The Grange Care Centre (Cheltenham) Limited

The Grange Care Centre (Cheltenham)

Inspection report

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Gloucestershire
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected The Grange Care Centre (Cheltenham) on the 2, 6 and 14 November 2017. The Grange Care Centre (Cheltenham) provides accommodation, nursing and personal care to 60 older people and people living with dementia. It also provides short term respite for people, including people who require rehabilitation support. At the time of our visit 58 people were using the service. The Grange Care Centre (Cheltenham) is located in the Leckhampton area of Cheltenham. The home is located closely to a range of amenities. This was an unannounced inspection.

We last inspected the home on 14 and 15 May 2017. This was a focused inspection which was prompted in part by the HM Coroner Gloucestershire issuing a Regulation 28 to the provider which required them to address some matters of concern as a result of the death of a person. We also followed up on a requirement notice from our October 2016 inspection in relation to the management of medicines. At the May 2017 inspection we rated the service as "Requires Improvement". We found the provider was not meeting all of the requirements of the regulations at that time and we issued a warning notice against the provider and the registered manager in relation to Regulation 12. People's risks were not always effectively addressed and acted upon to ensure their health and wellbeing. At our November 2017 inspection we found improvements had been made to ensure people's needs were assessed and acted upon, however the service was not meeting the requirements of all relevant regulations.

A registered manager was in position at the service. 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.

People were not always protected from the risk of infection. Care staff did not act in accordance with national best practice guidance regarding the control of infection. People's equipment was not always effectively cleans and maintained.

People did not always benefit from activities and stimulation which was appropriate to their needs or abilities. The service and its managers are task focused. They do not encourage or support staff to provide care and support in a compassionate and supportive way. Care staff did not always ensure people received suitable stimulation and engagement, including at mealtimes. People's life histories and interests did not always inform their care plans and the activities they would enjoy.

People told us they were safe living at the home and enjoyed the meals they received. Care and nursing staff treated people with dignity and ensured they had their nutritional support and their prescribed medicines. Catering and care staff were aware of and met people's individual dietary needs.

There were enough staff deployed to ensure people's needs were being met, however concerns had been raised about leadership at weekends. However care staff did not always have the training and support they

required to meet people's needs. Staff did not always feel they had the communication they needed to ensure people's day to day needs were being met. The registered manager was taking immediate action in relation to these concerns.

Care staff were aware of people's health and wellbeing needs. Care staff treated people with dignity and responded when there were any concerns with their wellbeing. People and their relatives felt their concerns and views were listened to and acted upon. Relatives told us they were informed of changes and felt the registered manager was responsive and approachable.

The registered manager did not always have effective systems to monitor the quality of service provided at The Grange Care Centre while systems were in place to ensure people's care plans were current there was not always effective systems in place around the care people received in the home. Concerns identified at this inspection had not previously been identified. The service has a history of "requires improvement" ratings through three previous inspections.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see some of the action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations have been concluded.

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. The service did not always ensure people were protected from the risk of infection.

The risks associated with people's care were managed. People received their medicines as prescribed.

There were enough staff deployed to meet the health care needs of people. People felt safe living at the home and staff understood their responsibilities to report abuse.

Is the service effective?

Requires Improvement

The service was not always effective. Care staff did not have access to all the training and support they needed to meet people's needs. Care staff did not always benefit from an effective supervision and appraisal system. The service was addressing these concerns.

People were supported to make day to day decisions around their care. People received the nutritional support they needed. People were supported with their on-going healthcare needs, including rehabilitation to return to their own homes.

Is the service caring?

Requires Improvement

The service was not always caring. Care staff did not always take the opportunity to engage with people and provide effective care.

People's dignity was promoted and care staff assisted them to ensure they were kept comfortable. People's independence and individuality were respected.

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Is the service responsive?

Requires Improvement

The service was not always responsive. People did not always have access to appropriate activities and stimulation appropriate to their needs.

