

Mrs D Jolly and Mr Stephen Sams

The Grange

Inspection report

72 Stump Lane
Chorley
Lancashire
PR6 0AL

Tel: 01257241133

Website: www.thegrangeresthome.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of The Grange on 31 July 2017. The Grange is a residential care home for adults with dementia and /or mental health illnesses. It has 22 single rooms and 2 twin bedded rooms on two floors. There is a lift to access the second floor. There are a number of communal areas as well as a garden area to the rear. The Grange is located near Chorley town centre. It has a car park and the front entrance has a ramp. There were 18 people who lived there at the time of our inspection.

At the time of our inspection there was no registered manager in post. The registered manager had applied to de-register with the Care Quality Commission. There was an interim manager who was in the process of completing an application to become the registered manager. 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.

At our last comprehensive inspection on 27 September 2016. We found nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to seeking consent, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance, fit and proper person, failure to manage risks of malnutrition effectively, and failure to send notices of change and other incidents. We issued two warning notices in relation to the breaches of regulations relating to safe care and treatment and good governance. We asked the provider to achieve compliance by 22 December 2016.

We undertook a focused inspection on 22 February 2017 to check that the provider had followed their plan and to confirm that they met legal requirements following enforcement action. The focused inspection covered the safe and well led domains only. The provider met the requirements for these two domains. However there were remaining breaches in relation to the management of people's nutrition, safeguarding service users from abuse and improper treatment, seeking consent and staff training and supervision. These issues were monitored as part of this inspection.

During this inspection on 31 July 2017 we reviewed what actions the provider had taken to improve the service. We saw that significant work had taken place since our last inspection to improve the safety, effectiveness and quality of the service. The provider had met the requirements in relation to seeking consent, staff training, managing people's nutrition and safeguarding people from abuse and improper treatment. Further improvements were required in respect of medicines management.

Feedback from people and their relatives regarding the care quality was positive. Views from all the visiting professionals we spoke with were positive.

People who lived at The Grange told us that they felt safe and there was sufficient staff available to help them when they needed this. Visitors and people who lived at the home spoke highly of the provider and

care staff. They told us that they were happy with the care and treatment.

There were up to date policies and procedures in use by staff.

We saw copies of satisfaction surveys that had been completed by relatives and people who lived at the home. The majority of these surveys demonstrated people thought their care and the staff who supported them were excellent.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found there were policies and procedures on safeguarding people. Staff had received up to date training in safeguarding adults; they showed awareness of signs of abuse and what actions to take if they witnessed someone being ill-treated.

Safeguarding incidents had been reported to the relevant safeguarding authority. Staff had documented the support people received after incidents. Staff had sought advice from other health and social care professionals where necessary. There were risk assessments which had been undertaken for various areas of people's needs. Plans to minimise or remove risks had been written and reviewed.

The level of staffing on the day of the inspection was sufficient to ensure that the current number of people who lived at the home had their needs met in a timely manner. Systems were in place for the recruitment of staff and to make sure the relevant checks were carried out before employment.

Improvements had been made in respect of staff training and development. Staff had received regular training in various aspects of health and social care. Records for medicines and audits had been completed appropriately. However people did not have plans of care for 'as required medicines', we discussed this with the interim manager who rectified this immediately.

People were protected against the risk of fire. Staff had received fire safety training and regular fire safety inspections had been undertaken. The building fire risk assessment had been kept up to date and fire equipment serviced in line with related regulations.

There was an infection control policy and the environment had been kept clean. People's bedrooms were personalised to their tastes to reflect their choice. The provider had made attempts to ensure the environment was suitable for people living with dementia however this was work in progress and more work was due to be done.

The systems used in the recording of information about seeking people's consent and undertaking mental capacity assessments when the planning for their care had improved since our last two inspections. We found care planning was done in line with Mental Capacity Act 2005 (MCA). Staff had received mental capacity training and the majority of the care staff showed awareness of the MCA and how to support people who lacked capacity to make particular decisions. Improvement of staff knowledge was needed to demonstrate how they can apply the MCA in their day to day roles.

People who lived at the home had access to healthcare professionals as required to meet their needs.

