

Grange Cottage Limited

Grange Cottage Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grange Cottage is a residential care home providing personal care and support to older people and people living with dementia. There were 30 people using the service at the time of the inspection. The service can support up to 33 people.

People's experience of using this service and what we found

At our last inspection we found there were concerns. At this inspection we found some improvements had been made but there was still more work needed and the registered manager was working on their action plan to make things better for people.

People's risk assessments and care plans did not always contain detailed information for staff to be able to safely manage risks to people. People did not always receive personalised care. Staff were often focused on tasks rather than listening to people's preferences and did not always follow people's requests. People's care plans did not always contain personalised information about how they would like to be supported with their care needs. The provider's quality assurance audits were not always effective and this meant people's care was less likely to be improved by internal processes. Records were not always stored in a way that was easily accessible to staff, so staff may not always have the information they needed about people's care and support. Computerised records were not always used appropriately to identify and act on risk to people.

Infection control procedures had improved and the service was clean and most staff were following government guidance on infection and prevention control. Relatives confirmed they were able to visit their family members and checks were completed to reduce the spread of infection. We have made a recommendation for the provider to further consult the governance guidance around visiting arrangements.

At our last inspection we found information about people's wishes when they approached their end of life was missing. At this inspection we found more information was available although this was not always in the same place as people's care records so it may be hard for staff to find.

People were protected by safe staff recruitment. Improvements had been made since our last inspection and checks were in place to make sure staff were safe to provide care and support to people. There were enough staff, day and night, to support people's needs.

People received their medicines safely and there were safeguarding procedures in place to protect people from abuse. People were supported to maintain good health and to eat and drink well. Staff involved other professionals when people became unwell or required additional services

People and their relatives thought staff were kind and caring. Staff helped people keep in contact with their family and friends and the range of activities for people within the service were improving. Information was available for people in a way they could understand.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 November 2021) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve, at this inspection the provider was still working on the action plan with a view to completing all actions by the end of January 2022. At this inspection we found the provider had addressed and completed some areas of their action plan and improvements had been made. We found the provider had met the requirements for one regulation around staffing and recruitment and had made improvements in other areas. However, not enough improvement had been made in all areas and the provider was still in breach of three regulations.

Why we inspected

Our last inspection was prompted by concerns raised in relation to safe care and treatment of people, person-centred care and infection prevention and control. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. Following this inspection, we received further concerns about shortages in staff, the care and treatment of people and a failure to act on reports of abuse. We considered these concerns and the previous rating and decided to expand this inspection to cover all five key questions of safe, effective, caring, responsive and well-led.

At this inspection we found the provider still needed to make further improvements to meet all of the breaches in regulation. You can see what action we have asked the provider to take at the end of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grange Cottage Residential Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to safe care and treatment, person centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an amended action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Grange Cottage Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day was unannounced and we told the registered manager we would be returning on the second day. This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with five people using the service, both registered managers and six staff members. We also spoke with a healthcare professional who was visiting the service. We looked at records which included care records for nine people, three staff files, medicines records and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five relatives of people using the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to monitor and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risk assessments were in place but contained very little personal information about people and used a generic template. This meant staff had a general overview of risk for everyone but limited information about people's individual risk and a lack of clarity as to how people's risk should be managed. For example, one person who needed a hoist to help them mobilise did not have an individualised moving and handling risk assessment in place. Although there was basic guidance on the person's bedroom wall for staff to refer to this was not in the person's computerised care records, or on the handheld device used by staff. This meant staff may not have the information they need to keep people safe and reduce risk.
- When people used additional equipment such as pressure relieving mattresses there was little or no information to guide staff on the use of this equipment or the potential risk. When we asked the registered manager why one person had a specialised mattress, they were unable to explain and told us the mattress had been put into place by a healthcare professional but could offer no other explanation.
- Not all health and safety records were up to date. When we checked the service history on some of the equipment used to help mobilise people, we found some of the service history was out of date. We spoke to the registered manager about the risk of using equipment that was not adequately maintained. After the inspection the registered manager contacted us to confirm all maintenance had been completed.

