

Anchor Carehomes Limited

Middlesbrough Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 and 8 March 2018. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The second day was announced.

Middlesbrough Grange provides personal care for older people and older people living with dementia. The home is a detached 45 bed purpose built care home in Middlesbrough. It is set out over two floors. At time of our inspection there were 30 people using the service.

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

This was the first inspection of the service since it was registered with the provider Anchor Carehomes Ltd on 5 May 2017. Prior to this the service was owned and managed by another provider.

The service has a 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.

Policies and procedures were in place to protect people from harm such as safeguarding and whistleblowing policies. Staff knew how to identify and report suspected abuse. People and their relatives felt the service was safe.

People and relatives told us there were suitable numbers of staff on duty to ensure people's needs were met. Safe recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with people.

The environment was generally well maintained. Records showed that maintenance and equipment checks were undertaken to ensure the environment was safe. Some health and safety issues flagged up in the homes audits had not been addressed. Emergency contingency plans were in place. Robust infection control practices were in place.

General risk assessments and care plans were in place and had been reviewed regularly. Health based risks to people were not always clearly identified and reviewed in care records. We have made a recommendation about the recording of health specific risk assessments.

Staff received training to be able to carry out their role including training in areas such as health and safety, food safety and safe moving and handling practices. Staff had regular supervision and annual appraisals. Staff felt they were well supported by the registered manager.

Medicines were managed safely with an effective system in place however we saw some gaps in the medicine records.

The registered manager told us that lessons were learnt when they reviewed accidents and incidents to determine any themes or trends.

People had access to a range of healthcare such as GPs, hospital departments and dentists. Nutritional needs were met and people enjoyed a varied, nutritional diet that met their preferences.

The premises were spacious, clean and tidy and suitable for the people living within the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, further work was needed to ensure decision specific mental capacity assessments and best interest's decisions were in place when people lacked capacity.

Interactions between people and staff showed that staff knew the people well. Visitors were made welcome.

Care was planned and delivered in a way that responded to peoples assessed needs and preferences. People were supported by a regular team of staff who were knowledgeable about peoples likes, dislikes and preferences.

Staff members were kind and caring towards those who used the service. Peoples privacy, dignity and independence was respected. The policies and practices of the home helped to ensure that everyone was treated equally.

Staff encouraged people to access to a range of activities and to maintain personal relationships. The service had good links with the local community.

A clear complaints process was in place.

Staff were extremely positive about the registered manager. Staff confirmed they felt supported and were able to raise concerns. We observed the registered manager was visible in the service and found people and staff interacted with them in an open manner.

Meetings for staff and people using the service were held regularly. This enabled people to be involved in decisions about how the service was run. The service worked with a range of health and social care professionals. Staff told us they felt supported by the management team and enjoyed working at the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

The management team completed regular audits and sought feedback to monitor and improve quality however audits had not always picked up inconsistent record keeping and gaps in recording which meant some actions had not been addressed in a timely manner.

This is the first time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's risks associated with their care were known by staff but were not always documented.

People were protected from abuse.

There were enough staff available to meet people's needs.

Safe recruitment practices were in place.

Health and safety checks were not always effective.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and knowledgeable about people's needs.

People were supported to eat and drink well to promote good health and well-being and were offered choices.

Staff gained verbal consent before providing people with assistance.

The service worked well with external healthcare professionals to provide on-going support to people.

Is the service caring?

Good ●

The service was caring.

People and their families told us staff were kind and caring.

We observed staff interacting in warm, light-hearted and caring ways with people.

Peoples dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People's care plans provided staff with detailed information about people and the support they required.

Care plans were person centred and contained detailed information about how staff should care for people.

A range of activities was on offer to people living at the home.

People were able to make complaints.

Is the service well-led?

The service was not always well-led.

There was a quality assurance system in place to drive improvement however this was not always effective in identifying some of the issues we found during the inspection.

People and their relatives were very complimentary about the management team and staffing of the home.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

We saw that the management team had an open and honest working relationship and a shared vision to improve and develop the service. They responded positively to our feedback on the day of inspection and were open to making changes to improve the service.