There were improvements in staff training and development. Staff had received induction and appraisals. However improvements were required to ensure all staff had received supervision and to ensure there was a system for monitoring when staff were due for their supervision. Feedback from staff regarding the training was positive.

We found improvements in the way care plans had been written and organised. Care records were written in a person centred manner. People who lived at the home and their relatives told us they were consulted about their care. The provider had sought people's opinions on the quality of care and treatment being provided. This was done through relatives and residents meetings and annual surveys.

There were improvements in the way people were supported against the risks of malnutrition and weight loss. Risks of malnutrition and dehydration had been assessed and monitored. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

People were supported with meaningful daytime activities. However, there were limited meaningful activities on the morning of the inspection. The provider was in the process of employing an activities co-ordinator.

The provider had continued to improve the management systems in the home. Internal audit and quality assurance systems were in place. These had been implemented to assess and improve the quality of the service and to proactively identify areas of improvement. Care files, staff files, medicine administration records and environmental checks had been audited.

The visions and values of the service had been shared with staff, people and their relatives. We received mixed feedback from staff and relatives regarding management. Staff we spoke with told us they enjoyed their work however they did not feel they could share their views regarding the quality of the service or care and feel listened to. We shared the feedback with the provider. Staff surveys had been carried out however staff informed us they were not confidential and they could not fully express their views.

There was a contingency plan to demonstrate how the provider would respond to eventualities which may have an impact on the delivery of regulated activities.

People and their relatives felt they received an excellent service and spoke highly of the staff. They told us the staff were kind, caring and respectful and that their dignity privacy and confidentiality was maintained.

We found the service had a policy on how people could raise complaints about care and treatment and one complaint received had been dealt with appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

People and their relatives felt they were safe. Feedback was positive.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risks had been put in place.

People's medicines had been safely managed. Staff had been trained in the safe administration of medicines.

Staff had been safely recruited and disciplinary measures were in place.

Is the service effective?

Requires Improvement ●

The service was being responsive but the improvements made in this respect needed to be fully embedded. The provider needed to continue to evidence that the improvements could be sustained and consistently achieved.

People's capacity to consent to their care had been recorded in line with the Mental Capacity Act 2005 principles.

Staff had received training, supervision and appraisal. Improvements were required in respect of supervisions.

People's health needs were met and specialist professionals were involved appropriately. Risks associated with nutrition had been managed and people's nutritional needs had been met.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

People had been supported to plan for their end of life care.

Is the service responsive?

Good ●

The service was responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve. Care plans reflected people's needs.

The provider had gained the views of people who used the service and their representatives.

People had been provided with appropriate meaningful day time activities and stimulation to keep them occupied.

There was a complaints policy and people and their relatives told us they felt they could raise concerns about their care and treatment.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was no registered manager in place. A manager was in the process of registering to become a registered manager.

People, their relatives and staff gave mixed feedback on management style which was impacting on morale. The provider was very committed to delivering good quality care.

There were governance systems within the service. Management oversight had been provided to monitor the overall running of the service.

Systems for assessing and monitoring the quality of the service had improved and all areas of concerns had been adequately addressed to meet regulations.

There were up to date policies to inform practice and meet regulations.

The Grange

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 is 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 31 July 2017, and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert involved in this inspection had expertise in the care of older people.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This was due to technical problems. We took this into account when we inspected the service and made the judgements in this report. 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.

Before the inspection we gained feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We spent time talking with people who lived at the home. We reviewed records and management systems and also undertook observations of the environment and the care delivery. We spoke with three relatives, six people who lived at the home, the registered provider, the interim manager, two professionals who had visited the service and eight care staff. We looked at six people's care records, staff duty rosters, three recruitment files, the accident and incident reports book, medicine's records, service policies and procedures, service certificates and service maintenance records.

Is the service safe?

Our findings

All people and their relatives spoken with told us they felt safe and secure in the home. Comments included, "Yes I feel safe there are always lots of people round to look after me. I have a lock on my bedroom door and a buzzer if I need help", "I have peace of mind here. I have never felt frightened or concerned about anything. They are wonderful at looking after us.", "I do feel safe because the floor staff are lovely. They always check if I am alright. I do get frightened, but I am frightened of myself because I fall over. I know the staff come and check me every two hours if they don't see me in the lounge."