We found no evidence that people had been harmed, however, the continued failure to manage and monitor risk placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection the provider had failed to monitor and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this section of regulation 12. However, we have made recommendations the provider improves their knowledge about visiting arrangements in the service and ensures all staff are confident in the procedures to follow.

- When we first arrived at the service night staff appeared to be unsure of the process to follow for visitors. Our temperatures were taken and we were asked if we had taken a lateral flow test, although staff did not ask to see evidence of this or ask about our vaccine status. Staff offered us personal protective equipment (PPE) before we entered the service.
- Later in the day we observed staff were following safe infection control procedures. They asked one inspector to sign into the on-line visitor booking system that contained additional information about COVID-19 and checked our vaccination status.
- At our last inspection we had concerns about the procedures in place to put on and take off PPE. At this inspection we saw improvements had been made. PPE stations were positioned around the service with fresh PPE and yellow bags for disposal of used PPE. Staff told us they would put new PPE on before entering people's rooms to give support and use the yellow bags to put used PPE in before leaving. Designated bins were positioned around the service to place used PPE in so this could be disposed of safely. Staff told us there was always enough PPE and they were confident in the process in place.
- Regular testing of staff and people using the service was taking place.
- The service was clean and cleaning staff confirmed they were undertaking additional cleaning of frequently used touch points to help reduce transmission risks.
- The registered manager told us they used a booking system to allocate 30 minute visits for friends and relatives. We asked if people had essential care givers as outlined in the government guidance. The registered manager confirmed this had not happened but they would look at the guidance in place.

We recommend the provider ensures all staff are confident and knowledgeable about the most up to date checks and guidance in place for health care professionals visiting the service. We recommend the provider refers to the current government guidance on visiting arrangements in care homes. Particularly around essential care givers.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practice. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At our last inspection we found important information about staff recruitment was not available for us to look at. At this inspection we checked staff files and found them to be complete with at least two references and a full employment history. The registered manager explained any gaps in employment history were explored and discussed with the applicant although we did not see evidence of this.
- The registered manager confirmed Disclosure and Barring Service (DBS) procedure been improved since our last inspection. The DBS helps employers make safer recruitment decisions. The staff files we looked at contained the necessary information to ensure the recruitment of staff was safe.
- There were enough staff on duty to keep people safe. Staff told us there was enough staff on duty to provide care and support for people, however sometimes they struggled when there was sickness. The registered manager confirmed they were recruiting to cover existing vacancies and staff were covering additional shifts in the interim.

Using medicines safely

- People received their medicines safely. Only staff who had received training in medicines management were able to administer medicines to people.
- The ordering and storage of people's medicines was organised and safe. A computerised system was being used to record when people had received and taken their medicines.
- Some people needed their medicine crushed and hidden in food and others needed medicines, as required. Paper records were in place with guidance from healthcare professionals such as the pharmacists. This helped make sure staff were following the correct procedures and people received their medicines safely. However, the computerised system did not refer to the paper records and we were concerned staff may miss the paper based information if staff relied on the computer records. We spoke to the registered manager who told us they would look at how they could incorporate all of the information in one place.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- Staff told us they had received training in safeguarding and would report any concerns to the registered managers.

