RVB Transcendence Limited

Grange House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Grange House is registered to provide care and accommodation for up to 17 people. There were 15 people living in the service when we visited. People who lived at Grange House were mainly 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 service was not well-led. There was no effective governance system in place to meet the requirements of regulation. People, families and staff feedback had not been sought. The provider did not have oversight of the service and this had an impact on outcomes for peoples' safety and well-being and on the effectiveness and responsiveness of the service.

People were not protected from harm. Medicine procedures were not in line with best practice guidance, we found out of date medicines, medicines not labelled and medicines that were in the wrong boxes. When people had accidents, there was no review or follow up to see how to prevent the same thing happening again. Staff were not provided with effective guidance to know how to keep people safe from harm. Some people had lost weight and no action was recorded and weight loss was not effectively monitored and managed. Recruitment processes were not always robust and safe. Fire safety was identified as a concern, staff had not received fire evacuation training and there were outstanding actions on a recent fire assessment from May 2022, for example, only 50% of fire extinguishers were in date.

Staff were not supported to undertake training or to have supervision, and had not been assessed as competent to undertake their role. Staff had not received an induction when commencing work at Grange House.
Information in people's care plans was not always in line with best practice guidance. People's care was not always planned or delivered in a person-centred way, because they had not been updated to reflect changes to their health and well-being. Care plans were not all up to date or accurate. Concerns and complaint records were not available and therefore we were not assured that people and families concerns and complaints were taken forward. One relative told us they had raised a concern, but there was no record of the complaint.

The service was clean and infection control measures were in place. People were supported in a comfortable environment and were encouraged to bring in their personal photographs and furniture. 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.

Care staff were kind, patent and caring towards people.

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

Rating at last inspection
This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of risk and medicines, training, recruitment practices and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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

We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.
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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not 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 not 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 six 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 manager, a senior care staff member, the chef and 3 other staff members.

We reviewed the care records of six 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 provider to validate evidence found. We spoke with three visitors and two health care professionals.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. 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.

Using medicines safely

- The management of medicines was not always safe and had the potential to place people at risk of harm.
- There was a large amount of medicines in use that had expired and staff had not identified this before administering medicines to people. This meant staff were administering out of date medicines to people. For example, Tegretol, laxido and paracetamol. Certain expired medications were at risk of bacterial growth. Once the expiration date has passed there is no guarantee that the medicine will be safe and effective.
- Homely remedies (non prescribed medicines for minor ailments) were in place supported by the GP practice, however there were medicines such as senna, laxido and paracetamol that were out of date and should not be in use.
- There were topical medicines such as eye drops and skin cream that had been opened but not signed or dated on opening so staff would not know if it was still safe to use.
- Some medicines were found in the wrong box, for example we found Tegretol tablets in the venlafaxine box. We were not assured therefore that the right medicine had been given as prescribed to the person.
- There were boxes of medicines (clonazepam and losartan) with no labels as to who they were prescribed for in the stock cupboard, we also found antibiotics prescribed in April 2022 that had not been used. There was no record in the person's care plan or notes that related to this. It was later found that they had been prescribed as 'as required' medicines (PRN) by the GP.
- Some people had medicines prescribed to be taken only when the person needed them (PRN), such as pain relief. There were protocols in place to support the use of as required medicines. There were people that had PRN's on a regular basis over the 24-hour period. Staff were not monitoring the overall effectiveness of the medicine by using a pain chart or looking at the times requested for trends or themes.
- Staff dispensed medicines one by one due to having only one desk computer to use for electronic medicine administration records. This meant staff potted up medicines into individual pots, including PRN medicines in the medicine room and took them to the person without any medicine administration record (MAR) sheet or means to check details or identification. This was not in line with The National Institute for Health and Care Excellence (NICE), guidance for medicine administration.

The provider had failed to ensure the safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All medicine givers had had medicine training and staff confirmed they had their practice observed by the previous registered manager until deemed competent. However, there was no competency documents available to view. The manager confirmed further competencies would immediately be undertaken.

