

The Grange Care Centre (Eastington) Limited

The Grange Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected The Grange Care Centre (Eastington) on the 28, 29 and 31 August 2018. The Grange Care Centre provides accommodation and personal care to 75 older people and people living with dementia. At the time of our visit 68 people were using the service. This was an unannounced inspection.

We last inspected the home on 14 and 15 June 2017 and rated the service as 'Requires Improvement'. We found one breach of legal requirements. We asked the provider to take action to make improvements to the safe management of people's medicines. Additionally, we found there were not always effective systems to drive improvements around people's care records. During this inspection we found that some improvements had been made to the safe management of people's medicine and the regulation was being met, however nursing staff were not always following good practice guidance.

At this inspection we rated the service as 'Good', however we rated safe as 'Requires improvement'.

The provider and registered manager had made improvements to the systems and processes in place to monitor and improve the quality of the service. The registered manager had identified, prior to our inspection, that some people's care records were still not always current. They had implemented a detailed action plan to ensure people's care records were reflective of their needs.

There was a registered manager in post. They had come into post in February 2018 and had identified improvements that needed to be implemented. They also had a clear vision for the development of 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 enjoyed living at The Grange Care Centre (Eastington). People and their relatives told us they were safe at the service and enjoyed active and social lives. People had access to activities which were tailored to their individual needs and preferences. People felt cared for and happy.

People were supported with their ongoing healthcare needs. Care staff supported people to access the healthcare support they required. People told us they enjoyed the food they received within the home, and had access to all the food and fluids they needed. Where people needed support to meet their nutritional needs, these needs were met.

The service worked with healthcare professionals to assist people at various stages of their life, including end of life care. Healthcare professionals spoke positively about the registered manager and recent developments at The Grange Care Centre.

People were cared for by staff who were supported and trained to meet people's individual needs. Staff

were provided with opportunities to develop and access additional training to further improve their skills. The registered manager had implemented a new training and development initiative for care staff to become nursing assistants. Staff spoke positively about the support they received and felt their development was promoted.

People and their relatives spoke positively about the management of the service. The registered manager ensured people, their relatives and external healthcare professionals' views were listened to and acted upon. The registered manager had systems to assess, monitor and improve the quality of service people received at The Grange Care Centre.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Nursing staff did not always meet the providers expectations in relation to the management of people's prescribed medicines. The registered manager was taking immediate action to ensure all staff handling medicines had their competency assessed and to identify and rectify any medicine related concerns.

There were enough staff deployed to meet the personal care needs of people and staff told us this was improving. People felt safe living at the home.

The environment was maintained and staff were aware of how to protect people from the risks associated with their care.

Requires Improvement 

Is the service effective?

The service was effective. Care staff had access to the training and support they needed to meet people's needs. Care staff were supported to develop professionally and achieve promotions.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their care.

People received the nutritional support they needed. People were supported with their healthcare needs. The service worked with healthcare professionals to assist people with their anxieties.

Good 

Is the service caring?

The service was caring. Care staff knew people well and were aware of what was important to them.

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

Care staff engaged with people positively, which benefitted people's wellbeing.

Good 

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and people received care which met their individual needs. People's care plans had been rewritten and provided staff and healthcare professionals with clear information.

People enjoyed living at The Grange Care Centre. People were supported with activities which reflected their individual needs and interests.

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?

Good ●

The service was well led. The registered manager had ensured there were systems in place to improve the quality of service people received. The registered manager had a clear vision for the service and was implementing changes to develop the wellbeing of people living at The Grange. Care staff and nursing staff were aware of this vision and were committed to helping to achieve this.

People and their relatives' views regarding the service were sought and acted upon. The registered manager ensured staff could communicate their views and they sought the guidance and feedback of healthcare professionals.

Staff were supported to develop and take on additional responsibilities within the service.

The Grange Care Centre

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 28, 29 and 31 August 2018 and it was unannounced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts had experiences and knowledge of caring for older people. At the time of the inspection there were 68 people living at The Grange Care Centre.

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 also spoke with two healthcare professionals.

We spoke with 11 people who were using the service and six people's relatives. 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 13 staff members; including seven care staff, a nurse assistant, three nurses, one activity co-ordinator and the registered manager. We also spoke with a representative of the provider. We reviewed eight people's care files, care staff records and records relating to the general management of the service.

Is the service safe?

