by staff who supported them. One person's relative was supported to stay with their loved one at the end of their life. Additionally, staff took every effort to ensure people had the medical support they needed, including travelling long distances to pick up medicines prescribed out of hours.
- Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff with clear guidance.
- The registered manager had a caring ethos which meant also caring for staff, knowing the support would promote the continuity of people's care. The registered manager had arranged for staff to have to pay rises and had made arrangements for staff with child care concerns. They had further plans to support staff with children by looking at childcare provisions.

Supporting people to express their views and be involved in making decisions about their care

- The service worked with healthcare professionals to reduce the impact on community services and promote people's independence. The registered manager discussed how staff had supported two other people to return to their own homes following a period of ill health. The service was also working with professionals around key projects, identifying people's advanced care which reduced the number of people who required to go to hospital.
- People and their relatives confirmed that they were fully involved in decisions about their care and daily support. One person had been supported to write parts of their care plan, providing staff with a clear understanding of their life, background and preferences.
- People's relatives were involved in managing their loved one's care. The registered manager had implemented a key worker system, which had promoted person centre for people and their relative. Using this system one person was supported to move rooms in the home which better suited their changing needs. Key workers were also involved in buying Christmas presents for people. One relative told us, "The staff get me involved in everything. They always keep me updated."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had not always ensured that people received care and support which was tailored to their individual needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made by the provider and registered manager to meet the regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives spoke positively about the care they or their relatives received and felt it was personalised to their needs. Comments included: "The staff make sure I am involved in everything" and "The staff communication with me is really good. I'm given the information I need."
- At the time of our inspection the service was implementing an electronic care planning system. The registered manager and deputy manager were ensuring each person's file contained a clear summary of each person's needs and preferences. Staff spoke positively about the system, how it gave them the information they needed and allowed them and the management to see the support the person received and required to meet their needs.
- People were supported and reassured by staff. When people became anxious or agitated. Care and nursing staff followed guidance assessed through recognised screening tools and behaviour support. Healthcare professional support had also been sought and acted upon to ensure people's individual wellbeing had been promoted.

Supporting people to develop and maintain relationships to avoid social isolation

- People's relatives were able to visit people living at The Grange Care Centre (Cheltenham) and spend time with them. Staff involved people's relatives and support them to be involved. One relative spoke positively about the support they received as well as their relative. They said, "They have given me so much support. [Clinical lead] has been so helpful."
- One person was cared for in bed and was at risk of becoming isolated. Staff spent time talking to this person and also identified another resident who was in need of friendship. Staff introduced them to each other and support them to chat and play board games together.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives spoke positively about the activities and events at The Grange Care Centre, including that significant improvements had been made since our last inspection. Comments included: "I join in with the music. I'm not interested in some things, but I do join in quite a few"; "There is lots of entertainment for people" and "The activities have really improved, they get the residents out and about."
- People had access to activities which were tailored to their needs and preferences. During our inspection,

people enjoyed ball games, memory sessions and musical activities. Some people enjoyed playing quizzes using a computer which was moved around the home. Staff took time to spend with people and ensure they were engaged.

- The service were developing a whole home approach to promoting people's wellbeing. The activities lead discussed the improvement this approach had had on people. The activity co-ordinators told us how they were aiming to achieve this with the support of the management and staff. They had set up theme days with the aim of promoting engagement. This had led to domestic staff getting people involved in laundry and people assisting maintenance staff with painting.
- The registered manager and activity co-ordinators had focused on making The Grange part of the wider community as part of a community engagement plan. They had built links with a local school and a parent and toddler group. They engaged the local community in volunteering, with the aim of developing a working allotment which people living at the home could enjoy.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.

#### Improving care quality in response to complaints or concerns

- People's complaints were responded to in accordance with the providers policies. The registered manager kept a clear record of concerns, complaints and compliments. The registered manager used complaints as a way to drive improvements within the home. One complaint had been received regarding staff practice. The staff member was supported to reflect on this and an apology was provided.
- People and their relatives felt able to raise their concerns to the registered manager and provider and were confident they would be addressed. Comments included: "If I want to complain about anything, I'll say so at the time, but I've never had cause" and "I know I can raise a concern and it will be dealt with."

#### End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to maintain their comfort at the end of their life. One person was moving towards the end of their life, staff had discussed this with their GP and ensured they were receiving care which maintained their comfort.
- The clinical lead was working with healthcare professionals on the ReSPECT project (recommended summary plan for Emergency Care and Treatment). The clinical lead had been acknowledged as leading the project within the home and was being asked to assist with the implementation in other adult social care settings. A healthcare professional told us, "We are currently working together with the GP of the care home to ensure that each resident has a ReSPECT form, incorporating a community treatment plan where this is appropriate and desirable."
- Staff spoke positively about getting people's end of life care right. One member of staff discussed the care and support they provided to one person as a key worker. They told us, "Their health has deteriorated. I often come in on days off as key worker to ensure they are settled. Particularly at this stage in their life." The staff member also told us how they had engaged with the person's family to ensure that the person's wishes and choices were known and acted upon.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Staff were supported by the registered manager and provider and understood their individual roles in supporting people at The Grange. Comments included: "[Registered manager] is really good, (she is) approachable and supportive" and "I feel supported. I really feel this is a good place to work."
- The provider and registered manager had a clear overview of the training needs of all staff working at The Grange. Analysis the registered manager and provider used showed training completion had significantly improved since the registered manager had been in post.
- The registered manager and provider was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following concerns, they had ensured people and their representatives, as well as relative agencies were informed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider had a clear vision of a whole home approach for The Grange Care Centre. All staff understood and bought into this vision. One member of staff said, "There is a lot of support and focus on working as a team, we've had competitions throughout the home. Morale is better now, we work well together."
- The registered manager and provider supported to staff to reflect on people's care and events in the home to help improve the quality of care people received. Staff spoke positively about this support and how it helped inform their practice.
- Relatives spoke positively about the ethos and caring culture of care staff and felt there had been improvements to the home. Comments included: "I feel the change since the new manager. More organisation amongst the carers. They know when and where to be. Staff a lot happier. When Mum first came I wasn't listened to. There is more leisure activities now and everything's running a lot smoother" and "It's a good home. The new manager is definitely stabilising it and I can see it improving."

Continuous learning and improving care

- The registered manager and provider had systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. Any actions were identified and addressed during these meetings.

- The registered manager, deputy manager and clinical lead carried out a range of audits in relation to people's prescribed medicines, people's care plans, health and safety and accidents and incidents. These audits evidenced continued improvements since our last inspection. When shortfalls had been identified these informed an action plan which was allocated to set staff to complete.
- The provider ensured they carried out their own quality and regulatory checks of the service. A representative of the provider visited the home and had documented the improvements they had seen since the registered manager had come into post.

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

- The views of staff, people and their relatives had been sought in relation to changes within the home. The registered manager carried out meetings with people and their relatives. One relative told us, "I've been kept informed and involved in redecorating plans. The manager came to see us. There are family meetings."
- Care and nursing staff were provided clear information they needed on people's needs, the registered managers expectations and changes in the home, through meetings, memos and staff handovers. One member of agency nurse told us, "I have all the information I need, I'm informed about people's needs and any changes."

Working in partnership with others

- The service worked with a range of services aimed at supporting care homes in Gloucestershire. This included work with local healthcare professionals around older persons residential care in Gloucestershire. As part of this project the service had opened their doors to a range of professionals with the focus of improving people's outcomes.
- The registered manager and provider had taken action to engage local communities within the home. They had further plans to drive this inclusion, inviting the community to the home as well as supporting people to use local amenities.