Where people were at the end of their life they received support

to keep them comfortable, in line with their wishes.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not continually well led. The registered manager and provider had some systems in place to monitor the service. However, improvements were needed to ensure concerns or shortfalls in the quality of the service would always be identified.

People and their relative's views were sought and they felt the registered manager was responsive to their concerns, however felt there needed to be more management presence in the home.

Staff felt they did not always feel valued or have the communication to ensure people's needs were met.

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The Grange Care Centre (Cheltenham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2, 6 and 14 November 2017 and it was unannounced. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The expert by experience's area of expertise was in caring for older people. At the time of the inspection there were 58 people living or receiving respite care at The Grange Care Centre (Cheltenham).

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with 20 people who were using the service and eight people's relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 14 staff members including seven care staff, the chef, two nurses, an activity co-ordinator, the administrator, the deputy manager and the registered manager. We reviewed 10 people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in May 2017, we found that people were not always protected from the risks associated with their care. People's risks had not always been assessed and clear guidance had not been provided to care staff on how to keep people's safe. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice in relation to people's safe care and treatment and told them they needed to meet this regulation by 31 July 2017. At this inspection we found some action had been taken, however the provider was still not meeting all of the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

People were not always protected from the risk of infection as care staff did not always follow current best practice or the provider's policies in the management and prevention of infection control. There was an increased risk of spreading infection through cross contamination as care staff did not always wear personal protective equipment such as gloves and aprons when assisting people with their personal care or carrying soiled laundry bags. Care staff told us they had received infection control training and knew to use personal protective equipment, however were not always ensuring that they wore personal protective equipment as required.

Systems to ensure people's personal equipment was regularly cleaned had not been effective. For example, one person's recliner chair was stained with particles of food crushed between the cushion and the chair frame, if left unclean these particles would decay and if eaten by a person could put them at risk of discomfort. Additionally the particles could cause offensive odours which would impact on the person's dignity. We raised this concern with the deputy manager who informed us that night care staff were responsible for making sure people's equipment had been cleaned, this had not happened and no checks had been carried out to ensure this happened. The chair was cleaned by a member of care staff during the first day of our inspection.

People who required equipment to assist them with moving and handling and with pressure area care could not always be assured they would be protected from the risk of infection. For example, during the inspection we found six people's pressure relieving cushions had become 'breached' (the internal lining had become soiled) and two people were sharing a sling to assist them with transfers using a hoist. This meant people were not always protected from the risk of infection. We raised these concerns with the deputy manager. The deputy manager and registered manager took effective action and checked all people's pressure cushions and ordered replacements where required and ordered an additional sling. The deputy manager informed us that they would implement a monthly check on people's pressure cushions to ensure they remained clean and fit for purpose.

People were did not always receive the support they required in relation to their topical creams (creams which are used on the skin, for example to protect people from skin damage or treat rashes). For example, three people did not always receive their creams as prescribed as these creams had not been available for care staff to apply. Guidance was not clear for care staff to follow on where and when to apply their topical creams, however at this time there were no concerns in relation to people's pressure areas. This meant

people may be placed at risk of pressure damage as prescribed creams to protect people's skin had not always been administered as prescribed.

People were not always protected from the risk of infection. People were not always assisted with their topical creams. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe living at the service. Comments included: "I'm looked after, everyone around here is helpful, thank goodness" and "I do feel safe". Relatives told us they felt their loved ones were safe living at The Grange Care Centre. Comments included: "Very happy with the home, it's a safe place"; "I do feel the service is safe" and "when I'm not here they look out for him." Information regarding safeguarding was available for people and their relatives to access on noticeboards within the home.

People were protected from the risk of abuse. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would go to (registered manager), (deputy manager) or a nurse in charge". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "I know I can whistle blow if I feel people are still at risk after raising a concern". Care and nursing staff told us they had received safeguarding training and the manager and provider were in the process of ensuring this training was refreshed.