Relatives felt that their family members were safe. Comments included; "[My relative] is perfectly safe. I have never had any worries about her.", "[My relative] is very safe. The doors are always locked and they attend to mum very quickly if she needs help."

A visiting professional told us; "I have no concerns and feel confident with the staff here", "They know how to protect people."

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff confirmed they had received training and guidance on safeguarding and protecting adults.

There were policies and procedures to support an appropriate approach to safeguarding and protecting people. Information on safeguarding adults at risk, including guidance from the local authority was on display in the service. Staff told us they were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. We discussed and reviewed some of the previous safeguarding concerns and action taken with the provider. We found appropriate action had been taken.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risks were considered as part of the care planning process. The risk assessments included: dependency, skin integrity, malnutrition and risk of falls. Strategies had been drawn up in care records to guide staff on how to monitor and respond to identified risks. The assessments were kept under review monthly or earlier if there was a change in the level of risk. Referrals were made to relevant health and social care agencies as appropriate. Each person had a personal emergency evacuation plan in the event of emergency situations. There were separate risk assessments to support independence, including people accessing the community and the safe use of equipment such as hoist and bathing equipment.

We looked at the arrangements in place for managing people's medicines. People were satisfied with the way their medicines were managed. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference. We saw

medicine records contained pictures and names of each person. This ensured the right person got the right medication.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted that the medicines administration records (MAR) were well presented and organised. Medicines audits (checks) were in place and we saw monthly checks carried out by the interim manager.

The MAR provided clear information on the name and strength of the medicines and dosage instructions. The records we looked at were mostly clear, up to date and appropriately kept. We noted two examples where specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines were not available. The protocols were important to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered. We spoke to the interim manager and the provider who took immediate action during the inspection to rectify this. Processes were in place for care staff to sign in confirmation of the application of people's external medicines, such as topical creams. There were recording charts with 'body map' diagrams for care staff to refer to and complete.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Controlled drugs were stored in a secure cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

We looked at how the provider managed staffing levels and the deployment of staff. We requested a month's staffing rotas including the week of the inspection. We found the rotas indicated there were sufficient staff available for the 18 people who lived at the home. The interim manager was on duty five days a week to oversee care and senior staff were on the day shift across the week and at the weekend to help supervise staff. There were two staff on duty at night.

The registered provider told us that the staffing levels were kept under review and were flexible in response to the needs and requirements of the people who lived at the home. They also informed us they were in considering different tools for monitoring and determining staffing levels. This monitoring of staffing against dependency would be essential when people's needs changed and more staff were needed to meet people's individual needs.

Two new staff had been appointed since we last visited the service. We looked at the records of three staff members employed at the service. We saw that all the checks and information required by law had been obtained before staff had been offered employment in the home.

The provider had a recruitment policy in place and this was followed by the interim manager. Applicants for jobs had completed application forms and been interviewed for roles within the service. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. The provider had a disciplinary procedure in place to respond to any poor practice. All records seen met the current regulatory requirements. This meant the provider had taken appropriate steps to ensure only suitable staff were employed to work in the home.

We reviewed the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found the premises to be clean. One relative commented, "The cleanliness of the service is

really good. I am really happy with things." Health and safety checks were carried out on the premises on a regular basis. There were accident and fire safety procedures available. There were contingency arrangements to be followed in the event of emergencies and failures of utility services and equipment. Records showed arrangements were in place to check, maintain and service fittings and equipment, including electrical safety, water quality, water temperatures, fire extinguishers, hoists and the passenger lift. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out.

Is the service effective?

Our findings

At our previous comprehensive inspection of The Grange in September 2016, we found the service had not taken effective action to ensure people's capacity to consent to care was taken into consideration. This was because mental capacity assessments and documentation regarding people's capacity to consent to care had not been completed. We also found people had not been safeguarded against the risk of improper treatment. This was because the provider had failed to refer people to the local authority for Deprivation of Liberties (DoLS) authorisations in line with the principles of the Mental Capacity Act, 2005 (MCA).

