

K N & S Ramdany

Holly Grange Residential Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Holly Grange Residential Home is a care home providing accommodation and personal care for up to 19 people aged 65 and over, some of whom may be living with dementia. At the time of inspection, the service was supporting 9 people in one extended and adapted building on the ground and first floor of three storeys.

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

Risks were not always safely managed. Known risks were not always assessed and mitigated and information on people's risks to support staff in understanding what they needed to do had not always been recorded.

Medicines were not always safely managed, we found concerns with the recording, storage and stock checks of medicines. 'As required' medicines did not have protocols in place to ensure staff had the information required to administer medicines as prescribed.

People were put at risk of harm. We found concerns with unsafe mobility equipment, support with eating, hot food temperatures not being recorded and people having access to harmful substances. A staff member told us at times physical interventions were used for 1 person. Staff did not have the training or systems in place to protect people from the possible risks associated with inappropriate physical interventions.

Staffing levels were not sufficient to meet people's individual needs. We observed communal areas with people who required support being left unattended throughout the inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Consent had been given by people without the legal authorisation to do so.

Systems and processes were either not in place or not effective in ensuring good management oversight of the service. When audits had been completed, they did not always identify the concerns found on inspection. Incidents, accidents, wounds and falls had not been analysed to identify any trends and patterns to reduce the risk of reoccurrence.

Care planning documentation was not always detailed with information regarding people's individual needs. Not all care plans were person centred. However, some people had detailed 'This is me' documents which included their history, likes/dislikes and important relationships.

People were supported by staff who had been safely recruited, trained, inducted into the service and who felt supported by the manager. People told us staff were kind and caring. Staff understood safeguarding procedures and how to recognise signs of abuse.

People were protected from risks associated with their health conditions. Staff had the information required and supported people to access healthcare as required.

The provider had policies including complaints, safeguarding, recruitment, infection control and health and safety. The provider had requested feedback on the service offered from people, relatives and staff.

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 Inadequate (published 23 December 2022) and there were breaches of regulation.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 Holly Grange Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendation

We have identified breaches in relation to risk management, medicines, staffing, consent and management oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Holly Grange 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 Health and Social Care Act 2008.

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 was completed by two inspectors 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 care service.

Service and service type

Holly Grange Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holly Grange Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who use the service and 6 relatives about their experience of the care provided. We spoke with 9 members of staff, including the provider, manager, and care workers. We observed staff interactions with people whilst delivering care and support in communal areas during mealtimes, medicines administration and provision of activities.

We reviewed a range of records. This included 6 people's care records, multiple medicine records and daily notes. We looked at 3 files in relation to the recruitment and supervision of staff. We examined a variety of records relating to the management of the service, including policies and procedures, quality assurance audits, and health and safety records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last three inspections the provider had not consistently ensured staff provided safe care, by planning and delivering care to mitigate identified risks and to meet people's changing needs. The provider had not consistently investigated incidents to identify the necessary learning to ensure people were protected from future risks or harm. These were a breach of regulation 12 (1) 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 continued breach of regulation 12.

- At the previous inspection we found concerns regarding the manual handling techniques used by staff. At this inspection we found people were still at continued risk of harm from manual handling techniques used by staff. During the inspection we observed several interactions of staff supporting people to mobilise using a variety of different types of equipment. We observed 7 occasions when staff failed to ensure the equipment was safe to use. For example, brakes not being applied on wheelchairs or stand aids and footplates not being used on wheelchairs. This put people at risk of falls and injury.
- At the previous inspection we found concerns regarding hot food temperature checks. At this inspection we found safe food practices were still not consistently followed. Temperatures of cooked food were not consistently taken and recorded to ensure the food had been cooked to the right temperature. This put people at risk of food poisoning from improperly cooked food.
- People were at risk of improper treatment. One staff member told us "[Person] is sometimes physical and can lash out with their arms. We gently hold their arms down which also is very effective at calming them down. We use behavioural charts to record this." The provider and manager told us they did not use restraint within the home. When staff are required to use physical intervention to restrict a person's movements, this needs to be recorded within a care plan and risk assessment and documents need to be kept regarding frequency, duration, reason and type of hold used. The person did not have any information recorded regarding if physical interventions had been approved as appropriate and there were no behaviour charts completed. Staff had not been trained to complete physical interventions. This put people at risk of inappropriate use of physical interventions.
- People were at risk of constipation. When mitigating strategies stated people required their fluids monitored, we found these records were not completed.
- People were at risk of entrapment from bed rails. During the inspection we observed 1 person did not have their protective rail bumper in place. Staff had been supporting the person but had failed to identify the bumper was not in place.
- People were at risk from their anxieties. Records did not include how staff should support people to