Requires Improvement 

Middlesbrough 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 checked 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 was a comprehensive inspection. This inspection took place on 6 and 8 March 2018 and was unannounced.

The inspection was carried out by one adult social care inspector, a specialist nurse advisor 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with nine people who used the service and six relatives and friends of people using the service. We also reviewed a wide range of records including five peoples care records and four peoples medical records. We looked at four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service and at lunch time.

We spoke with 12 members of staff, including the registered manager, the deputy manager, six care staff, an activities co-ordinator, the handyperson and two catering staff. We also spoke to the provider's district manager.

To gather their views of the care provided by Middlesbrough Grange we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service.

Is the service safe?

Our findings

We asked people if they felt Middlesbrough Grange was safe. One person told us they had, "No worries about being hurt or treated wrongly, everyone is just so gentle and caring." A relative told us, "We are so pleased with the care for our relative, it is exceptional in here."

We saw that care plans were reviewed monthly and showed peoples changing needs. General risk assessments were in place to ensure that people were safe. From the records we viewed we saw risks such as smoking, mobility, falls, nutrition and skin integrity had been identified. Where possible, actions were identified for staff to take to reduce risks.

We found that some health condition specific risks, such as those relating to asthma and seizures had not always been documented. For example for one person who had asthma, the risk of an attack causing difficulty in breathing had not been recorded. There was no written plan to guide staff as to what to do in the case of such an event occurring. For another person who experienced seizures there was no specific risk assessment in place in relation to a seizure occurring in high risk environments such as when the person was bathing. There was also no guidance for staff to follow in an emergency situation should the person experience a seizure. This meant staff may not always have the guidance they needed to help people to remain safe.

We recommend that the service consider current medical guidance in regards to managing health based risks and take action to update their health specific risk assessments accordingly. Following this inspection the registered manager sent us evidence of work undertaken in this area.

There was a clear plan for staff to follow in the event of anyone falling. There had been no delays in staff seeking treatment. For one person who was at risk of falling we saw that advice had been sought from the falls team on sourcing the most appropriate equipment for them.

Systems and procedures were in place to keep people free from harm. Staff had access to the provider's safeguarding policy. Records showed that staff received training in safeguarding. Staff understood how to keep people safe including what to do if an allegation of abuse was made. All of the staff we spoke with said they knew how to report any safeguarding concerns and would feel confident doing so. Staff were aware of whistle blowing procedures. Staff were confident the registered manager would respond to any concerns raised.

People and their relatives told us there were enough staff on duty to meet their needs. One person told us that there were, "lots of staff, never need to wait as they are always around checking we are all ok." We saw that staff were available in the communal areas and that call bells were answered quickly. Records showed enough staff were on duty to be able to support people. The registered manager regularly assessed the staffing levels required to make sure enough staff were always on duty.

We looked at four staff files and saw that safe recruitment procedures were in place. Staff completed an application form and we saw that any gaps in their employment history were checked out. Two references

were obtained before staff started work. A Disclosure and Barring Service check was carried out before staff commenced work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and vulnerable adults.

Systems were in place to ensure that medicines including controlled drugs had been ordered, received, administered and disposed of appropriately. One person told us, "All my medicines are given to me on time and I have no responsibilities." Medicines were securely stored. We were told that all medicines were available. This means that appropriate arrangements for ordering and obtaining peoples prescribed medicines were working, to reduce the risk of harm.

Some people were prescribed PRN (as required medicines). PRN protocols were in place to assist staff by providing guidance on when PRN medicines should be administered. However for some people we saw that no maximum doses were documented on the forms. The PRN protocols we looked at were missing staff signatures.

We saw that some people required thickening agents to be added to foods and liquids to bring them to the right consistency or texture so they can be safely swallowed by people at risk of choking. We saw that the thickening agents were stored in the locked medicine trolley.

Medicines administration records (MARs) contained recent photographs of people to reduce the risk of medicines being given to the wrong person. All the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. We observed a medication round and saw staff explained to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. MARs were completed correctly.

Some people received support with medicinal creams. We saw for one person that a body map was in place to show where the creams should be applied, and the medicines listed on the body map were also named on the MAR. We saw some gaps in other recordings of creams, for example for one person we saw there was no completed body map or topical MAR in place to show where the cream should be applied.

