

## Holmleigh Care Homes Limited

# The Grange

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

The Grange is a 'care home' for 11 people. The home had been extended and had a bungalow area (attached by a corridor) to the main house for two people. The service supports adults living with a learning disability, acquired brain injury or complex behavioural needs.

To ensure this felt like people's own home there were no deliberate signs to indicate The Grange was a care home. The home is in a residential area within Gloucestershire. Support staff wore their own clothes when working with people including when supporting people in the community. Three ladies and seven gentlemen were living at The Grange at the time of our inspection. One person stayed at the home for respite on a weekly basis, however had his own dedicated room.

People's experience of using this service:

The service was developed to reflect the principles and values that underpin Registering the Right Support and other best practice guidance. Registering the Right Support ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- Staff understood how to communicate with people effectively to ascertain and respect their wishes.
- People's independence was respected and promoted. Staff prompted people during household tasks and activities, to enable them to do things for themselves and learn new skills.
- People's support focused on them having opportunities to be part of their community, meet their wellbeing needs and maintain existing relationships.
- Health and social care professionals guided staff to support people with their behaviour in accordance with national best practice guidelines.
- Risks to people had been assessed and plans were in place and followed by staff to keep people safe.
- Safe recruitment practices were followed to protect people from unsuitable staff. There was minimal staff turnover which promoted a high continuity of care and support.
- Staff were knowledgeable around safeguarding and understood provider policies and procedures in this regard. There were good links with local safeguarding bodies.
- Systems were in place to ensure people received appropriate support to take their medicines safely.
- Staff received supervision, felt supported in their role and received the training they needed to support people's needs.
- Staff attitudes and behaviours were responsive, respectful and caring.
- People were supported to take positive risks and their goals and wishes were acknowledged and worked

towards.

- Interactions between staff and people demonstrated personalised, collaborative, action-oriented care and support.
- There were processes in place to manage adverse incidents and complaints. There was evidence that learning from incidents was shared across the service and with healthcare professionals.
- Effective quality monitoring systems were in place and regular audits and checks supported the registered manager and deputy manager to identify concerns promptly to take action to improve the service.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

We received positive feedback about the service and the care people received. The service met the characteristics of 'Good' in all areas. For more details, please see the full report which is at the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: We last inspected The Grange on 16 March 2016. This was a planned comprehensive inspection. At the last inspection the service was rated 'Good' (this report was published on 22 April 2016). At this inspection the service remained 'Good.'

Why we inspected:

We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous 'Good' rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# The Grange

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was completed by two inspectors.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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. The registered manager was the manager for The Grange and other services operated by the provider.

#### Notice of inspection:

The inspection was unannounced. However, our visit to the head offices of the provider on the 21 March 2019 were arranged during our visit to The Grange.

#### What we did:

##### Before the site visit:

We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the site visit:

We spoke with three people about living at The Grange. We observed staff interacting with people throughout the day, including supporting them with daily activities. We reviewed a range of records. This included four people's care records and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service. On 21 March 2019 we visited the provider's office to review recruitment procedures and records. We spoke with the registered manager, the deputy manager, the home's administrator and two support workers.

Following the site visit:

We spoke with three people's relatives about The Grange.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported to take positive risks to meet their personal goals and aspirations.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe living at The Grange. One person said, "Yes I feel safe". One person responded positively when asked if they felt safe and comfortable.
- Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistleblow' and knew which outside agencies to involve if needed.
- Staff operated robust systems to ensure people were protected from the risk of financial abuse. This included daily audits of people's personal monies and expenditures.
- The registered manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.
- The provider's policies supported diversity and equality to protect people from discrimination and harassment. Staff discussed how people's relationship needs were protected and promoted

Using medicines safely:

- Staff who administered medicines had received training and their competency was checked. Staff had information to guide them in giving 'when required' medicines in response to people's varying needs.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Staff checked people's prescribed medicine stocks during every shift handover. This enabled them to identify any medicine errors quickly to maintain people's wellbeing. Staff told us there were rarely any errors and the system enabled them to respond effectively.
- Medicine administration records (MAR) showed people had received their medicines as prescribed.
- One person had a prescribed psychiatric medicine which required staff to monitor the person's health and wellbeing. There was a clear management plan for the use of this medicine, including triggers of when to use the medicine and presenting symptoms staff should be aware of to ensure the person's wellbeing.

Staffing and recruitment:

- Staff recruitment record showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a six-month probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.
- There were enough staff with the right skills and experience to support people. Staff were deployed to assist people out into the community and support people with their one to one care. The deputy manager

explained that recent staff departures had meant the service was using agency staff. These staff had been block booked to promote continuity of people's care and support. All staff we spoke with had a good understanding of people's needs, abilities and preferences.