Our findings

At our last inspection in June 2017, we found people did not always receive their medicines as prescribed. Nursing staff did not always accurately record the support they provided people with their prescribed medicines. Nursing staff did not always keep an accurate record of people's medicine stocks. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action and they sent us an action plan which stated how they would meet the regulations in full. At this inspection we found the registered manager and provider had made improvements to the systems which governed people's prescribed medicines. Although the requirements of the regulations were now met some nursing staff did not always follow good practice set by the service.

At this inspection we found some nursing staff were not always acting in accordance with the proper and safe recording of medicines. For example, two people had not always received their medicines as prescribed, however nursing staff had recorded that they had administered these medicines. Nurses would therefore not know from people's medicine administration records whether they had received their medicines as prescribed which increased the risk of medicine errors occurring. The registered manager had systems to identify these concerns, however a member of nursing staff had not followed this system on the 28 August 2018. The risk and impact to people was minimal as staff had ensured when an omission had taken place that the person's GP was called and management plans were implemented to ensure the wellbeing of the person. We discussed this concern with the registered manager, who discussed the actions they had taken and the future usage of nursing assistants. They explained all staff handling medicines had their competency assessed and any concerns were identified and rectified immediately.

Nursing staff did not always keep a clear record of the temperature of rooms containing people's prescribed medicines. However, nursing staff had measures in place to ensure people's prescribed medicines were stored at temperatures in accordance with the manufacturers guidelines. The registered manager was aware of this concern and had taken action to ensure temperatures were recorded daily as required.

People's prescribed medicines were kept secure. Where people required controlled drugs (medicines which required additional management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines guidance.

We observed one nurse assisting people with their prescribed medicines. The nurse clearly communicated what the medicines were for and asked if the person wanted to take them. The nurse encouraged the person to take their medicines in a patient, gentle and reassuring manner. The person was in control throughout, offered choice by the nurse and given a drink to help swallow them.

People felt safe living at the service. Comments included: "I feel real safety, there's no waiting" and "I feel I am safe here." Relatives told us they felt their relatives were safe. Comments included: "I never worry. I know they will do their best for mum and they will ring me straight away if anything isn't right" and "They're (relative) comfortable here."

People were protected from the risk of abuse. Care staff, nurse assistants and nurses 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 talk to the nurse in charge or go to (registered manager)". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "We are all aware of the safeguarding and whistle blowing procedures. If we feel things aren't safe we'd take it further". Care and nursing staff told us they had received safeguarding training.

The registered manager responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the registered manager had ensured all concerns were reported to the local authority safeguarding team and CQC.

People could be assured the home 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. Fire exit routes were checked to ensure they were clear in the event of a fire so people could be safely evacuated. There were personal emergency evacuation plans for each person. A copy of these plans was kept alongside fire safety documents in the event of an emergency. The registered manager and provider had made changes to the environment including decoration to ensure the premises remained safe and in good condition.

People had been assessed and where staff had identified risks in relation to people's health and well-being these had been reduced or removed altogether. These included risks associated with 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 been assessed as being at risk of skin damage as they required assistance from care staff for all their mobility needs. There was clear guidance for care and nursing staff to follow to protect this person and maintain their health and wellbeing. Care staff explained how they assisted this person and how they would raise any concerns they had about the person's skin, to the nurses.

Some people had allocated one to one care to ensure their safety and maintain their wellbeing. For example, one person had one to one care in place due to their increased risk of falls. Another person had a period of one to one care to assist them with their wellbeing following incidents of increased anxiety. One to one care was often provided by agency staff. Staff had a clear understanding of the reason for the one to one care and how this should be supported to improve the person's wellbeing. We spoke with a healthcare professional whose role it was to assess people's one to one care needs. They spoke positively about the service and how they were managing these needs and reducing people's anxieties. They said, "The service is working well with people and taking positive steps."

We observed that when people who were displaying behaviour that others found difficult to manage, staff were vigilant and demonstrated good knowledge and skills when assisting people with their anxieties to keep people safe from any negative interactions.

People and their relatives told us there were enough care and nursing staff to meet their needs and they could seek the attention of care staff when required. Comments included: "No matter where you are there's always staff on hand", "There's usually enough staff on duty" and "There's always somebody about."