We also found risks of malnutrition and weight loss had not been adequately managed. This was because people were not weighed regularly and nutritional care plans were not effective. There were also shortfalls in staff training and supervision. These were breaches of Regulation 11, regulation 13, regulation 14 and regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After our comprehensive inspection in September 2016 we asked the provider to send us a report telling us the actions they had taken to address these shortfalls. The provider completed an action plan.

During this inspection we reviewed what actions the provider had completed to achieve compliance with the regulations. We could see that significant and productive work had been done by the management and staff to improve care planning, staff training and development and the assessment and recording of people's nutritional needs and risks of malnutrition. There was an improvement in seeking people's consent and referring to the local authority people who required DoLS authorisations. There were adequate improvements to show that the provider had addressed the breaches found at the comprehensive inspection in September 2016. The registered provider now needed to demonstrate that this was sustainable over the long term.

Feedback from people and their relatives was mixed. Comments included; "If I feel unwell I tell them and they assess me to see what they can do.", "Yes they will call a doctor very quickly if you need one." However one person told us "Sometimes they listen and respond but not always."

Comments from relatives included; "They always keep me informed about [my relative]. Sometimes they just chat to me when I visit and at other times when she has been poorly they phone me"; "They have handovers every morning and evening so the staff knows how all the residents have been and if they need help." And "They are very observant and will call a doctor immediately." Two relatives told us they felt the staff were appropriately trained and had the necessary skills and abilities to meet their needs. However two relatives told us, "Some staff seem better trained than others and know what to do and I have concerns about some senior staff's knowledge." We shared these views with the provider who informed us that he was aware of the concerns regarding staff knowledge and people feeling they were not always listened to. We were assured they would address this.

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

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the interim manager and majority of the care staff had a clear understanding of their responsibilities under this legislation. Three staff we spoke with required further improvement in their knowledge and understanding. Staff said they always asked for people's consent before providing care. They had received training in assessing and working within the principles of the MCA 2005. The interim manager and the provider understood when an application for a DoLS should be made and how to submit one. There was information to demonstrate appropriate action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. The interim manager told us of one further application which was in the process of being submitted. Records had been kept to monitor and review the progress of pending applications.

We looked at how people who lived in the home were supported with eating and drinking. There was a significant improvement in this area. All of the care plans we looked at contained information about specific dietary needs, preferences and any intolerances. People who lived at the home had an individual nutritional assessment and records were made of people's weight in order to monitor for changes or fluctuations which may require medical advice. There was also information about people's dietary needs such as diabetic diets and soft meals. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "Dinner is quite good there is a choice of two meals. If you didn't like it they would give you a sandwich. They ask you what you want for lunch in the morning so you can choose. In the evening meals are small so I have extra food in my room, but they would give you more if you asked but I am fussy and I prefer some of my own foods." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits.

Weekly menus were planned and rotated periodically and were flexible to allow people to have choice. Records we saw showed that any suggestions for change of menu were taken into consideration. We noted information about the meals was displayed however the notice boards were not clear and needed improvements to ensure they were suitable for people living with dementia and with sight impairment.

We observed the lunchtime period and observed staff supported people appropriately to eat their meals. However we found people were not adequately supported with appropriate utensils to assist them. For example there were people who required plate guards to ensure their food did not spill over. Plate guards allow standard crockery to be adapted to help make them easier to use. They provide a wall to push food up against when loading a fork or a spoon and can help prevent food spillage onto the table. We discussed our observations with the provider who informed us there were plate guards for people to use however staff had forgotten to use them. Staff ensured people had drinks and these were topped up when required.

We looked at how the provider trained and supported their staff. We found significant improvements had been made in this area. All staff completed induction and training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, training required for the role. New staff were also given copies of pertinent policies and procedures, for instance the whistleblowing and safeguarding vulnerable adults procedures.

There was an ongoing programme of training available for all staff, which included safeguarding vulnerable

adults, moving people, safe handling of medicines, health and safety, Mental Capacity Act 2005; person centred planning and dementia awareness. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to people. All staff spoken with told us their training was beneficial and relevant to their role. They made positive comments regarding the training provider that the provider was using and felt that the training provided was of an excellent standard.