The registered manager responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection, the provider had ensured all concerns were reported to the local authority safeguarding team and CQC. The registered manager ensured lessons were learnt from safeguarding incidents and used concerns to improve the service people received. For example, they discussed a recent safeguarding concern and the action they had taken to ensure all staff and people's relatives understood safeguarding protocols. They also discussed a recent concern and that they were working with a person's GP to assist one person with their care and to reduce future incidents.

People could be assured the home environment was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. Equipment to assist people with safe moving and handling such as hoists were serviced and maintained to ensure they were fit for purpose.

Following our previous inspection improvements had been made to ensure people had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person had clear assessments in place for staff to follow to protect them from the risk of pressure sores. There was clear guidance for staff to follow to assist the person to reposition to protect them from the risk of skin damage. Where concerns had been identified by care or nursing staff, this informed the care the person received. For example, care and nursing staff had identified a red area of skin and they assisted the person with repositioning more frequently for a small period of time to maintain the person's skin integrity. Records maintained by care staff showed this person was supported to reposition as stated in their care plan.

People and their relatives told us there were enough care staff deployed to meet their or their relative's

needs and they were able to seek the attention of care staff when required. However some people's relatives felt that the level of staffing at weekend was still not as consistent as it should be. Comments included: "Staff are always around"; "There is always staff around. Some agency staff aren't that great, we need some consistency"; "I'm looked after, everyone around here is helpful, thank goodness" and "Weekends sometimes seems a bit empty".

Care and nursing staff felt there were enough staff deployed to meet people's day to day needs and they were positive about the continued recruitment of staff. However, some staff stated they would appreciate more consistency in relation to staffing, particularly at weekends. Comments included: "I think we have the staff on duty that we need, it can be busy sometimes but we meet people's health needs"; "We make sure people's needs are met, sometimes not having a break. However we need more consistency with staff, with the right skills" and "Staffing has got better. Weekends can be a nightmare if staff call in sick. We get everything done, but don't always get the time to spend with people". The registered manager discussed how they arranged staffing at the service and how that identified the amount of staff required to ensure people were cared for safely. They informed us that recruitment was ongoing to reduce the reliance on agency staff and recruitment meant the home could cover any staffing gaps moving forward.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager and administrator assured where concerns had been identified during the recruitment process, that these were discussed and risk assessments implemented to ensure staff were suitable and people remained safe.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were recorded and monitored to ensure people's medicines were kept as per manufacture guidelines. Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.

People received their medicines as prescribed. Nursing and care staff kept an accurate record of when they had assisted people with their prescribed medicines. For example, staff signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines. Nursing and care staff ensured a clear and constant record the support they provided people with their medicines were maintained.

We observed two nurses assisting people with their prescribed medicines. They clearly communicated what the medicines were for and asked if the person wanted to take them. They gave the person time and support to take their medicines. The person was in control throughout, offered choice by the staff member and given a drink with all their medicines.

Requires Improvement

Is the service effective?

Our findings

People and their relatives felt the care and nursing staff were skilled and knew how to meet their daily needs. Comments included: "The staff are so knowledgeable"; "The staff are very good, they are very kind staff" and "There is a good standard of care but some carers are better than others."

However, we found staff did not always have all the skills they needed to meet people's day to day needs. For example, on one unit, care staff supported people who could often be agitated and exhibit behaviours which may challenge. Care staff informed us they had not received training in relation to assisting people when they became agitated or aggressive, although they had requested training from the registered manager and the provider. One member of staff said, "We've been asking for challenging behaviour (training) and dealing with dementia patients who are very agitated. It is important we know the correct way". Care staff told us how they assisted people, however we found the approach could vary between staff and that they had requested assistance to assist people when they were agitated. Comments included: "No (I don't have all the training I need), For instance I've had no training around challenging behaviour. It is difficult as we will all have different approaches amongst the staff. We have asked" and "I think if you work on Prestbury unit you need training on how to assist people when they become aggressive." We discussed this concern with the registered manager who was in the process of arranging with local healthcare professionals to provide challenging behaviour to staff within The Grange Care Centre in the near future.