Care and nursing staff felt there were enough staff to meet people's day to day needs. They discussed

changes in the staffing team had provided some challenges however the change had had a positive impact on morale. Comments included: "The staffing here is good. It's a lot better for the residents now, we have a better skill mix"; "Generally, yes, we have the staff we need, it's better. The registered manager has moved staff around which has improved our skills and the staff mix" and "We have had some struggles, however it's never unsafe. I know they're recruiting and the morale here is good". The registered manager told us recruitment was ongoing and discussed how they arranged staffing at the service. They also explained how they determined what number of staff were required to ensure people were cared for safely.

There was a pleasant and lively atmosphere within the home. Care staff, nursing assistants and nurses had time to spend with people throughout the day. People enjoyed sitting with staff in communal areas of the home, engaging with them at mealtimes, during activities and when entertainers were providing people with a lively music session.

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 clearances from the Disclosure and Barring Service (DBS) (criminal record checks) to ensure staff were of good character.

Is the service effective?

Our findings

People were supported by care and nursing staff who had received effective training and support to meet their needs. People and their relatives felt care and nursing staff were skilled and trained. Comments included: "The staff here are good – the nursing staff are exemplary"; "It's been excellent for mum here. The staff are wonderful and they treat mum with a lot of kindness and understanding" and "They know how to help us."

Care staff, nursing assistants and nurses told us they felt they had the training they needed or could access this training on request. Comments included: "I've done all my training, training is always displayed on the staff room notice board. We're doing the dementia experience"; "I have all the skills and training I need" and "(Registered manager) has really pushed mandatory training. There has been a focus on ensuring we have the skills we need." A member of staff discussed how they were supported by the registered manager to develop and start a role as a nursing assistant. They told us, "I feel like our skills are being recognised. Our training and development has really been pushed. We are getting everything we need." Another member of staff, being supported with this change, told us, "I was asked if I wanted to train to be a nursing assistant. I did all my medicines training, I was well chuffed. It felt like my skills had been recognised."

The registered manager explained that one of their first actions was to improve the level of staff training at the service. The provider and the registered manager had identified that most staff had not completed or refreshed their training in accordance with the provider's expectations. The registered manager informed us that since February 2018, the completion of staff training had dramatically improved. There had also been a focus on providing high quality person centred care for people.

Staff told us they could request additional training and qualifications including diplomas in health and social care and management in care and felt supported to develop in their role. One member of staff told us, "I completed my NVQ 2 (qualification in health and social care). They really support you here to develop; give you time with the assessor. I have all the training I need." Another staff member told us, "I did my NVQ and it's helped me a lot."

Care staff had access to supervisions (one to one meetings) and appraisals with their line manager or the registered manager. All staff told us they had regular supervision sessions which were helpful and that they felt supported. Staffs' comments included "We are doing supervisions, they are helpful"; "We have supervisions and competency assessments, it has helped improve the skill mix here" and "We have the support we require. (Registered manager) is great. We felt a bit stagnant, we had all this training which we couldn't use, they've recognised that and supported us." The registered manager had plans in place to ensure all staff had access to an appraisal and regular supervision.

The registered manager and nursing staff ensured people's capacity to consent to their care had been recorded in accordance with the Mental Capacity Act 2005. 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 a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. Where staff were concerned that a person did not have the mental capacity to make a specific decision, they had completed a mental capacity assessment. These assessments clearly documented if the person had the capacity to make the decision. For example, one person's mental capacity had been assessed in relation to decisions about the administration of their medicines. The person was assessed as not having the mental capacity to understand the risks if they did not take their prescribed medicines, however could choose how they wished to receive these medicines. The person was being supported with one to one care and an assessment had been made of the impact this may have on the person and their ability to make specific decisions about their medicines. Where people had mental capacity, they were involved in planning their care and had signed to show they consented to receiving their care. People's care records showed where they could make decisions in relation to their day to day care, and how they communicated their choices, such as around eating and drinking.

Where people were unable to leave The Grange Care Centre without supervision, because they were at risk of harm and neglect if they left, the registered manager had made a Deprivation of Liberty Safeguard (DoLS) application for each relevant person. 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). All applications had been approved as the care each person received in The Grange Care Centre had been assessed by healthcare professionals to be in their person's best interest. We observed care staff supporting this person to go for walks outside of the home, which reflected their personal choices. People's care plans also documented how people should be cared for in the least restrictive manner.

Care staff understood the principles of the MCA and DoLS and knew how to promote and support people's choices. Comments included: "We always give people choice. (One person) is not verbal, however we can give them simple choice, they'll communicate their choice with support and patience"; "We show people meals if this helps them make a choice. Where people can't make a choice, we work in their best interests, we know what they like and how they need to have things" and "We always have to offer choice."