The majority of the staff spoken with told us they were provided with one to one supervisions with the manager. We saw some records of supervision in the staff files during the inspection and noted a variety of topics had been discussed. However two care staff we spoke with told us they had not received any supervision. The provider did not have a supervision tracker to monitor when staff were due for supervision. We spoke to the provider who informed us that this had already been identified during a recent contracts inspection by the local authority and that they were in the process of introducing one. A supervision tracker would provide the manager with an insight of which staff members were due for supervision and for scheduling all future supervisions.

We saw detailed minutes of the staff meetings during the inspection and noted a broad range of topics had been discussed. Staff informed us that they did not always find meetings useful as they did not always feel they could fully contribute and did not always feel listened to. We informed the registered provider and they informed us they would arrange one to one meetings with all staff to listen to their views and listen to their concerns.

People were supported to maintain good health and had access to health care support. Where there were concerns, people were referred to appropriate health professionals. We saw evidence of referrals made to dieticians, falls clinic and to the mental health services.

Records we looked at showed us people were registered with a GP and received care and support from other professionals, such as the district nursing team, community mental health nurses, occupational therapists. People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health and there was a detailed section in each person's care plan covering people's medical conditions. This helped staff to recognise any signs of deteriorating health. Staff had been provided with guidance on people's conditions and how these conditions affected people and how staff were to support people. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked at the premises and people's bedrooms and found they were clean, warm, well presented. People had personalised their bedrooms with their own possessions. The provider had adapted the premises and environment to ensure it was suitable for people who lived at the service however further improvements were required to ensure the environment was adapted to suit the needs of people living with dementia.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. Comments included, "All the staff are very kind, they take me out for walks sometimes", and; "Oh yes they will do anything for you. When I ask them, they are very patient with me." One relative commented; "They are really good with my [my relative], very polite and kind.", "Everyone is happy and smiley with the residents." And "They always have a chat with me every time I come in. They tell me what she has eaten, how she has had a nice bath or how she has had her hair done."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the day of our inspection and noted they were offered refreshments.

We found The Grange had a friendly and welcoming atmosphere. We observed staff engaging with people in a warm and friendly manner. We also received positive comments about the caring nature of staff from a healthcare professional. One healthcare professional told us, "The staff in the home are very caring and responsive to the needs of those residents in their care."

People told us they chose where to spend their time, where to see their visitors and how they wanted their care to be provided. A quiet lounge was provided to ensure people could spend time with their visitors privately. People told us and we saw from the records, that people were able to follow their own beliefs. We saw one person had decorated their own bedroom to suit their own beliefs.

People's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. One person commented, "Yes they respect my privacy. They let me get on with my life by myself when I want to." And "They respect my dignity, especially as someone has to shower me, as I can't be left alone in case I fall. They never rush me, they keep the door shut so nobody can see in and they never leave me alone." Relatives we spoke to shared similar views regarding privacy and respect. People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocked on bedroom doors before entering and ensured doors were closed when people were receiving personal care.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves while eating and drinking. Staff were always available in case people needed assistance. For example we spoke to one person who told us they could go out in the local community on their own if they wished to and if they felt unwell staff would accompany them. One person said, "I can go anywhere I like by myself, even out in the garden. But if I want to go to the shops a carer comes with me to make sure I can get home." Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to be self-caring and independent."

We observed that people were encouraged to express their views and opinions during daily conversations. Residents and relatives meetings were held; this provided the opportunity for people to make suggestions, be consulted and make shared decisions. Records kept of meetings showed various matters had been raised and discussed with people. We saw copies of satisfaction surveys that had been completed by people's relatives. These surveys demonstrated people thought their care and the staff who supported them were excellent. Relatives we spoke with were complimentary about the level of engagement with the provider and felt their views were taken on board. The provider informed us they would be considering writing letters to relatives in advance to encourage meeting attendances and engagement. We saw evidence where people had suggested changes to their menu and this was taken into consideration.

There were notice boards and displays at the service which provided information about forthcoming events, activities, meetings, the complaints procedure and other useful information.

There was a statement of purpose of The Grange. This provided people with brief information about the services and facilities available, including; the staffing arrangements, the aims of the service and the complaints procedure. The aims of the service made reference to involving people with all aspects of daily living, maintaining people's rights to privacy, dignity, choice, independence and fulfilment.