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

- Risk assessments managed risks to people while taking their individual needs and preferences into account. Referrals to health care professionals were made when people's needs changed; their advice was acted upon and shared with people's close relatives. This included detailed support plans for personal care, behaviour management and activities.
- People were supported to access the community when required. Staff understood the risks to people within the home and the community and when needed people received support from two staff to keep safe when out. People were supported to go on trips using the home's transport and public transport whilst maintaining their safety.
- The continuity of staff (including block booked agency staff) had enabled people to foster positive relationships with staff. The deputy manager explained that people were settled at The Grange which had reduced the number of behavioural incidents. Staff knew what made people anxious and were proactive in reassuring and supporting people.
- There were low level of incidents and accidents between people living at the service. Where incidents had occurred, the service had taken action to reduce any reoccurrences and shared information with healthcare professionals. For example, one person became anxious after a visit from healthcare professionals, as a healthcare professional had used a known "trigger" word (a word which could lead to the person becoming agitated). Staff had managed the incident to protect the person, other people and staff from harm. They discussed the concern with the healthcare professional who confirmed they would always discuss words that should not be said with the management before talking with people. This learning was shared with all staff.
- Where incidents had occurred in the community the staff worked with people and other organisations to reduce occurrences. For example, one person became anxious in the community. Staff had to use recognised positive behaviour management skills, including restraint to reduce the risk to the person and other people. Following the incident staff reflected on the incident and identified causes, which they discussed with the person to prevent further occurrences.
- Staff discussed changes in people's needs and risks at team meetings. Staff spoke positively about how they worked as a team and had a uniform approach when assisting people with their anxieties.
- Each person had a fire evacuation risk assessment in place to provide staff guidance on the support each individual required. These documented people's understandings and personal preferences.

Preventing and controlling infection

- The Grange was clean throughout inspection. Where possible, people were involved alongside staff in maintaining the cleanliness of the home. One person told us, "The home is kept clean and tidy. Sometimes I use the Hoover to clean my room."
- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids.
- Staff completed food hygiene training and there had been no recent infection outbreaks at the service.

# 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.

Good: People's outcomes were consistently good, and feedback confirmed this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People received care and support which was tailored to promote their wellbeing.

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

- People's needs were fully assessed which included ongoing involvement of their close relatives and reviews by a range of health and social care professionals. People's support, for example in relation to their healthcare needs, relationship needs and behaviours, were planned and delivered in line with professional standards and guidance.
- People's choices were taken into account. Their preferred routines and interests were detailed throughout their support plans. Staff understood how to assist people and promote their independence and involvement household tasks or activities. People's wishes were respected.
- When assessing people's needs and delivering care, current legislation was considered and followed. For example, processes followed in adherence to the Mental Capacity Act 2005. Staff respected people's capacity to make decisions.
- People's rights were supported by staff who understand their individual needs and preferences.

Staff support: induction, training, skills and experience:

- People were supported by staff with the appropriate skills and experience to meet their needs. People spoke positively about the staff, comments included: "I like all of the carers" and "Staff know what I like and what I don't like." One person's relative told us they thought the staff were well trained.
- Staff expressed they had all the support and training they required. Comments included: "This is a good home to work in, we have the training we need" and "I feel supported and have what I need."
- There was a culture of continuous learning to make sure staff were competent to support people effectively. Staff training and support needs were identified and monitored through probationary meetings, ongoing supervision and annual appraisal.
- Training records demonstrated all staff received training to keep people safe, such as fire, first aid and safeguarding. Staff also received training in relation to people's health and emotional support needs, such as autism training.
- Staff had access to regular team meetings to evaluate the service and discuss any potential concerns regarding people they supported.
- There was clear guidance to support staff in the management of behaviours that challenge. The registered manager was also a trainer for the provider and trained staff in line with the providers training policies and procedures.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- People had access to a weekly menu which they helped choose and where possible were involved in the meal preparation. Staff understood people's dietary needs and preferences and these were recorded in people's respective care plans.
- One person had required Speech and Language Therapists (SLT) involvement in relation to their dietary needs. This person was at the risk of choking. Staff knew how to support this person, including cutting up their food into bite size pieces and prompting them to take small mouthfuls at a slower pace.
- Staff worked closely with other health and social care professionals to deliver effective care and treatment. One person had a condition in which they fixated on drinking fluids which could impact on their health and wellbeing. Staff monitored the person's fluid intake and had clear guidance on how to support the person to protect them from harm.
- Staff had established good working relationships with a variety of health and social care professionals. Where advice had been sought from healthcare professionals this had been clearly recorded on people's individual care plans.
- Each person had a health record where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded. This included appointments with doctors, dentists and diabetes management. One person was an insulin controlled diabetic and support had been sought in relation to managing their diabetes.
- People's care and treatment was reviewed with health care professionals at agreed intervals, to ensure their care and support remained appropriate and effective.
- People's close relative's views were taken into account in relation to people's care. They were kept informed of all incidents and health related changes by staff.
- One person was living with a condition which could cause them discomfort. The service worked with healthcare professionals and had adapted a plan to support the person to help reduce the discomfort. The service worked with healthcare professionals to discuss the medical support the person could access, including possible surgery.
- The service worked alongside occupational therapists to support one person to maintain their level of mobility within the home. Staff had identified a concern regarding the person's wheelchair and were working with healthcare professionals to find an appropriate solution.