We observed and people told us they were always offered choice and were in control of their care. Comments from people included: "I like it here, the fact that I can do what I want when I want, like have my hair done every other day" and "I like the way they always ask me before they do anything. I expect that some of them think I'm an old fuddy-duddy but they don't treat me that way. Most of them know how I like things done, but they still check."

Staff explored causes and triggers of people's anxiety to find ways to support them without the need for sedation. For example, staff had identified one person who had recently exhibited behaviours which challenged or when they became anxious. The service were working with healthcare professionals and had implemented a clear behaviour plan to enable care and nursing staff to assist the person and maintain their wellbeing. The service had sought the advice of healthcare professionals to help review the person's medicines and involved the person's GP in assessing the person's continued care and support.

People had access to health and social care professionals and their care records showed these professionals had been involved in supporting people. People had been referred to a GP, dentist and an optician and were supported to attend appointments when required. For example, some people had required the support of a dentist to ensure their oral health needs were met.

Where people were at risk of choking or malnutrition they were provided with a diet which protected them from these risks, such as textured altered (soft or pureed) meals and thickened fluids. Care and nursing staff

knew which people needed this support. For example, one person was assessed as being at risk of choking. There was clear guidance in place for staff to support this person with their meals and drinks in order to reduce the risk of them choking. Guidance had been sought from speech and language therapists and this was clearly referenced within their care plan. Care staff confidently discussed how they assisted this person to support them to maintain their health and wellbeing.

People spoke positively about the food and drinks they received in the home. Comments included: "The food is smashing"; "I like it and you always get a choice" and "I like the food, it's good."

People's dietary needs and preferences were documented and known by care, nursing and catering staff within the home. The home's chef knew what food people liked and which foods were required to meet people's nutritional needs. The chef and care staff were informed when people had lost weight or if their dietary needs had changed. People's care plans documented their dietary needs, such as a pureed or soft diet.

The provider and the registered manager had continued to make changes to the environment of the home, with the aim of making the home dementia friendly and enable people to orientate themselves. The registered manager had ensured new carpets had been provided and changes had been made to the home's courtyard to provide a stimulating and varied environment.

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Comments included: "It's been excellent for mum here. The staff are wonderful and they treat mum with a lot of kindness and understanding"; "One of the best homes in the local area, staff are always including and talking to the residents" and "I like it here, I am really happy."

People enjoyed positive relationships with care, nursing assistants, nursing staff, activity co-ordinators and the registered manager. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by the staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person requested support and pain relief as they had an issue with their hand; this support was provided quickly and a nurse came to ensure the person was safe and comfortable. The person told us they were happy with the support they received and spoke positively about the staff. They said, "They're good, I'm happy and I cause them trouble."

People engaged with staff and were comfortable in their presence. They enjoyed friendly and humorous discussions. We observed occasions where people were enjoying time in each other's company. People talked to each other and clearly respected each other. Two people were enjoying a quiet sit down in one of the home's lounges. They enjoyed the chats they had with care staff who came into the room and were comfortable.

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us how they understood what was important to people they cared for. For example, one person spent time in their own room and enjoyed listening to certain types of music. Staff clearly knew how to support this person to make simple decisions and understood how they communicated when they were happy.

People enjoyed listening to music which was played for them. A member of staff asked two people if they would like to listen to some music, the member of staff knew what music the people liked. The people enjoyed singing along to some well-known old songs. The staff member then commented to them that she knew they would like the music and when she left the room people continued singing along.

Staff demonstrated that they knew how to approach people in ways which supported and helped them with decision making. Staff were skilled in informing people of their options and empowering them to make choices in a way they understood. For example, one member of staff provided one person with two choices. They person communicated their choice back and this was respected.

People's dignity was respected by all staff at the home. We observed staff assisting people with their daily needs. Where people required support, they ensured this was carried out in privacy so the person was not made to feel uncomfortable. Care staff told us how they respected people's dignity and what they would do

if they ever felt someone's dignity had been compromised. Comments included: "We always ensure people receive personal care in private, if we see something then we raise it, as it shouldn't happen" and "People need to be comfortable and safe. People's privacy is respected."

People were able to personalise their bedrooms. For example, people had decorations in their bedroom which were important to them and showed their interests. People were supported to make decisions around their room, including the colour.