The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people who lived at the home. They had been trained in providing care with dignity and respect. Staff were aware of the need to treat people as equals and recognised people's human rights. One relative commented; "They always demonstrate care and compassion for [my relative]. They use her nice toiletries which I bring in for her bath which they give her twice a week. She is always dressed nicely and smells nice."

We found evidence of end of life care plans in people's records. Staff had been provided with training on how to care for people towards the end of their life. This meant that people could be assured they would receive end of life care in line with their wishes.

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and preferences and they appreciated the support provided by staff. Some of their comments were, "Yes we have had a meeting. We can discuss things like if we want menus changing. The residents asked if their relatives could be offered a drink every time they visit. They did it sometimes. I think that has improved.", "The staff know my likes and dislikes, so they know I like sitting in the quiet room and I don't join in many activities." And; "They also know that I like to be quiet at times so they leave me to read my magazines. It's just like being in a five-star hotel they can't do enough for you."

Relatives felt that care staff were approachable and had a good understanding of people's individual needs. Comments included, "The staff know [my relative] very well. They know that when she gives them a look she wants to be left alone. She does do some activities but what she can do is limited." Another relative however commented that some staff were less confident than others and that they would want to have confidence in all staff. We shared these views with the provider who informed us that they were aware of this and were working to improve the situation.

One professional told us; "The staff in the home are very caring and responsive to the needs of those residents in their care. The documentation and communication is good."

We reviewed how the service aimed to provide personalised care. We looked at the way the service assessed and planned for people's needs, choices and abilities. We saw the processes in place to assess people's needs and abilities before they used the service. The assessment involved gathering information from the person and others, such as their families, social workers and health care professionals. Where possible people were encouraged to visit, to see the facilities available and meet with other people and staff. This would help people to become familiar with the service before making a decision to move in.

There were further improvements in people's care plans since our last inspection. We looked at six people's care plans. The majority of the care plans were organised, detailed and clearly written. They also included people's personal preferences, life histories, and aspirations. All people had a new style care plan, which was supported by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. All files contained a one page profile and details about people's life history and their likes and dislikes. The profile set out what was important to each person and how they could best be supported. We saw evidence to indicate the care plans had been reviewed and updated on a monthly basis or in line with changing needs. There were ongoing discussions about people's needs and well-being; this included regular staff 'handover' meetings.

One relative confirmed they had been consulted about their family member's care. The relative said, "[My relative] has a care plan and they have talked it through with me. I have signed that I would like to be kept updated."

Daily reports provided evidence to show people had received care and support in line with their care plan.

We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and dietary intake. More detail was needed about people's daily experiences. We discussed this with the manager and saw evidence that they had identified this issue during their monthly care plan audit and had informed staff of the importance of accurate and person centred recording.

We looked at how people were supported with meaningful day time activities. People had access to various activities and told us there were things to do to occupy their time. The provider had employed an activities coordinator however they were still undergoing employment checks. We noted a schedule of activities was posted on the wall in the home. However on the day of inspection we found people had limited access to meaningful activities until late in the afternoon. We looked at the record of activities and found activities had been offered and people had a choice whether to take part or not. We also noted there were some items to help stimulate people on their own however improvements were required to increase the availability of suitable, sensory and interactive items that are suited for people living with dementia. We spoke to the provider who informed us that the care staff were providing activities in the absence of the activity coordinator and that they will consider acquiring sensory items.

We reviewed how the service responded to complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We saw how one complaint had been dealt with satisfactorily. People had been fully informed on how to make any complaints and were given detailed information on how and who to contact. The procedure was on display on the notice board and in the statement of purpose. People we spoke with confirmed they knew how to make a complaint.

Is the service well-led?

Our findings

The home did not have a registered manager in post as required by their registration with the Care Quality Commission (CQC). There was an interim manager in post who was in the process of registering as a registered manager with CQC. We received mixed feedback from people and their relatives regarding management and the provider. Comments from people included; "Yes I think the home is well managed because the support is really good.", "Yes I know who the manager is and they are approachable", "It is well managed because I can get the same care here as I would get in a five-star hotel."