We observed people being transferred using equipment in a safe and competent manner. Regular checks of hoists and lifting equipment had taken place to ensure the manual handling of people was undertaken safely.

Airflow mattress pressure checks had been recorded incorrectly. We saw that a number of staff had signed to state that they had checked the pressure of one mattress and recorded that it was working at a setting of three or four when the mattress had only a high or low setting. This meant that staff were not clear if the mattress pressure was working at the correct level for the person or not. Provider audits had not identified this error. However, we did not have any concerns about people's skin integrity. Weekly checks of bed rails had also been inconsistently undertaken. However, no incidents had taken place.

We saw that equipment was maintained in line with manufacturer's recommendations. Records showed that regular maintenance checks of the building took place however not all issues highlighted were addressed quickly. For example monthly health and safety checks showed extractor fans in bathrooms had not been working since April 2017. We found this had not impacted on the service people received because bathrooms were not damp or odorous. Eight doors had been identified as hanging incorrectly with gaps between the door and door frame each month since November 2016 however no action had been taken or

explanation documented for the lack of remedial work.

An audit of the electrical hard wiring within the building was undertaken on 23 November 2016. The outcome of the audit was an 'unsatisfactory' rating however the identified defects had not been addressed. The registered manager wrote to us following our visits informing us all of the outstanding maintenance issues had been addressed.

We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, water, windows, fire extinguishers and the fire alarm. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. Records also showed that regular checks were made on personal alarm pendants and other safety equipment.

Records showed that fire drills and evacuations had taken place. A daily fire safety checklist was completed to reduce risk. People had personal evacuation plans (PEEPs) which informed the staff of how to help people leave the building quickly in case of an emergency.

The lift was out of order during our visit. We were informed that it was in the process of being fixed and that a stair lift had been ordered to ensure people with mobility issues who wanted to leave the upstairs unit could do so. The registered manager told us after our inspection that the lift had been fixed and that the chair lift had also been installed as a permanent fixture.

We saw that the provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as power failure. This showed us contingencies were in place to keep people safe in the event of an emergency.

During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas. We found the building was clean and staff followed safe infection control practices. We observed staff using gloves and aprons to reduce the risk of infection. The kitchen had been awarded a five star hygiene rating by environmental health. A person who used the service told us, "The place is well maintained." Two infection control champions were appointed on the staff team to share Department of Health best practice and infection control policies were being followed by staff in their day to day practices.

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents.

Is the service effective?

Our findings

People told us they were supported by staff who knew their likes, dislikes and preferences. One person living at the service told us, "This place is all about choices, not forcing me to do things" Another person said, "I like the fact that the staff will do something for me if I cannot manage it but they also try and support me doing it first." People, their relatives and staff attended review meetings where care plans were discussed. This meant that people were consulted about their care.

Staff we spoke with told us they felt they received the training they needed to carry out their roles safely. One staff member told us training was "spot on". Records showed that staff were suitably qualified and experienced to fulfil the requirements of their posts. Where there were gaps the registered manager was aware of this and had taken action to address. The registered manager told us and staff confirmed that induction included essential training and shadowing of experienced care staff. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support people needed.

Staff told us they had regular supervision and the management team were always available for support if they had any concerns. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision sessions included staff development needs. Records showed and staff told us that they received regular supervisions and annual appraisals. This meant that the service had procedures in place to monitor and support staff performance.

Care records demonstrated how the person's needs were assessed on admission to the home and then on a regular basis. They contained information which took into account current legislation and national guidance when planning outcomes. For example the registered manager and catering staff had received NHS 'Focus on Undernutrition' training and had used the knowledge they had gained to from this to develop eating and drinking care plans thereby providing nutritionally safe diets for those people at risk in this area.

People were supported to maintain a balanced diet and had a choice of areas where they could eat. We asked people about meals, snacks and beverages and the response was positive. One person commented, "We get choices so that's good and we are asked what we would like for a change so we have input into the menus." Another person told us, "Food is brilliant, always have enough to eat and a choice." Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet peoples' diverse needs. We saw that people were supported to make healthy choices. Meal times were not rushed. Peoples preferred food choices were identified and documented in a 'Choice Record'.