reduce their anxieties or distress and mitigate risk of harm to self and others. When a person exhibited anxiety or distress staff had not recorded the details of the behaviour exhibited, any potential causes, duration, how staff supported them and the impact this had.

- People were at risk of falls. When people required staff to support them to mobilise to mitigate the risk of falling, we observed staff were not always present. For example, one person who required support was left alone in a toilet for over 5 minutes. The person was at high risk of falls. We also observed the communal areas were not always staffed when people were utilising the room. This put people at risk of harm from falling and being unable to summon support if needed.
- People were at risk of ingesting harmful substances. During the inspection we observed prescribed creams were left accessible in a person's bedroom and the COSHH cupboard had been left unlocked in the morning.
- Not all known risks had been assessed and mitigating strategies recorded. For example, we found no risk assessments for when people who had a falls risk identified could access stairs, or when people were unable to use a call bell to summon support from staff.
- The provider did not analyse incidents, accidents, wounds or falls to identify any trends and patterns to reduce the risk of reoccurrence.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were protected against the risks associated diabetes and skin pressure damage. Information was recorded to identify the signs and symptoms of diabetes such as hyperglycaemia and hypoglycaemia. People were also protected against risks of skin pressure damage. We found support with repositioning was recorded in line with people's specified needs.

Using medicines safely

- People were at risk of not receiving their medicines as prescribed. When people were prescribed 'as required' (PRN) medicines there were no PRN protocols in place to support staff to understand the reason the medicine should be administered. This meant staff did not have the information required to ensure safe medicine administration.
- When people were administered PRN medicines the reason had not been recorded. People's medicine administration charts evidenced between 17 June 2023 and 26 June 2023; 1 person had been given a PRN medicine on 6 occasions. Three other people had been given PRN medicines on three occasions and another person had been given a PRN medicine 37 times. This put people at risk of overdose, not receiving medicines as prescribed and meant health professionals were unable to review the effectiveness of people's PRN medicines.
- People were at risk of staff administering prescribed creams that were out of date. Not all creams used had a 'opened' date. This meant staff would not know when a cream had expired.
- The provider failed to keep a register of all high-risk medicines in line with the Misuse of Drugs Act 1971.

The provider had failed to ensure the proper and safe management of medicines. This was a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last three inspection the registered person did not consistently ensure there were enough suitably qualified, competent, skilled and experienced staff deployed to support people to stay safe and meet their needs. This was a breach of Regulation 18 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 continued breach of regulation 18.

- At the previous inspection we identified concerns regarding not enough staff being deployed to support people to stay safe. At this inspection we found concerns with the number of staff supporting people between the hours of 8am and 8pm. The provider told us and rotas confirmed 3 staff were deployed for each 'day shift'. Staff were required to support 9 people, complete all cleaning tasks and at times cook the meals.
- People's needs were not consistently met due to the number of staff deployed. A staff member told us, 5 people required 2:1 support and 3 people required 1:1 for tasks relating to personal care and mobility to keep them safe. However, the provider disputed this and stated only 3 people required 2:1 support.
- We observed the communal lounge did not always have staff present. There were 7 people in the lounge for most of the day including people at risk of falls and people who displayed distress or anxiety. Although staff came in and out of the lounge regularly. People who required support did not always receive it in a timely manner.
- People, relatives and staff told us they did not feel there were enough staff on each shift. One person told us, "Sometimes it is a job to get a carer." Another person said, "There are times when there are no staff in the lounge." A staff member told us, "There are not enough staff. It puts people at risk."