During the inspection process, a full audit by the manager and medicine provider took place and actions taken to mitigate immediate risk.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong
● Risks to people had not always been assessed and their safety had not always been monitored and managed safely.
● People's risk of pressure damage was not managed safely because staff had not followed the guidance for pressure relieving equipment such as pressure relieving mattresses. Incorrect settings are counterproductive to relieving pressure damage and cause pressure damage if the setting is placed too high. We found three mattresses set incorrectly. These were immediately changed.
● Risk assessments and care plans for wounds (skin tears) or bruises were not always completed and accurate. For some people who had had recurrent falls, there was no update on their risk assessment to reflect the incidents or documented strategies to monitor and mitigate risk.
● There were areas of the risk management for nutrition that had not ensured people's safety and placed them at risk from choking/and or aspiration. One person had had a choking incident, there was no follow up on the incident and no review undertaken at time of the incident to assess and mitigate risk of further choking incidents. Staff were not able to discuss actions taken to reduce risk of choking and the risk assessment had not been updated to reflect this incident or to reduce risk of it happening again.
● There were people at risk from malnutrition and whilst this had been initially identified, the monitoring had not been consistent. Some people's weight had not been recorded in four months or their risk assessment updated. There was no overview kept of weights to alert staff of gradual or rapid weight loss. This meant that staff were not aware of changes that may impact on people's health.

● We identified concerns regarding fire safety, for example, lack of fire training for staff, out of date fire extinguishers, and outstanding actions on the fire risk assessment.
● The emergency evacuation lists for use by staff and emergency personnel were not accurate and therefore would be misleading in the event of an evacuation placing people and staff at risk of harm.
● Not all of the premises health and safety checks were up to date, for example the yearly gas certificate.
● The provider did not always carry out a review after people had accidents or near misses.
● Two people had each suffered in excess of 30 unwitnessed falls since January 2022. There was no review of the accidents or updated assessment to guide staff how to protect the person from the same thing happening again.
● There had been a choking incident, but there was no follow up or investigation to learn from this in order to prevent a re-occurrence. We discussed this with the manager who only came into post in July 2022, who confirmed the lack of documentation.
● One person had a medical condition that caused their legs to be very swollen and impacted on their mobility. We saw that this person legs were not elevated. There was noticeable marking from the constriction of the socks. This had impacted on the person's mobility and comfort. There was no risk assessment in place to manage this persons' health condition.
The provider failed to provide safe care and treatment to people, including failing to assess and mitigate risk This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us written confirmation, that the emergency evacuation list and grab bag had been replaced, that staff had received fire training and that outstanding fire risks were planned. It was also confirmed that immediate actions regarding the safe management of medicines had been taken.

● Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, legionella, and moving and handling equipment.

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Staffing and recruitment

● The provider had not ensured staff were always safely recruited. Not all recruitment folders contained the required documents, such as applications to the Disclosure and Barring Service (DBS), which checked for any convictions, cautions or warnings, identification checks or references. On checking with the provider there had been no checks undertaken. Therefore the provider could not be assured that they had employed staff that were suitable for the role.

● The provider was using agency staff, the agency staff were used regularly, however there was no information held at the service regarding their qualifications, training, induction or DBS status. On speaking with agency staff during the inspection, they could not confirm they had had an induction before working unsupervised in the home.

The provider had not ensured that recruitment procedures were established and operated effectively.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were enough staff deployed to meet peoples' needs. However as detailed in more depth in the Effective question, with a breach of Regulation 18, staff had not received the necessary essential training, induction and supervision to ensure peoples' needs were met consistently and safely.

● Visitors and people told us, "Nice staff, always friendly and welcoming," and "There is a lot of new faces, but they are very kind."

● Staff told us, "We have good staff, we are all pretty new here but its good," and "I know the owners are recruiting more staff, we do use agency but they are regular agency and they are good."

● Staff were visible in the communal areas throughout the day, and we saw that for people who stayed in their rooms staff regularly visited them to ensure they were comfortable.

Systems and processes to safeguard people from the risk of abuse

● People were not always protected from the risks of abuse, discrimination and avoidable harm This was because we were not assured that staff had received the necessary training to protect people. The training programme had not been updated with changes of staff. The manager confirmed that the training record was not accurate. There were no available training records that evidenced staff had received training in safeguarding people from abuse.