Where possible, people were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and their wants and wishes regarding their end of life care. This person had also decided to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

People's cultural and religious needs and preferences were recorded and respected. When people came to stay at The Grange, the support they required to meet these were clearly recorded. All staff were aware of people's diverse needs and preferences and knew how to support them.

Is the service responsive?

Our findings

At our last inspection in June 2017 we found that improvements had been made to people's care plans and risk assessments did not always reflect the needs of people. However further time had been required to ensure all people's care plans were reflective of their care needs. Due to this we rated "Is the service responsive" as 'Requires Improvement' in June 2017. At this inspection in August 2018 we found further improvements had been implemented and sustained by the registered manager and the provider.

The registered manager explained that since their arrival they had worked with staff to ensure people's care plans and risk assessments were current, contemporaneous, person centred and reflective of their needs. The registered manager wanted the care plans to be easier for all staff and healthcare professionals to access and read when required. One healthcare professional spoke positively about these changes and told us, "The care plans are clear, which is what you want. Previously they were always out of date, now when I read them I get a good understanding of the resident and their needs." Care staff also told us the care plans were easier to follow. One member of staff said, "They are so much better, we can now find the information we need quickly, they tell us what we need to know."

People's care records 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 and nutrition. People's care plans were personalised and included their individual life histories and preferences. For example, one person's care plan provided clear details for how they should be supported with their personal care and 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. People's important relationships were recorded. Where people had relatives or representatives involved, it was clearly recorded where they should be involved and what decisions or changes in their needs or care they should be informed about.

People's relatives told us they were informed of any changes in their relatives' needs. For example, one relative spoke confidently that staff would contact them if their relative was unwell. They said, "We're informed of any changes or incidents. They do let us know and seem to be on the ball."

Staff responded well when people's needs changed. When people's needs changed the registered manager and care staff ensured the advice of healthcare professionals was sought. For example, one person was exhibiting behaviours which challenged more frequently. The service worked with healthcare professionals to ensure the wellbeing of the person and others were protected. One to one care had been arranged for a period of time to support this person and promote their wellbeing.

People had access to activities, events and interests which they enjoyed and which reflected their needs, interests and preferences. On one day of the inspection we observed people engaged in a range of activities and events. For example, people enjoyed a singing and dancing session in the home's pub room. Additionally, an entertainer came to the service and provided people with entertainment. People were engaged with dancing with staff which they also enjoyed. One person told us afterwards, "It was fun." A

healthcare professional told us, "There always seems to be something going on and the pub is always lively."

The registered manager was liaising with a staff member from a charity who focused on building community connections called a 'community-builder', to help develop relationships with local services. The registered manager explained the importance of engaging the local community within the Grange as well as accessing local amenities. They explained how people had been supported to go to a local pub and the benefit this change of environment had on people.

People could move freely around the home and were engaged in ad hoc activities. For example, people enjoyed accessing the home's courtyard and enjoyed getting involved in gardening. People were supported to go for walks around the home's grounds or be engaged with small chores such as dusting.

The home used social media to advertise events and enable people's family members to see their relative enjoying events within the home. People's consent had been sought to put photos on Facebook. Staff and relatives told us this was a good way for them to see when people had been on excursions and when events had occurred at the home.

People and their relatives knew how to make a complaint if they were unhappy with the service being provided. The registered manager kept a record of complaints and compliments they received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. The registered manager used people's concerns and complaints to improve the service for people, regardless if the complaint was upheld. For example, when concerns were raised about the communication from a nurse, the registered manager took effective action to address this. They discussed the concern during handover meetings and had discussed the actions staff should take when receiving information of concern.

People were supported with their end of life care. At the time of our inspection one person's health and wellbeing had declined. Nursing staff contacted the person's healthcare professionals to ensure the person had access to appropriate prescribed medicines. The home ensured the person's family and representatives were informed and ensured the person was not left alone. The focus of staff was to ensure the person was comfortable, safe and had a dignified end of life.

Is the service well-led?

Our findings

At our last inspection in June 2017 we found that the registered manager and provider had made improvements to ensure the safety and quality of the service, however further time was required to ensure the effectiveness and sustainability of the new systems and processes. Since this inspection a new manager had been registered with the CQC and we found quality assurances systems were operated effectively.