The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to support people to stay safe and meet their needs. This was a continued breach of Regulation 18 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. The provider requested references from previous employment and the employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- When a person sustained an injury, the records were not always clear regarding the size, shape, position on the body or colour of the injury. However, records did indicate the potential reason for the injury. The manager was in the process of supporting staff to understand the need for these to be recorded.
- The provider had policies and procedures in place regarding safeguarding people. Staff received safeguarding training and understood the signs of abuse and how to report any concerns. People and relatives told us they felt safe.
- The provider had submitted referrals to the local safeguarding team as required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The home was open for visitors with no restrictions in accordance with the current guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure people's care and treatment was always provided with the consent of the relevant person. This was a breach of regulation 11 (1) 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 continued breach of regulation 11.

- At the last inspection we found the registered person had not always ensured the service was working within the principles of the MCA and consent to people's care and treatment had always been obtained in line with law and guidance and the service. At this inspection improvements had not been made.
- Consent had been given on behalf of people by others that did not have the legal authorisation to consent on behalf of the person.
- Mental capacity assessments completed were not clear if the person had been assessed to lack capacity or not. For example, three capacity assessments stated the person "has/has not got the capacity." This meant people may not always receive care and support lawfully, and in line with their best interests.
- Staff were unclear on the principles of the MCA. One staff described "pampering people" as a way to meet

the MCA. Another staff member said, "I am trained, I don't expect residents to understand me."

The provider had failed to ensure care and treatment was provided with consent of the relevant person and to act in accordance with The Mental Capacity Act 2005. This was a continued breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider or manager referred people to be assessed under DoLS. Any conditions related to DoLS authorisations were being met.

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

- People were at risk of choking or aspirating. During the inspection we observed people were not always supported appropriately or in line with best practice to ensure they could eat their food safely. For example, we observed one member of staff stood over the person while supporting them with eating. Best practice states staff should be facing the person at the same level. The manager also told inspectors about an incident when staff were supporting a person to eat while lying down which caused the person to choke.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed information regarding food choices. Some people said they were not always offered choices regarding food and 1 staff member told us, "People don't actually have the choice, we have 2 meals cooked, but the cook and staff decide which option to give them." During the inspection we observed staff giving people meals without explaining or talking to them about what the meal was. However, 1 person told us they were able to ask for a specific meal and they were given it and another person said, "Sometimes I say I don't want something and they [staff] give me another choice."

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

- There were areas of the home that required updating. For example, water damage to walls required painting. The provider had a scheduled redecoration plan in place.
- People had individual bedrooms with ensuite facilities.

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

- People did not have hospital passports in place. Hospital passports are used by health and social care professionals to identify the support people require. When people had 'Do not attempt cardiopulmonary resuscitation' (DNAPCR) documents, these were not always accessible to staff. Staff told us these documents (DNAPCR) should be in people's care plan files. However, during the inspection, we found 3 people who should have these documents did not have them in the files. The manager and provider could not find them during the inspection. This put people at risk of not having their wishes and needs met as health professionals did not have the information and documentation required.
- People's oral healthcare needs were met. Records were in place to evidence the support offered to people. One person who had been refusing oral hygiene support was referred to the dentist to ensure there were no concerns with the persons teeth.
- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. We saw evidence of referrals being made to district nurses, occupational therapists and speech and language therapists.
- People had regular access to GP's, and staff sought advice when needed. One person told us, "They [staff]

would call the doctor for me."