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

- The registered manager and provider had plans in place to refresh areas of the home, which included a newly refurbished kitchen which would enable more people to be involved in day to day meal preparation and promote their independent living skills.
- People's bedrooms reflected their needs, preferences and interests. One person had items which were important to them, such as action figures. Another person had pictures of their family and friends which they could look at and enjoy
- There were plenty of areas for people to enjoy, including a quiet conservatory, a lounge and dining room. People had access to an enclosed back garden which staff told us was popular in the summer. Two people had their own small lounge near their bedrooms. These two people were comfortable in each other's company.

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's capacity had been assessed recently by the service and relevant healthcare professionals in relation to possible changes regarding their living conditions.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The principles of the MCA were understood and the MCA Code of Practice followed. At the time of our inspection everyone living at The Grange was subject to Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the DoLS.
- Staff obtained consent from people before providing care and support. Support plans were sufficiently detailed to assist staff to support people in the least restrictive way.
- People had the capacity to make significant decisions and staff told us how they supported people to make informed decisions, however respected their individual choice. For example, one person liked to be involved in auditing their own finances. Staff explained how they assisted this person to do this, clearly involving them in recording that they had audited their own expenses. This had a positive impact on the person's wellbeing.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported equally, with kindness and encouraged to make decisions about their care.

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

- We observed staff showing kindness and compassion towards people. People enjoyed friendly interactions and were comfortable in the company of staff. We observed one person laughing and smiling when playing a game with one member of staff. One person told us, "I would give my happiness here a 10 out of 10."
- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. Staff supported one person with their wellbeing needs. They were open to discussing the person's wellbeing needs, however would not discuss these needs unless the person wished to discuss them, so as not to make them uncomfortable.
- People were supported to maintain their personal relationships. For example, one person was visited by their partner. The staff supported these visits to help maintain the person's wellbeing. They worked with the person's partner to understand what was important to the person and support their relationship in a positive way.
- People were treated as individuals and equals to staff. While staff supported people, they put them at the forefront of everything they did. One member of staff said, "We base things on what they want. Things such as activities are planned on what people want and can do."

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

- People's communication needs were known, recorded and understood by staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making; including how staff should observe their facial expressions and body language to gauge their preferences.
- The registered manager and deputy manager were aware of the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information in communal areas was presented in a way that people could understand. For example, people had access to individualised pictorial care plans which helped involve them in discussing and reviewing their care plans.
- People we spoke with confirmed they were able to communicate with their care staff and engage with managers directly if needed. One person told us, "I'd speak to my key worker".
- Records we reviewed documented the involvement of advocates who had assisted people in making big

decisions such as where to live, potential medical operations and who could help them with their finances.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and respect. People's privacy and personal spaces were clearly respected by staff. The deputy manager asked people for permission before we entered their personal spaces. Staff supported people to ensure their personal care needs were carried out in private by ensuring doors were closed when support was required.
- Staff supported people to tend to their wellbeing needs in the privacy of their rooms. One person's care plans provided clear guidance to staff on how to support the person, including knocking on their door before entry. The staff worked with the person to implement clear boundaries to ensure other people's dignity was not compromised.
- People's independence was promoted and planned for. People where possible were supported through monthly meetings and other ways in which they could be involved in the running of the home. For example, people were encouraged by staff to keep their bedrooms clean and tidy and plan their own meals for the week ahead. People's views on their support had been documented and were followed. For example, people were involved in discussing which activities they enjoyed and where possible were involved in discussing incidents and how these incidents could be prevented in future.
- People's information was managed confidentially and care records were stored securely in line with the Data Protection Act.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were at the centre of their care, they were part of their wider community and their choices and wishes were respected.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Staff knew how people wished to spend their days. For example, staff understood the different activities people and enjoyed, as well as their personal interests. One person enjoyed attending discos and parties. One member of staff told us how they supported one person to enjoy computer games and that the person enjoyed these games.
- The service was located in a residential suburb of Gloucester, within walking distance of a range of local amenities and bus routes to the town centre. Staff told us people were supported to access the local community daily. One member of staff said, "There are plenty of activities for people and we support them to go out." Transport was provided when needed and on the day of our inspection people were being supported to attend activities using the home's minibus.
- People's records included their personal history, people who were important to them and their needs and preferences. Support plans detailed how staff should support each person, through different parts of their day and for different activities, to enable the person to participate as fully as possible and be in control. For example, people's interests and hobbies were recorded, alongside their personal wishes and goals. Staff understood people's anxieties and life experiences and ensured care and support was provided removing these anxieties where possible. One person was supported to enjoy a bath as they were anxious when using showers.
- People's needs and any changes were communicated effectively amongst the staff through staff meetings, supervisions and daily handovers. This included discussing people's medical appointments, ongoing monitoring of people's needs and recognised approaches all staff should follow when people become agitated. This ensured important information was acted upon where necessary and recorded to monitor people's progress.
- The service responded to people's changing needs. For example, staff were aware of people's healthcare needs and were able to respond when their health deteriorated or impacted on their wellbeing. This included making referrals to healthcare professionals.
- Records we reviewed demonstrated that people's needs were reviewed regularly with commissioning officers, including for those people placed out of county.