Staff did not always have access to an effective supervision (one to one meeting with their line manager) and appraisal system which enabled them to develop their skills. For example, one member of staff had identified a personal need to improve in their communication with healthcare professionals and to write people's care plans. However the staff member told us and their appraisals showed they had not been supported to develop in this area. Another staff member told us they had not been supported with their areas of personal professional development which they had identified through the appraisal system. Care staff members told us they did not always feel supported to develop. Comments included: "We do have one to ones and meetings. I've suggested a lot but nothing much comes back from them"; "I've had meetings and identified things I need to do, however nothing has happened" and "I think we need more feedback." The registered manager informed us they would review the appraisal system for staff to ensure it proactively assisted staff to develop.

Care staff did not always have access to the training and support they needed to meet people's needs. These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Nursing staff felt they had the support and development they needed. Nurses told us they were supported to maintain their clinical skills and could seek support to develop their skills alongside healthcare professionals, such as, training around syringe drivers (for people who required medicines at the end of their life) and tissue viability.

Care staff were supported to take on qualifications in health and social care. For example, one member of

staff informed us they had been supported to complete a level 2 diploma in health and social care. They said, "I was supported with the qualification. I was asked if I wanted to do a level 3 qualification, which I didn't at the time. I know I can access it when I want to."

Care staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care and nursing staff understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We know the residents very well. We know their preferences and we offer choice. We know what people can do and we don't want to take that away from them" and "We offer choice, as much as we can. For example, one person doesn't like cheese, so we always make sure they have choice and alternative options if there is chees on the menu." However at mealtimes we observed that some people were not always offered choice. We were told that people were given a choice about their meals earlier in the day. However a number of these people were living with dementia and had short term memory issues and were unable to remember their choices.

People's mental capacity assessments to make significant decisions regarding their care at The Grange Care Centre had been clearly documented. For example, three people were having their medicines administered covertly as they did not have the capacity to understand the risks to their wellbeing if they refused their prescribed medicines. Assessments had been carried out to see if these people could make a decision. The service worked with each person's family members, lasting power of attorneys and relevant healthcare professionals, including GPs to discuss the support they could provide in each person's best interests. For each person the GP had identified the medicines which were to be administered covertly and how they should be administered. Care and nursing staff were aware of this information and it was clearly documented in people's care records.

At the time of this inspection a number of people were being deprived of their liberty within the home. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living under DoLS this was reflected in their care plans. Care plans also documented how staff should support people in the least restrictive manner. Where people were under constant supervision or equipment was in place to monitor people's safety and movements, such as sensor mats, this was included in DoLS assessments and relevant mental capacity assessments had been completed.

Since our last inspection, the registered manager, deputy manager and nurses had reviewed people's care plans and updated them to ensure they were current and reflective of people's personal needs and preferences. The registered manager informed us they had taken this action in response to our last inspection. They also ensured people's care records were regularly reviewed so they reflected people's ongoing needs.

Care plans provided a clear record of the support people needed with all aspects of their individual needs. This included support around moving and handling, medicines, dementia care, anxiety, behaviours that challenge, pressure area care, diabetes and nutrition. For example, one person's care plan provided clear

details on how they should be supported with their personal care, what they liked to do by themselves. The care plans provided staff with guidance on the person's dietary preferences and how they should be supported with day to day choices. Care staff told us that the care plans had improved and provided them clear information on people, their preferences and histories.

People's care plans reflected their diversity and protected characteristics under the Equality Act. People's sensory needs had been identified and staff were prompted to make sure people had access to equipment to ensure their continued independence. For example, checking hearing aids were in working order and glasses were accessible.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. Additionally people were supported to attend appointments when required (such as when families were unable to escort their relatives to appointments). People's care records showed relevant health and social care professionals were involved with people's care. For example, care and nursing staff worked alongside a healthcare professional to review one person's mobility needs and the support they required from care staff. A recent review had identified that they required additional equipment to assist with their mobility.