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

- Staff did not always have the correct information to understand what support people required. For example, one person who was sight impaired had no information recorded regarding how staff should engage them in activities or how written information should be explained. Another person had no information recorded regarding how staff should distract the person when they displayed anxiety or distress.
- Nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition was used.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.
- People's care and support needs had been assessed when they had first moved into the service and people and their relatives were involved in these processes. The manager reviewed people's care plans and relatives told us they were involved.

Staff support: induction, training, skills and experience

- Staff completed an induction, training and shadow shifts before completing any lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member).
- Staff were supported within their roles. Staff told us and records evidenced staff were offered regular supervisions to discuss their progress and any training needs.
- Staff completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Although we received positive responses from people regarding the care and support offered to them. Our observations during the inspection did not always evidence this was consistent. For example, we observed staff not telling people what they were doing, we observed unsafe practices with manual handling equipment use and some staff struggled to understand simple questions due to language barriers. One staff member told us, "Some staff do not have a good grasp of the English language. The language barrier is a problem at times."
- Staff told us due to issues with staffing, people did not always receive timely care and support. One staff member said, "Sometimes buzzers (call bells) are not answered, and I am with 1 person and another resident needs 2 staff, so no-one (staff) is free."
- People told us they felt respected. One person said, "They (staff) let me do things for myself." Another person said, "Yes, I suppose they do. I wouldn't run them down."
- People told us staff respected their privacy and dignity. One person said, "They cover me up and keep the door closed to my bedroom." Staff were able to explain how they protected people's privacy. One staff member said, "I knock on doors, seek consent and I close doors and draw curtains with personal care. It keeps it all private."
- People told us staff were, "kind", "caring", "friendly", and "very nice."
- Some people had a 'This is me' document, which contained information about the person including their likes and dislikes, history, routines and relationships.
- All staff received training in equality and diversity and were supported by a detailed policy

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

- Not all people had seen their care plans. One person said, "No (I haven't seen my care plan)" Another person said, "I don't know what the care plan is." However, relatives told us they had access to people's care plans and could see them if required.
- People told us they were offered choices. One person said, "I choose my own clothes." Another person said, "I can have a bath whenever I want." However, staff told us people did not always have choices due to staffing. A staff member said, "If residents want to go outside, they can, but only if we have enough staff, and if they (people) wanted a bath it would depend on our staffing levels and time of day."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating for this key question has remained requires improvement. 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; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some care plans were at times generic and not always person centred. For example, they did not always contain details on how to support the person. For example, if people wanted their teeth cleaned before or after breakfast, if they preferred the light on or off at night.
- Information on whether people were orientated in time and place had not always been recorded or assessed.
- People's basic communication needs were recorded, such as if they wore glasses or a hearing aid, if the person was verbal or not.
- The manager told us that they could adapt any paperwork required into braille, large print, easy read or into another language. The provider had used pictorial menus, however not all documentation had been developed into easy read or accessible formats.
- The provider had a policy on equality and diversity. This meant that staff could find out information regarding a specific culture or religious 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

- Activities were limited. During the inspection we observed staff supporting people to take part in a quiz. However, the TV was on the whole time. Staff told us they did not always have time to complete activities. One staff member said, "The activities are not good. We don't have enough resources to do all the activities." A relative told us, "It would be nice if they (people) had more to do."
- During the inspection we observed 7 people were situated within the lounge. One person told us, "I don't like it in the lounge when people are talking, I just want to be quiet and out of the way." A staff member told us, "Residents are in the lounge or downstairs all day, this makes it easier for staff (to keep an eye on people)."

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedure. The complaints policy and procedure was visible

within the hallway area.

- We saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- People and relatives told us they had not needed to make a complaint but knew how to if needed.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- Not all care plans recorded the wishes of a person regarding any care leading up to their death, for example, if they wanted a priest or minister to deliver their last rights, if there were any objects or sounds that they wanted played or in their room. The manager agreed to add this information into care plans.
- Staff had received end of life training.