Learning lessons when things go wrong

- The registered manager carried out investigations when they were requested to do so by the local authority and shared their findings with the relevant organisations. This included investigations around safeguarding concerns and some accidents and incidents.
- There were systems in place for staff to record and report accidents and incidents. The provider at the time of the inspection was transferring this information from paper based records to computerised systems. Once this process was completed the registered manager advised they would be able to analyse the information to give them an overview of trends and safety risks to make sure they were learning lessons and continually improving the care and support for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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

- When people first started to use the service, the registered manager used information and assessments from the funding local authority to help them plan care and support. The registered manager explained it was their policy for new care plans and risk assessments to be drafted in the first four to six weeks. We looked at the records for one person who had moved in three weeks prior to our inspection. On the first day of inspection we saw a paper file with basic information but no care plan or risk assessments were in place. We spoke to the registered manager who told us they used this time to get to know the person before they wrote the care plan. On the second day of inspection we asked to see the person's paper file but the registered manager could not find this and told us they would have to create a new file.
- Although staff were recording basic information on the hand held devices there was little information to inform staff about the person or how they would like to be cared for. We were concerned the time delay in producing a care plan and risk assessments on the computerised system may mean staff did not have the information they needed to care for the person and ensure continuity and consistency of care in line with the local authority assessment.

The failure to keep up to date, accurate records is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- Staff received enough training to provide people with the care and support they needed. The registered manager monitored staff training to make sure they had completed their training within the specified deadline.
- Staff felt they were supported by managers and regular supervision, team meetings and yearly appraisals gave them opportunities to discuss any issues including learning and development needs.

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

- One person told us they enjoyed the meals at Grange Cottage and told us about the food choices available and what they had eaten that day. We observed breakfast and lunch and staff offered people choice, sometimes showing people plated options so they could make their meal choice. Menus were available with photographs of the food available and staff used these to help people decide what they would like.
- We spoke to the chef who had a good knowledge of people's dietary needs and told us about those people who required a soft or pureed diet and those who needed fortified meals. Information was in the kitchen about people's preferences and food choices in relation to their religious and cultural needs and the

registered manager assured us information was regularly updated as people's needs changed.

- People were offered food and drinks throughout the day and the kitchen was open for night staff to make people snacks and drinks if they needed them.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access the healthcare services they required. Care records confirmed there were good links with local health services and the GP. There was evidence of regular visits from healthcare professionals, together with the advice given and action taken.
- Staff worked closely with healthcare professionals to make sure people received the treatment they needed. A visiting healthcare professional told us staff were very supportive and were able to provide them with any information requested.

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

- The service consisted of two converted houses, joined together by a wide corridor. The first floor was accessible by stairs and a stair lift. There were two lounges and dining rooms. All rooms had their own toilet and sink with many having their own shower facilities. Communal bathrooms were on both floors with hoisting equipment for those people who required assistance. One communal bathroom had been converted to a wet room to make it easier for those people who preferred a shower to a bath.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff confirmed they had received training in MCA and DoLS and understood they needed to seek people's consent and involve them in decisions about their care.
- Applications and authorisations were in place and the registered manager kept records to ensure renewal applications were made when necessary. We checked the conditions of one person's authorisation. The registered manager confirmed they had met one condition but COVID -19 restrictions had impacted on meeting the condition of accessing the community.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported

- Staff did not always have the time to focus on people's individual needs and choices. On the first day of our inspection we found people were dressed and ready for the day in the lounge at 6am. Their rooms were tidy, clean and beds made. When we looked at people's care records and daily notes these indicated some people were awake and had received personal care as early as 4.15am. Care records did not always identify if people had been given a choice or able to express their views about their daily routine. Early morning routines were focused on tasks that needed completing rather than focusing on people's individual choice. We spoke to the registered manager about our observations. They assured us they were looking at personalising people's care as part of their ongoing action plan.
- When staff engaged with people the interactions, we observed were positive. However, there was minimal engagement with people and in the morning on the first day of our inspection we observed limited interaction with people in the main lounge. People and staff remained quiet and people either sat quietly or slept in their chairs.
- We observed one staff member using a commanding tone to "get up please" and to "sit down" when one person tried to stand up from their chair. Staff did not explain to the person why they could not stand or walk at that time and did not take the time to understand why the person wanted to get up from their chair, which was important to them at that time.
- On the second day of our inspection we observed staff were actively engaging with some people in the lounge involving them in activities. However, it was often the same residents that the staff spoke with while others were left sitting in their chairs. Over both days there were periods when people did not have access to activities or interaction because staff were busy with other tasks.