Where people were at risk of choking or malnutrition, they had been provided with a diet which protected them from these risks such as soft meals and high calorie diets. Care staff knew which people needed this support. For example, one person was assessed as being at risk of choking and malnutrition. There was clear guidance in place for staff to support this person regarding their meals ensuring they were all soft and fortifying their food and drink to meet their nutritional needs. Care staff confidently discussed how they assisted this person to support them to maintain their health and wellbeing.

People and their relatives mainly spoke positively about the food and drink they or their relatives received in the home, however some people felt there was not always a variety within the meals. Comments included: "I think the food has improved and is getting better, it takes time"; "I don't like beans but we are always having them"; "The food could be improved" and "I have reservations about what (food) comes down sometimes. Sometimes it is a bit hit and miss." Care staff supported people to have access to food and drinks throughout the day. Drinks were in communal areas and people's rooms and were refreshed daily or more often if required. One relative told us, "They are always pumping them in drink", 90% of them always have a drink in front of them." We spoke with the homes chef who had been employed since July who told us: "We are trying to improve the reputation for the food from what it was before". He said that he visited many residents in their rooms to talk and to understand what food choices they might prefer to help improve meals within the home.

The registered manager had plans in place to improve the environment of the home. People were comfortable in their environment and did not appear agitated when walking around the home. The home had worked with local university students to create wall murals which were linked to Cheltenham, such as a local fountain and horse racing. There were items in corridors, such as a phone booth cover, bus stop sign and a 'fiddle' board. The registered manager was working with the provider to change some carpets within the home and was seeking people and staff input regarding the colour and design of the carpet.

Requires Improvement

Is the service caring?

Our findings

People did not always enjoy positive relationships with care staff and nurses. Staff did not always take opportunities to engage with people in a proactive manner. For example, we observed that staff did not always talk with people when assisting them with their lunch. Staff supported one person with their lunchtime meal, however they were not provided with choice and there was no further conversation, such as asking the person if they required additional support. Another person had their lunch meal placed in front of them, without any opportunity of choice. One person told us, "I think the staff make the choice for them, but they usually make the right choice."
Staff did not always recognise when people needed or wanted help and support or recognised when people's preferences were not being taken on board, or properly respected. Another person was walking around their unit and was carrying two spoons. A member of care staff approached the person and took the spoons from the person without any communication or explanation. The person did not appear agitated, however did not benefit from positive engagement.

People were not always proactively and positively engaged by staff. We observed one person during the afternoon who was walking with purpose; they walked by a member of care staff who did not acknowledge them. They followed a member of the catering team towards a kitchenette. They tried to open the door to the kitchenette, pulling on the handle. The member of care staff only engaged when the member of catering staff needed to leave the kitchenette. They redirected the person and supported them to sit down. This was done with minimal communication; however the person was not agitated. This could leave some people who could not easily initiate communication to make their needs known feeling isolated and not listened to.

People sometimes went without engagement for short periods of time. For example, one person was distressed and had been shouting out for half an hour before lunch; however no member of staff attended to them or communicated with them. The person was given a plate of food; however they remained agitated, unattended and did not attempt to eat her food. However, when their pudding arrived the activity co-ordinator sat with them and at the person's level. The person immediately responded and their agitated decreased and they then enjoyed their dessert. One person told us, "They (care staff) don't talk much". Another person said, "They (care staff) don't speak and lots of them go round and round."

People did not always benefit from person centred support from care staff. These concerns were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we did not observe positive engagements between people and staff during the lunchtime period, we did see staff always responding to people in a respectful manner such as warm and friendly interactions between care staff, nurses, the activity co-ordinator and people and their relatives. People were informed about the purpose of our visit by staff. Where appropriate, care staff encouraged people to spend their days as they wished and promoted their ability to make day to day choices. For example, one person was supported to enjoy a cup of tea and some biscuits in one of the home's lounge. When they wanted to move to another area of the home, staff supported the person and the member of staff took the person's cup of tea and biscuits so they could be enjoyed. The member of staff made sure the person was comfortable

before leaving.