All staff told us they felt supported by the registered manager and their management team. They told us they had the information they needed on the service and in relation to people's needs to carry out their work safely and effectively. Comments included: "We are definitely supported and we have the guidance and direction we need"; "You always see the manager around the home, very approachable" and "The 11 (at 11) meetings are brilliant. Everything is passed around and acted upon. We have good communication."

The registered manager had a clear development plan and vision for the service. This focussed on supporting people to lead fulfilling lives and providing person centred care. Staff were aware of this vision and spoke positively about the changes which had been made. Comments included: "It's lots better for the residents now. There are more activities and a lot more community engagement"; "Things are pretty positive at the moment. There is a clear focus on people and making their lives full"; "There is a lighter atmosphere here, very much resident friendly" and "It feels like we're getting somewhere. We're making people happier." The new registered manager had also been committed to staffs' training and development so staff could take on new roles, such as becoming nursing assistants. They explained the importance of valuing staff and utilising their skills.

The registered manager had implemented action plans following their own assessment of the service and after looking at the areas that required improvement. These action plans included any concerns or shortfalls identified through the home's auditing system. For example, night time monitoring visits took place, care plans and mealtimes were audited and an audit on the management of medicines had been added to the home's master action plan.

The registered manager reviewed their action plan to evidence where improvements had been made and where further progress was required. For example, they were able to evidence improvements had been made in relation to people's care assessments and in the completion of staff training. This evidenced that these processes were effective in driving improvements and the improvements had been recognised by people, their relatives, staff and healthcare professionals. For example, improvements in relation to training had been recognised and appreciated by care staff and healthcare professionals praised the development and improvements in people's care plans and assessments.

Improvements had been made to the systems nursing staff used for the administration of medicines. Audits had identified improvements which had been implemented. We found some individual mistakes regarding people's prescribed medicines, which had no impact on the wellbeing of people. The systems implemented by the registered manager and provider would enable staff to pick up these concerns, however further improvement was required to ensure the system was fully effective in doing this. The registered manager

was also training up nursing assistants to be involved in the people's prescribed medicines. There was an aim for nursing assistants to reduce pressure and workload of nurses as well as enabling the staff to professionally develop.

The registered manager had an action plan in relation to improvements they wished to make to the home's environment, which included accessing support from a charity who focused on building community connections. The registered manager shared their ongoing action plan with us and this detailed the action being considered, the timeframe and the benefit this would have on the people living at the service and on staff. For example, plans to develop a wooded area of land in front of the home, to provide a stimulating environment (using lights) to link the residents with the wider community." The registered manager discussed how they had worked with the charity previously. They had a focus on integrating the home with the local community to improve the wellbeing of people and their opportunities. They explained a representative for the charity had made connections with local services and visited a housing development next to the home to identify connections or opportunities which could be developed. Care staff and activity staff spoke positively about these developments and the aspirations of the registered manager.

The registered manager also carried out monthly audits in relation to incidents and accidents and health and safety. People were protected from risk as the managers ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents. The registered manager mapped where incidents occurred within the home and ensured accidents and incidents were discussed in daily meetings. These processes had identified a reduction in incidents since June 2018.

The provider carried out their own quality assurance audit of the service. A representative of the provider carried out a quality check of the service carried out quarterly checks. These audits were detailed and reflected the key questions asked by the CQC. This audit identified shortfalls around the quality of service people had received. Following each audit there was a clear action plan detailed. The registered manager ensured actions had been taken following a review in January 2018, which evidenced improvements at the service at the April 2018 audit.

The registered manager carried out a daily meeting with all staff working at the home. The aim of the meeting was to ensure key areas such as people's needs, admissions and any concerns were communicated to all staff teams. At each meeting different staff members would be nominated to attend, to ensure all staff had the ability to develop and express their views. During our inspection we attended one meeting where staff talked openly about the home and current events. These meetings enabled important messages and ideas to be communicated throughout the home. For example, mealtime suggestions for one person were clearly discussed and acted upon to ensure the person could have a choice of meal and their preferred option without delay. Staff we spoke with spoke positively about these meetings.

The registered manager arranged team meetings for all staff. Team meeting minutes were available which clearly documented the topics of discussion, such as changes to the home's environment and staff expectations.

We spoke with the provider about the service and the inspection history of The Grange Care Centre. We discussed the importance of sustainability and maintaining improvements. The provider discussed their commitment to support the registered manager with the view of continually improving the service to provide people with a fulfilling and active life.