● Not all staff were aware of how to recognise the potential signs of abuse, they were clear on physical abuse but lacked clarity in other forms of abuse. However staff told us that they would inform the manager.

● Staff did not have up to date guidance to refer to. The policies and procedures in the service were the previous providers and had not been replaced by the current provider. Whilst the procedures were in line with the local authority guidelines, the in-house steps did not have clear guidance of initial steps staff should take and the named staff to report concerns to had left. Policies and procedures were updated immediately.

● People told us they felt safe. Comments included, "I am safe here, I haven't been here long but I have settled in."

● Staff told us, "I would go to the manager if I was concerned."

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.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Staff support: induction, training, skills and experience

- Systems in place to monitor training were not effective and up to date. There was no oversight of training by the management team.
- The training programme provided during the inspection was out of date, as it detailed staff who were no longer employed. There was no record of essential training of the staff currently employed. This meant that the manager and provider could not be assured that the staff had the necessary skills to meet peoples' needs.
- Staff had not completed service specific training in supporting people living with dementia or diabetes, whilst providing support for people with these needs. Staff had also not completed training in equality and diversity.
- One staff member said, "My training from my previous job, is out of date apart from moving and handling." Another staff member said, "I haven't yet had any training apart from medicine, but I have had training previously."
- There was no documentary evidence that any staff had had an induction when starting work at Grange House. Staff confirmed they hadn't had an induction or introduction to the home.
- There was no evidence that staff had been enrolled on or had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was no evidence that staff had received regular supervision or appraisals. This meant staff were not having the opportunity to develop and review their practice or work behaviours. Supervision helps to develop and motivate staff and review staff practice and behaviours.
- One visitor told us, "There are a lot of new staff, nice people but I think they just need training and confidence.

The provider had failed to ensure staff were supported to complete training required to support people effectively. Staff had not received the professional development supervision and appraisals necessary to carry out their roles and responsibilities. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they enjoyed the food provided at Grange House. One person said, "Yes, they offer a choice and there's always something I like, my favourite meal is breakfast." Another said, "More curries or spicy food

would be nice."
● Fluid charts were used for people at risk of dehydration however there was no target of amounts that staff should aim for to ensure people's health and well-being. This was immediately rectified. We saw that there were some inconsistencies in the way they were documented, and no action recorded of what staff did if people were not drinking or eating enough. For example, prompting, fortifying or informing the chef. The chef commented that communication could be better, they said they were not informed of who wasn't eating or how much food was returned uneaten.
● Staff knew people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had in the past received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared met people's individual needs, but were not consistently well presented. For example, meat, potatoes and vegetables with gravy were presented in a bowl for everyone. This meant textures and tastes were lost in the gravy.
● We saw evidence that people's weights had been monitored, however as mentioned previously in the Safe question, this had lapsed between March 2022 and August 2022. We also saw that advice and referrals were made when needed.
● If people required assistance to eat or had their meals provided a certain way, this had been provided. Most people chose to eat in the lounge and staff supported and assisted people by sitting next to them and assisting them in a professional way without rushing them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they started to receive support from staff. Records showed consideration had been given to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and equipment to meet people's needs.
● Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the national institute for health and care excellence (NICE).
● Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the GP, dieticians and speech and language therapists (SaLT). One health professional said, "Staff are knowledgeable about their residents, communication is better."
● People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care
● Grange House have ensured joined up working with other agencies and professionals to ensure people received effective care. We saw evidence of multi-disciplinary team meetings to discuss people's needs and wishes.
●The service had links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT). During the pandemic some of these meetings had been virtual.
● Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

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).

● Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
● People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about where they sat, and what activities they wished to do. Each care plan was accompanied by an MCA assessment and contained details of how decisions for each task was made.
●There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
● The manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

Adapting service, design, decoration to meet people's needs
● Grange House is a large detached house with ensuite bathrooms and gardens people could use.
● People's rooms reflected their personal interests such as photographs of family and pets. As rooms became vacant, they were redecorated.
● Throughout the building there were notice boards that contained information about the home, activities, and photographs of people at various activities.
● There was a lack of dementia friendly signage for people, but that was being addressed by the manager and a plan introduced to improve the lounge and dining area to become dementia friendly and welcoming.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity: Supporting people to express their views and be involved in making decisions about their care

- People told us staff were kind and caring. Comments included, "I like it here, the staff are kind to me" and, "Staff look after me very well." We observed that people interacted well with staff. Staff greeted people warmly, and people smiled when staff approached them.
- Relatives were also complimentary of the nature of staff. One relative said, "The staff and manager are very friendly and helpful. They will listen and help you the best they can. They look after my relative very well."
- Whilst staff had not received specific training in equality and diversity, our observations supported our judgement that people were treated equally and with thought given to people being supported with choosing clothes, make-up and jewellery.
- We observed that people were asked for their views throughout the inspection. This included what they wanted to watch on television or which radio station they wanted to listen to, as well as their choices for drinks.
- There had been changes to the menu choices in that there was only one prepared meal choice which meant that people could not make an informed choice of what they wanted to eat. The picture card menus previously used by staff leading up to the inspection were no longer used and people therefore could not choose their meal. This was fully discussed and immediately actioned by the re-introduction of main meal choices supported by menu pictures.
- The manager said, "We promote that we work in the resident's home. We try to involve them as much as possible. For every new person, we prepare their rooms and will be asking people their choices for colour schemes, and encourage them to bring in their photos, furniture and paintings."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was always respected. We observed staff being discreet when talking to people about their care needs and seeking permission before entering their bedrooms. Staff also told us about other ways they respected people's privacy, such as by closing doors or curtains when providing personal care. A relative said, "Staff always treat my relative with the care and respect".
- People's care documentation was password protected on a central computer and only accessible by staff who had permission to do so. Families were given a password to access their relatives care documents online if the person consented to this.
- Relatives fed back that people's independence was important to staff. One relative said, "They seem to support her to do things for herself, like washing and dressing which is important."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences : End of life care and support

- The provider had not always ensured each person received appropriate person-centred care and treatment that was based on an assessment of their needs and preferences.
- There was little guidance in people's care plans about oral care and how staff could assist them to keep their mouths comfortable and clean. Not everyone had a toothbrush or toothpaste, we also found some were dry and unused.
- Some care plans had not been updated to reflect changes in peoples' health and wellbeing. For example, people approaching end of life or people who had fallen.
- Care plans did not identify people's preferences at the end of their life and there was no evidence of specialist palliative care support, for example pain relief, fluid/food or oral care.
- Some health care professionals reported that communication from the service and people's care documents were not easy to follow. They told us staff were not always knowledgeable about people's current needs due to a lot of staff changes and new staff.
- Care plans contained very little information to show what activities people enjoyed and had enjoyed before coming to live at Grange House. There was no guidance about how to support people, or whether people needed support, to maintain activities and interests important to them. Daily notes did not include specific details of activities people had engaged in during the day, which may also have provided important insight for staff.
- On the first day of the inspection, we found that most people were seated in the lounge area and, apart from the television being on, there was very little for them to do. Most people in the lounge were not watching the programme and were asleep. One person said, "It's just there for noise." There was little interaction seen between staff and people. On the second day of the inspection, the activity person was back from leave and there was more atmosphere and the interaction was good, with people having one to one time as well.
- People who were approaching the end of their life had been prescribed 'just in case' medicines to ease any symptoms or pain. Just in case medicines are 'anticipatory medicines' for use if needed. However, there were no pain risk assessments or guidance for staff to follow to ensure people received these important medicines in a timely way.

- People's communication needs were not always explored to enable improved communication with those whose speech was impacted on by their illness. Some people found communication difficult with staff and sometimes displayed different emotions. Staff had not received guidance or training in this area.

● There was no technology assistance or picture cards for people who had lost their voice. One relative said, "They ask a question and sometimes don't wait for an answer." The relative said, "I think staff are kind so it's just training they need."

The provider had not maintained accurate, complete and contemporaneous records in respect of each person, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection we received written confirmation that pain charts were now being used, and that all care plans were being reviewed and updated.

● Whilst we found some shortfalls in care documentation, there was also some well-written care plans that contained guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, diabetes.