Some people on one unit within the home engaged with each other and staff and were comfortable in their presence. They enjoyed friendly and humorous discussions. For example, people enjoyed each other's company, and we observed occasions where people were laughing with each other. People talked to each other and clearly respected each other. Two people had formed a friendship in the home and they enjoyed talking with each other, staff and members of the inspection team throughout the day.

People and their relatives had positive views on the caring nature of care and nursing staff employed at The Grange Care Centre. Comments included: "There is a good standard of care"; "Some of the staff here are wonderful" and "I think the staff are kind and caring. Very happy".

People were supported to maintain their personal relationships. People's relatives were able to visit the service at any time. Relatives told us they were always able to visit and were able to assist at lunch time, or enjoy a lunch meal. One relative said, "I feel welcome at any time. The staff are really fantastic. They have helped with my worries and enabled (relative) to attend family celebrations."

People's dignity was respected by care staff. For example, when people were assisted with their personal care this was carried out in private. One person had an accident in the morning and placed themselves on the ground. Staff assisted the person in a respectful way and once they had ensured the person had not suffered an injury, they closed the door to enable the person to be cared for and reassured in privacy and comfort. One person said, "They make sure I'm comfortable." A relative told us, "I've never seen staff not supporting people without dignity and respect." Care staff told us how they ensured people's dignity was respected. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. Comments included: "We ensure people are treated with respect. Making sure they are comfortable at all time, such as making sure they are covered with towels during personal care" and "Care must always be carried out in privacy. We don't want people to be uncomfortable or exposed."

People were able to personalise their bedrooms. For example, people had decorations in their bedroom which were important to them or showed their interests. For example, one person's room contained photos of their family and people who were important to them. Additionally at the time of our inspection, one person was being supported to move rooms to a different unit. As part of this process, the registered manager asked the person if they could do anything with the room to suit their preferences. The person asked for a yellow feature wall. On one day of the inspection, a maintenance worker was painting the room with the colour the person wanted.

People where possible were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and also their wants and wishes regarding their end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans. Other people had completed advanced care plans which documented how they wished to spend their final days and what things were important for them to have at the end of their life, such as family and specific music.

Requires Improvement

Is the service responsive?

Our findings

People did not always have access to activities and stimulation which was personalised to their needs. People's care plans contained life histories, including people's hobbies, work history and interests. However, whilst this information had been sought and recorded it had not informed their activity or engagement care plans. People's social interaction care plans did not provide guidance for staff to support people in the activities that they enjoyed or were appropriate to their needs and abilities. One person's social interaction plan stated the person enjoyed horse racing, however there was no guidance of how care or activity staff were to support this person with their personal interests.

There were no continuous records of the activities provided to people within the home. A record of activities for six people had not been recorded since September 2017 we could therefore not be assured that they had been given regular opportunities to enjoy one to one and group activities. There was no documented evidence or record of individual one to one activities available to people within the home since this time. People who therefore could not engage in the planned group activities might not have access to stimulation and engagement personalised to their needs.

People and their relatives told us there was not always enough stimulation or engagement to meet their or their relatives well-being needs. Comments included: "I think they (people) don't get much stimulation"; "Activities are a problem. (Activity co-ordinator) is on their own, has to help people with appointments. (Previous activity co-ordinator) was vital to activities here. There isn't enough for people to do" and "There used to be much more, music, outings. Whether due to economics or not they seem to only want one Activities person now." People spoke fondly of one to one trips they had had in the community, however staff informed us these had decreased.

We observed that people often went periods of time from half an hour to an hour without engagement from staff. People either spent their time in their own bedrooms, in each unit's lounge or walking around their units. Often people were withdrawn or asleep as there was a limited amount of engagement from care staff. There was one activity co-ordinator employed by the home and care staff were also expected to provide activities. However staff told us the activity co-ordinator was often involved in assisting people to attend hospitals, which meant there was nobody to provide activities for people.