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 our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last three inspections the provider continued to fail to fulfil the legal requirements of their role; to maintain securely accurate, complete and contemporaneous records of people's care and treatment; to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people. This was a continued breach of Regulation 17(1) 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 continued breach of regulation 17.

- The provider has failed to achieve a 'good rating' at the past three inspections. Concerns raised on previous inspections regarding oversight and systems and processes had not been completed or embedded into practice. The provider had failed to make the required improvements to become compliant with regulation 17.
- Systems and processes were not effective in identifying concerns with medicines administration. The medicines audits had not identified the concerns found with records, and ensuring medicines were given as prescribed. This put people at risk of not receiving their medicines as prescribed.
- Systems and processes had failed to identify insufficient staffing being deployed. Concerns are reported on in safe, effective, caring and responsive domains. This put people at risk of not having their needs met, falls, and a lack of person centred care.
- Systems and processes were not in place to ensure compliance with the Mental Capacity Act. Concerns are recorded within the effective domain in this report. This put people at risk of not receiving care in line with their best interests.
- Systems and processes were not in place to ensure risks had been identified and mitigated. Concerns are recorded within the safe domain in this report. This put people at risk of harm
- Systems and processes were not in place to ensure records were kept up to date. Concerns are recorded within the effective and responsive domains in this report.
- Systems and processes had failed to ensure people were protected from harm. Concerns are recorded within the safe domain in this report. This put people at potential risk of improper use of physical intervention

- Systems and processes were not embedded to review, monitor and analyse trends and patterns for injuries, complaints, safeguarding, incidents or accidents. This meant mitigating strategies had not been identified to reduce the risk of reoccurrence.
- Systems and processes had failed to identify and mitigate the risks to health and safety. The kitchen audit failed to identify the food temperatures not being recorded. This put people at risk of potential harm from foods not being cooked properly.
- Systems and processes were not in place to identify if call bells were answered in a timely manner. There were records on walls in each room which were meant to be completed when a call bell was used. However, these were not consistently recorded. The manager was aware of this, but no other systems had been implemented.

The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager were open and transparent regarding the progress made since the last inspection. After this inspection the provider and manager sent updated action plans, and new documentation which was being started to improve practices and support safe care and treatment for people. However, we are unable to evaluate these as they have not been embedded into practice.

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

At our last inspections the registered person had failed to notify CQC of these incidents without delay. This was a breach of regulation 18 Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 Care Quality Commission (Registration) Regulations 2009.

- The manager and provider were aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications had been submitted. However, the provider was in the process of submitting 2 notifications relating to a person choking and another person falling.
- The manager was aware of their duty of candour responsibility and had systems in place to ensure compliance. The manager was in the process of completing the duty of candour regarding a person's fall.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- Some relatives told us the staff did not always keep them up to date on any changes, incidents or accidents relating to their loved one. One relative said, "They don't usually phone me, but they tell me when I visit." The relative then explained they had not been told some information regarding the current medicines started for their loved one. However, other relatives said, "If [person] has a fall I am notified by the home."
- The provider had systems in place to take account of staff, relatives and people's opinions of the service. The provider requested feedback from people, relatives and staff through a survey.
- Staff people and relatives were offered regular meetings to share information about the service and discuss any issues One staff member said, "We discuss mistakes at meetings, and we learn from them."

Another staff member said, "The meetings are good, and all problems are discussed, and staff are listened to."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure care and treatment was provided with consent of the relevant person and to act in accordance with The Mental Capacity Act 2005.

The enforcement action we took:

Vary a condition of registration to remove Holly Grange Residential Home

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had failed to ensure the proper and safe management of medicines

The enforcement action we took:

Vary a condition of registration to remove Holly Grange Residential Home

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.

The enforcement action we took:

Vary a condition of registration to remove Holly Grange Residential Home

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed

to support people to stay safe and meet their needs.

The enforcement action we took:

Vary a condition of registration to remove Holly Grange Residential Home