We were concerned because our observations indicated people's needs and preferences were not always met and this was not always explained to them in a way people could understand. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff knew people well and were able to tell us about people's likes and dislikes and knew about people's general health and the support they needed. Relatives told us they felt happy that their family member was always well presented and staff knew them and their family member well and were always able to give an update on care and support.
- People told us they liked the staff and they came quickly when they asked for help or used the call bell. One person told us, "The staff are very good, they are very nice". Relatives told us they thought staff were caring.

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

- We observed people were able to make choices about their food and what activities they wished to be involved in. One person told us the registered manager brought them a newspaper every day and they liked to watch TV and told us about other activities they enjoyed such as gardening.
- People's relatives told us they felt involved in their family members care and were always informed of the ongoing care and support provided. Staff told us they knew people well and gave examples of people's likes and dislikes and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- One person told us staff would not do anything without asking first and felt confident they would not be asked to do anything they did not want to do.
- We observed staff using people's preferred names when addressing them and making sure they were level or sitting next to people when speaking. Staff told us they would always respect people's wishes and this included how they liked to receive personal care and spend their time.
- People's equality and diversity was respected. People were asked about their religious and cultural beliefs and staff worked with people and families to respect these in line with their wishes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to plan people's care in a personalised way and to support people to follow their interests and engage in activities relevant to them was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Following the last inspection, we received an action plan from the registered manager to say how they were going to meet this regulation. This inspection happened before their estimated completion date of action and we took this into consideration during our inspection. Although some improvements had been made, we found there were still further improvements needed to fully meet the breach of regulation 9

- At our last inspection we found people had care plans in place. However, some people's care plans did not contain person-centred information for staff to meet their needs and preferences. Although some work had begun on updating people's care records to make them more person centred the registered manager acknowledged there was still work to do and some care records required more person centred information to help staff meet people's needs and preferences.
- At our last inspection people's morning and evening routines were not always recorded. At this inspection we found little improvement in this area. When we arrived at 6am we found 10 people were up and dressed in the lounge. One person told us, "I was made to get up, I had no choice". Another person told us they were woken by staff getting other people up and dressed. It was hard to tell from care records what people's routines were and how staff could support them as individuals.
- Staff told us it was people's choice when they woke up but we were concerned because our observations indicated people's care revolved around staff performing their duties rather than enabling people to make choices and decisions when they were able to. The lack of person centred care records meant staff did not have the information they needed to support people in the decisions they made.

We found no evidence that people had been harmed and the provider assured us they were working towards making the improvements necessary to ensure people received person centred care. However, not enough improvement had been made at this inspection and this remained a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

End of life care and support

- At our last inspection we found limited information about people's preferences for their end of life care and some advance decisions about people's wishes were not in place.

- At this inspection the registered manager explained people's decisions about end of life were recorded but were saved on another computer system. This was not linked to people's computerised care records. However, they confirmed they were working on transferring this information to the computerised system so staff would have the information they needed.
- There were systems in place to support people appropriately when they approached their end of life, this included working with healthcare professionals, friends and families to make sure people's wishes were followed and the right care and support was provided.
- Staff had completed induction training for end of life care and the registered manager spoke about further training for staff to help them support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had policies in place to help guide staff with the support they could offer people to help with their communication needs. Staff told us they used larger print on regularly used items such as cards and dominoes and staff used pictorial menus when they were offering people choices for mealtimes.
- People had care plans in place for their communication needs. These contained some information to help staff support people but most contained generic advice for staff. For example, staff were encouraged to get to know people and use non-verbal cues to help communication but there was little information to help staff recognise people's individual non-verbal cues or the best ways to communicate based on their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we observed people had very little to do and had little engagement with staff and other people. The main activity was watching television in the lounge and there appeared to be little choice about the programmes watched.
- During this inspection we found some improvements had been made. Although, the lounge area was still quiet at most times during the day, the service had employed a part time activity coordinator and on the second day of our inspection we observed people enjoying morning and afternoon activities such as bingo and ball games.
- The activities coordinator told us they were hoping to work full time in the near future and had lots of ideas and activities planned. In the meantime, they were trying to make sure all people using the service were engaged in some kind of activity that interested them. This included those people who spent time on their own and were at risk of social isolation.
- Relatives told us they were able to visit their family members. Most meetings happened in people's rooms or in a designated area, away from others.