The activity co-ordinator told us, "I am paged eight to ten times a day to respond to incidents elsewhere in the home. All these assignments take me away from activities. Sometimes the ladies say 'where have you been' because I am always being called away". They also said, "We used to do far more. We used to take residents out more and further and we can't do that now. One to one's with residents have suffered if I'm honest."

We were told that the home had not been successful in the recruitment of a second activity co-ordinator. The registered manager informed us that care staff should be involved in activities, however from our observations this was not currently happening. We discussed people's activity and social stimulation care plans and the registered manager informed us these would be reviewed.

People did not always receive support to meet their personal physical desires. For example, one person's care plan stated they could exhibit behaviours which could cause offence to other people. The care plan stated staff should stop this person from carrying out these behaviours, however provided no guidance on how the person should be supported with these behaviours in the privacy and dignity of their room or orientate them prior to these events. One member of staff told us they would assist them out of the lounge and ask them to stop.

People were not always supported with their personal well-being needs. For example, one person was living under Deprivation of Liberty Safeguards as they were unable to understand the risks to their health in the community. As part of their DoLS being authorised, conditions had been set, which included assisting the person into the grounds of the service. This condition had not been reflected in the person's care plans and there was no record of when this person had been assisted to access the garden, in line with the condition. We discussed this with the registered manager who informed us the person had been supported to access the garden.

People did not always benefit from person centred support from care staff. These concerns were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The activity co-ordinator provided some adhoc activities to people, which they enjoyed. For example, we observed the activity co-ordinator carry out ball games with people in one of the home's lounges. Additionally, people enjoyed being pampered by a visiting hairdresser in the home's salon. People enjoyed chatting with the hairdresser.

People's relatives were informed of any changes in their relative's needs. For example, one person's relative told us staff always kept them updated and informed of their relative's needs and wellbeing. They said, "I am kept informed if there are any changes to people's care." People's care records showed where staff had contacted family members to ensure they were updated on their relative's well beings. People's relatives and representatives were also informed of or attended review meetings.

Staff responded well to ensure people's health and wellbeing were maintained. For example, one person's health had deteriorated prior to our inspection. Nursing staff had arranged for anticipatory medicines to be held for the person (these are medicines used to ensure people were kept comfortable and pain free at the end of their life). Care staff were aware of the person's needs and informed the inspection team.

Information on end of life care was available for people and their relatives. The home had set up an end of life care display for relatives in the hallway and had provided letters to people's relatives about advanced care planning. The letter stated people could arrange meetings with the registered manager or with nurses to discuss end of life care and completed advanced care planning booklets. The focus of this was to ensure people's end of life care was personalised to their preferences and needs.

People knew how to make a complaint if they were unhappy with the service being provided. Everyone we spoke with told us the registered manager was approachable and very responsive to complaints. One relative told us, "I raised a concern and it was dealt with. (Registered manager) did everything she could, its fine now." Another relative said, "The manager is fantastic and dealing with concerns."

The manager kept a record of complaints and compliments they had received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. For example, one person complained about staffing arrangements within the home, the registered manager documented the action they had taken to deal with the complaint and ensure concerns weren't repeated.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and provider had reacted to breaches of the regulations found at our previous inspections. However, the service remained requires improvement overall as there were not always systems in place for the registered manager and provider to effectively identify shortfalls or concerns and make improvements to the service.

People's relatives spoke positively about the registered manager's commitment to the home, however felt that there was not always appropriate supervision for staff and leadership within the home. Comments included: "It is noticeable there is no supervision sometimes". Last weekend there was no senior carer on either and that is unfortunate for the other staff too."; "Since the last inspection, things have deteriorated. There is no real supervision of what is going on. The (registered) manager is fantastic with paperwork and concerns, however on the floor there is no distinction between carers and senior carers. Carers are left to make significant decisions. I rarely see (registered manager) on the floor, they are always busy and very dedicated"; "Staff sometimes seem a bit disorganised" and "(Registered manager) is brilliant. If there is any problem, she's straight at it, writes it down and is on it. However, it is the line down from her that's the problem." The lack of management oversight was evident in relation to the lack of personalised engagement people received from care staff during our inspection. There were limited systems in place to address how staff engaged with people and promoted their wellbeing and choice.