● Care staff demonstrated compassion towards people at the end of their life. They told of how they supported people's health and comfort. However, staff said that they needed specialist training to ensure they were giving the right care. One staff member said, "I think training would be helpful, I want to do well."

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.

● Technology was used in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobile phones to talk to and receive calls from relatives and friends.

● There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails.

● Families had access to their loved ones care plans on line which enabled them to be involved and know their loved one was safe.

Improving care quality in response to complaints or concerns

● There were processes, forms and policies for recording and investigating complaints.

● People told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would speak to the staff. Visitors said they would ask to speak to the manager. One family member told us, "I rang the home and spoke to the manager who was helpful and managed to respond to my concerns."

●There had been no complaints documented. We have been informed by families that they had made a complaint which was dealt with.

Inadequate

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.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 : Engaging and involving people using the service, the public and staff, fully considering their equality characteristics : Continuous learning and improving care:

- There were no organisational quality assurance systems in place and the newly appointed manager had not been able to find important documents for the running of the home. This meant the provider had no oversight of the service to ensure people received, safe, effective, responsive care.
- There had been a lack of assessment and mitigation of risk, for example, the risk of choking, people not receiving their prescribed medicines safely, and no learning from incidents and accidents.
- The provider had not assured that all staff had the necessary skills to provide safe care to the people they supported. For example, the staff currently employed had not received essential or service specific training to provide safe and competent care. There had been no induction for new staff or supervision. The manager had been allocating staff and preparing staff rotas without knowing if staff were trained and competent.
- Care plans and risk assessments for people's health needs were in place, however there were important areas that had not been considered. For example, choking risks, communication needs, end of life care and oral health needs.
- Daily notes, food and fluid charts were not consistently completed and therefore staff would not be able to monitor people effectively. There was no overview of peoples' weights and staff could not monitor this effectively as people had not been weighed regularly.
- There had been a lack of overview in respect of fire safety. Staff had not received the necessary training and there were outstanding issues from a fire risk assessment in May 2022.
- Due to staff changes and high use of agency staff, there was a lack of teamwork. Staff need support and guidance to continually develop into their role, and until the manager had been appointed this had been lacking. Staff had no received supervision, there had been no regular team meetings to discuss staff changes or changes to leadership within the home.
- There was a lack of clear leadership to guide new and inexperienced staff in delivering a consistently good level of care. We saw enthusiasm from staff but there was a task orientated culture that lacked a person-centred approach. The staff worked hard but admitted that changes to staff, staff leaving and the deployment of staff had caused disruptions to care delivery.
- The staff were all positive about the recent changes but had felt unsettled about staff leaving and changes to management. Comments included, "It's definitely getting better" "It's had its ups and down, senior staff leaving has unsettled us all, because it means new ways and it takes time to settle." However, one staff said, "I love working here and its going forward."

● Resident meetings had stopped during the pandemic and the manager was hoping to re-instate them soon.
● There was a lack of records regarding staff meetings and it was confirmed by the manager that these were now being held.
● There had been no surveys sent out to staff, families or residents since the provider took over in 2021.
● There was no overview of accidents and incidents, trends and themes had not been identified or investigated for causes and taken forward as learning for staff.
● There was no registered manager in post. The manager had been in post for three months and was very open and transparent about the problems they face at Grange House and said they were committed to making the necessary improvements to ensure people and staff are safe .

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 is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Both during and following the inspection we received action plans from the provider regarding fire safety, and a medicine audit that told us of actions taken and to be taken to mitigate risk to peoples' health and well-being. All staff have been enrolled on training on the 4 October 2022.
● The cleanliness of the service was good, and the housekeepers had been auditing and making improvements throughout the pandemic and changes to the home.

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 had not always received notifications as required, regarding incidents and accidents. However, since the newly appointed manager has been in post, 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 and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the manager had contacted a GP about a person's medicines and a review had been arranged to ensure they had the medicines they needed.

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 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 The provider failed to provide safe care and treatment to people, including failing to assess and mitigate risks and ensuring staff are competent. The provider had failed to ensure the safe management of medicines.

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that recruitment procedures were established and operated effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff were

supported to complete training required to support people effectively.
Staff had not received the professional development supervision and appraisals necessary to carry out their roles and responsibilities.