Two relatives we spoke with told us they felt supported and that they had noticed a significant effort by the provider to improve the quality of the care and standards at The Grange. Comments included, "He has stepped up and took charge and we can see the difference he is making" and "We like the way he gets us involved." They also added that the manager explains things and will keep you updated. Two relatives however felt that they did not always find management approachable and felt their views were not always taken on board.

We also received mixed feedback from staff. Comments included: "It's a good place to work and I would recommend it as its better than the last place I worked", "Management are supportive and listen." "I have asked for training in NVQ and was supported and I can ask for more if I want." The manager is brilliant", "The manager listens however sometimes responses do not come across nice to staff." Four out of eight care staff we spoke with expressed that they felt management were not always approachable and did not feel the issues they raised regarding the quality of the service and people's needs were taken on board. They also raised concerns regarding the lack of confidentiality and that they did not feel confident to speak up in team meetings. Four staff told us morale was down in the service and staff were considering leaving.

Following the inspection visit, we discussed the views from people, relatives and staff with the provider. They informed us that they were not aware of the level of concerns raised however some of the issues had already been raised with them by former staff. They added that they would review the situation and provide staff and management with necessary support as this may be related to the pressure that the service was under. We were concerned that the despondency in the staff team would result in staff turnover and consequently deterioration in the quality of care and treatment provided to people at The Grange. We requested the provider to provide us with the details of the actions they would be considering and they provided us with this.

Our observations were that the provider was committed to improving the standards of care. This was demonstrated by the investment in time and their commitment since our last inspection. They had maintained high standards of hygiene and adaptations within the home and were willing to take further action to improve the service. They acknowledged that improvements were required to ensure the service achieved compliance and standards that could be sustained and evidenced going forward.

During this inspection we found the provider had made significant improvements and had met the regulatory requirements in relation to consent, managing nutrition and hydration, staff training and

protecting people against improper treatment. This demonstrated that the provider was committed to improving the service and that their systems and processes had been effective in ensuring that concerns were identified and rectified robustly.

At our comprehensive inspection in September 2017 and the focused inspection in March 2017 we recommended that the service considered improved controlled medicines storage and systems and processes for quality assurance for medicines, care files and staff files. We looked to see if improvements had been made. We found significant improvements had been made in relations to audits and checks. The manager had undertaken regular monthly audits in various areas including medicines, care files infection control and staff files. These were in turn checked by the provider and signed off. Action plans had been completed for issues that needed to be rectified.

A wide range of up to date policies and procedures were in place at the service. These provided staff with clear information about current legislation and good practice guidelines. There were systems in place to record accidents and incidents. The provider had formally analysed the information which meant that trends and patterns could be identified and acted on in a timely way. Staff and people who lived at the home had completed satisfaction surveys. However, the provider had not formally responded to the findings and feedback received. Staff informed us they had concerns with the surveys. They felt the concerns they had raised had not been formally responded to. They also expressed that the surveys had not been administered in a confidential manner as they had been left in an open box in the office.

We spoke to the registered provider and they informed us that they had been waiting to send more questionnaires to people and increase the response rates before they could publish the outcome. They also informed us that they would ensure the next staff survey was more confidential to provide staff with confidence that they could raise issues that concerned them in a private and secure manner.

People were actively encouraged to be involved in the running of the home. We saw residents meetings were held and minutes of recent meetings showed a range of issues had been discussed. People commented on the quality of the service, food and their environment. We saw changes that were made following suggestions by people.

The manager was visible and active within the home. They regularly worked alongside staff and had a detailed knowledge of people's needs, preferences and backgrounds. Support arrangements for the interim manager had been provided. This included daily visits by the provider to the service, their involvement with all major decisions and their regular support with audits.

We saw evidence to demonstrate that the management and leadership at the home worked in partnership with other agencies to improve the quality of the care they provided. For example the provider told us they had kept in contact with the local authority safeguarding team, the contract monitoring team and worked with the mental capacity practitioners to improve the quality of the service.

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities. Incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified.

The service had a contingency plan to show how they would deal with unplanned events that affected the delivery of regulated services. This covered all eventualities that could possibly happen and how staff should respond.

We spoke with the provider and the interim manager during the inspection. Both were responsive to any issues raised and proposed courses of action to make necessary improvements.