Care staff told us that they did not always feel they had effective support and communication in the service and from the provider. Comments included: "Management won't listen and I'm just told to get on with it" and "We don't get the communication we need. We don't have a handover. Communication is not the best"; "Communication is poor. We had a new admission, which wasn't communicated. It made us rush and look disorganised. It doesn't look good to families" and "You don't always get the information you need, such as if people are unwell or if there have been any changes in their needs."

Care staff did not always understand the caring values or culture of the provider. Care staff we spoke with were not aware of the provider's values and goals of providing care to people at The Grange Care Centre. Care staff stated they rarely saw management on the ground floor of the home, and did not feel they could speak with the provider. One staff member said, "It would be good if (provider) came to team meetings more regularly, we raise concerns, however we don't always get a response." We observed that staff were low and frustrated, with some staff stating that they did not feel "valued."

We discussed communication and the culture of the home with the registered manager. They explained they were looking to change the handover for staff to ensure they had the information they needed and because staff had raised these concerns with the registered manager. They aimed to carry out meetings with staff to understand their views and how they can improve the service.

While the registered manager had some effective systems to monitor the quality of the service people received, not all systems were effective. For example, audits to monitor people's pressure relief equipment and the cleaning of people's chairs had not been carried out. This meant the service had not identified

concerns we had identified at this inspection. Additionally, there were limited audits carried out in relation to activities and people's mealtime experiences. However following this inspection the registered manager had plans to address these concerns.

The registered manager had a system to monitor incidents and accidents within the home. They had identified when incidents and accidents had occurred and the time of day. However a large majority of incidents had been identified in August 2017 between 14:00 and 20:00 in the day. The registered manager had not further investigated to see if there were any concerning trends. The registered manager informed us this was something they were planning to implement and following the inspection they provided us with a copy of the changes they had made which enabled the registered manager to identify any trends or concerns.

There were not always effective systems in place to monitor the quality of the service provided at The Grange Care Centre. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had quality assurance systems to ensure people's care plans were current and accurate and reflected people's healthcare needs. These systems were detailed and showed that improvements had been made in relation to people's care plans following our previous inspection. Additionally detailed audits were in place regarding the administration and management of people's prescribed medicines.

Audits identified any concerns in recording or administration of people's medicines and immediate action was taken. For example, audits identified one agency nurse had missed a dose of a person's medicine. The service called the person's GP for advice and ensured the person's health and wellbeing was not impacted. The service also raised the concern to the agency nurse's employer.

The registered manager ensured concerns were communicated to people's relatives and staff. For example, the registered manager had dealt with a safeguarding concern. Not only did they take effective action to ensure people were safe they explained the actions they had taken and discussed this with people's relatives and staff to increase knowledge regarding safeguarding and ensure that everyone knew they could raise concerns.

The registered manager was taking proactive steps to reduce staff turnover. For example, the registered manager had implemented exit interviews for all staff. They had arranged these interviews to identify the reasons staff were leaving to enable them to change circumstances within the home or identify concerns which would enable them to retain care and nursing staff.

The registered manager and provider had taken effective action in response to a Regulation 28 report issued by HM Coroner Gloucestershire which required them to address concerns regarding people's care assessments and the records the service they kept. At this inspection we found that significant improvements had been made to ensure people's care records were current and reflect of their needs. The service had received positive feedback from healthcare professionals in relation to people's care assessments and the detail they contained. Nursing staff felt that people's care records had improved.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care which was personalised to their needs and wellbeing. People's consent to their care had not always been assessed or documented. Regulation 9 (1)(a)(b)(c) 3(a)(b)(c)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected from the risks of infection control or of their topical medicines. Regulation 12 (1)(2)(g)(h)(i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider did not always have effective systems to monitor the quality of the service. Regulation 17 (1)(2)(a)(b)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Care staff did not always receive the training and support they required to meet people's needs. Regulation 18 (1)(2)(a)(b).