Improving care quality in response to complaints or concerns:

- There was a complaints policy in place which advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. One person said, "I would talk to my key-worker if I wasn't happy."
- A version of this was in an 'easy read' format to help people understand how to make a complaint and complaint information was visible in the home where it could be easily available to those visiting.
- People and their relatives knew how to raise any concerns about their or their relatives support.
- The registered manager and deputy manager discussed how they would record and respond to complaints in a timely manner, learned lessons from the results, and how these were shared with all staff.
- In the 12 months prior to our inspection the registered manager had not received any complaints regarding the service.

End of life care and support:

- The provider had an up to date end of life policy available however staff were not supporting anyone with active end of life care at the time of our visit.
- We found that people's wishes on their end of life care had been discussed and documented where relevant and plans put in place to ensure that their preferences would be met.
- The home had good links with other relevant health professionals to ensure support would be available to manage people's symptoms and advanced wishes would be respected.

## 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible, people were involved in the day to day management of the service.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was the manager for The Grange and other services operated by the provider.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager, deputy manager and staff had developed a positive person-centred culture in the service. All staff spoke positively about the care and support they provided and the 'family' culture which had developed between people and the staff team.
- Staff were supported, respected and valued. Staff told us the registered manager, deputy manager and their colleagues were all supportive. One member of staff explained the best thing about working at The Grange was that all staff worked well as a team which meant good outcomes for people. They said, "Is a good home to work in. I enjoy supporting people to do things they enjoy."
- Feedback from staff and relatives about the leadership team was positive. All staff felt the deputy manager and registered manager were approachable and supportive. Comments included, "I feel I can communicate with the management" and "The manager has a good rapport with people's family and us. I think the organisation (Holmleigh) is good to work for".

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

- Staff understood their roles and responsibilities and expectations of staff were clearly communicated by managers through meetings and supervisions. For example, CQC inspections at other services operated by the provider and used supervisions and appraisals to discuss their expectations of staff and the support they could provide the member of staff to support their development.
- Senior staff, the deputy manager and the registered manager carried out quality audits of the service. These audits provided an overview of the home and the support the registered manager and the provider could provide. For example, audits covered areas such as maintenance and people's care and support records
- The management carried out checks on people's daily finances and management of medicine processes within the home. Any shortfalls were addressed through action plans. People's medicines and finances were

checked frequently which meant people were protected from the risk of unsafe management of their medicines and financial abuse.

- A representative of the provider carried out bi monthly regulation visits. These covered all areas of quality in the home and tied into the how CQC inspects each service. These visits provided guidance and support and sought the views of people and staff. Where shortfalls or concerns had been identified, clear actions or recommendations were made. For example, one visit identified that where accidents or incidents had occurred the investigation and outcome of these incidents had not always been documented. Staff views informed changes and recommendations. For example, staff discussions had led to a recommendation for all staff to receive diabetes training. This recommendation had been acted upon.
- The registered manager was aware of regulatory requirements and had consistently notified us when required to do so.
- The registered manager was also the registered manager for other similar size services operated by the provider. The registered manager ensured ideas and lessons were shared between all services to promote effectively development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care:

- Regular staff meetings were held. These were used to review previous minutes, update staff on work practice and upcoming plans. Staff told us these meetings were useful to discuss concerns and share information.
- Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. There was detailed information around how the incident was followed up and what steps had been taken.
- People were continually involved in day to day running of the service. They were able to discuss their views and wishes, such as activities they preferred and any changes they wanted in the home.
- Staff, people and their relatives were kept informed of changes planned at The Grange as far as possible.
- The service worked openly and transparently with external organisations. This included key staff attending care review meetings to share information with local authority assessors.