Improving care quality in response to complaints or concerns

- The service had a complaint policy and procedures were in place to deal with complaints in a timely way. Information was available in different formats to help people to understand what they needed to do if they were unhappy or wanted to complain.
- When complaints were raised the registered manager investigated and took action to resolve them. Relatives told us they knew who the registered manager was and would contact them if they had any concerns. They felt the registered manager would listen to them and resolve any issues they may have.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not effectively reviewed whether people received person-centred care and had not always ensured a person-centred culture. In addition, quality assurance audits and checks had not identified the issues identified. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made some improvements, not enough improvement had been made at this inspection to meet the requirements necessary and the provider was still in breach of regulation 17.

- Following our last inspection, the registered manager completed an action plan stating the improvements they planned to make to meet requirements. They had estimated the improvements would be made by the end of January 2022. We took this into consideration during this inspection however we continued to have concerns around the governance arrangements in place.
- Some people's risk had not been assessed. When risk had been identified it was not always clear how staff could reduce risk and keep people safe. Records about people's health needs were not always clear.
- When risk was identified we were not assured appropriate action was taken in a timely way. Staff used the computerised system to record the care and support given to people. The system produced warning messages to indicate when a person may be at risk, for example, when a person may be constipated. The registered managers relied on staff to raise concerns about people's health care needs verbally and told us they did not act on the warning reports available. Without a robust reporting system in place there may be delays in seeking assistance when people required additional support from healthcare professionals
- At this inspection we found the registered manager had started to make progress transferring people's records from a paper to a computer based system. However, various records were stored in different places and it was not always clear where they were or how they were used and accessed by staff. This meant there was a risk important information may be missed by staff about people's care and support needs.
- The registered manager told us they were working on making people's records more person centred but these had not been completed for everyone at the time of this inspection. The records we looked at were generic with little information on how staff could deliver person centred care.

We found no evidence that people had been harmed and the provider assured us they were working towards making the improvements necessary to ensure they met the requirements of this breach. However, not enough improvement had been made at this inspection and this remained a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives were asked to feedback on the care and support provided at Grange Cottage. We looked at the most recent feedback forms received from relatives received in July 2021 and noted most responses were positive. However, when questions had been asked there was no information about the action taken by the service. The registered manager confirmed they had not analysed the information and had not responded to the questions asked. The assured us they would address this as part of their ongoing improvements.
- People did not always have the opportunity to be involved in how to develop and improve the service. Residents meeting had not been held because of the COVID-19 restrictions and there were no other mechanisms in place to involve people. The activities co-ordinator explained many of the people living with dementia were unable to communicate but discussed ways they might involve people and their relatives in the future using a person centred approach.

Continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, their relatives and staff told us they would contact the registered manager if they had any worries and concerns and felt confident any issues would be dealt with appropriately.
- The registered manager had good relationships with the local authority safeguarding team and carried out investigations when requested to do so.

Working in partnership with others

- The service worked in partnership with people's families, health and social care professionals, local authorities and faith groups to provide and improve people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to plan and provide people with person-centred care Reg 9(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always assess and mitigate people's risk Reg 12 (2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure good governance of the service. Reg12(1)(2)(a)(b)(c)