The catering staff we spoke with were knowledgeable about specialist diets and provided for specific needs such as pureed or fork mashable diets. This meant people were supported to have enough to eat and drink and were encouraged to maintain a healthy and balanced diet. A record was kept of what people had eaten each day and people were given the opportunity to feedback on meals.

Peoples nutritional health was regularly monitored using the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition) or

obese. The MUST assessments we reviewed were up to date and indicated that people had regular weight checks and that their weight was being maintained. This meant that the home was following national best practice in this area. Discussion with the management team and examination of records informed us that when people had lost weight or had issues with eating and drinking they had been referred to external services. For one person we saw that they had been assessed by the Speech and Language Therapist and an appropriate diet and fluid regime had been recommended. We also saw that staff had been guided to use a beaker and give the person gentle prompts to swallow, in addition to using a small spoon to give the person their food.

Fluid intake charts recorded the fluid a person was taking each day, fluid intake goals and totals were not recorded. Two charts we looked at did not appear to have been analysed, which meant staff may not have been effectively monitoring peoples intake in order to take appropriate action if needed. We fed this back to the registered manager who told us they would address this immediately.

People were supported to access external professionals to maintain and promote their health. Staff supported people to attend routine health care appointments. This meant people had access to healthcare services when needed and their healthcare needs were met. Care plans contained information on the involvement of professionals such as GPs, district nurses, the falls team, chiropodists, dentists and hospital departments. Care plans reflected peoples changing needs and clearly showed where referrals to healthcare professionals had been made. For example we saw that a person had been referred to the Falls Team after two falls. Care plans reflected the advice and guidance that had been provided by external health and social care professionals.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the care home was following the requirements of the act in regards to DoLS. We spoke to staff and they showed an understanding of the principles of the MCA. For people who did not always have capacity, mental capacity assessments had been completed for their care and treatment, however assessments were not undertaken for a wider range of specific decisions, for example choices about personal care, use of lap straps and bed rails. The MCA states a person's capacity must be assessed specifically in terms of their capacity to make a particular decision.

One person's medicine care plan stated, 'Team Leaders to administer all of [the person's] medication due to her dementia she is unable to remember to take it at the correct time'. No best interest decision was documented. We pointed this out to the registered manager who told us they would take action to address this.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this. After the inspection, the registered manager wrote to us and provided us

with details of work undertaken in this area including additional training for staff and evidence of completion of some best interest decision paperwork.

Some people had made advanced decisions on receiving care and treatment and do not attempt cardiopulmonary resuscitation (DNACPR) orders had been completed.

We found the premises were suited to the current needs of the people living within the home. People were able to meet privately with friends or relatives. The building had been adapted to meet the needs of people living with dementia. The registered manager told us they had undertaken training in this area. Peoples bedrooms were individually decorated with personal belongings to make them feel at home. One family had decorated their relatives bedroom to the persons own liking. The layout of the building was suitably designed and was warm and well lit. The home was not odorous. Communal rooms were appropriately positioned and bedrooms had en suite facilities. In addition consideration had been given to a dementia friendly environment with areas of the building having clear signage and themed areas to help people find their way around. The design of the building did not restrict the use of equipment to aid peoples mobility.

Some areas of flooring in the building were worn. We were informed by the registered manager that a decoration regime was on-going and renewal of bathrooms and toilets was due to take place. Carpets were being replaced and bedrooms were being redecorated. We observed that the redecoration project was underway.

Is the service caring?

Our findings

People told us they felt staff were very caring and they were happy living in the home. One person said, "The care is just like the care I would get from my family and I feel very lucky to be so well looked after. There are loads of staff on duty, it is really comforting." Another person told us, "Staff do know me well and when my family and friends pop in they always have a chat and bring us some tea." A relative commented, "All I can say is that they are well cared for and loved, it makes me feel at peace with my decision to let my parent come here." We observed staff providing support in a kind, caring manner. We saw one person telling a staff member, "You do wonderful work."

It was clear that staff knew people well. Staff showed respect for people at all times and ensured their dignity was maintained. One visitor told us, "My friend likes to be private and that is respected." We saw that staff spent time with people in communal areas and engaged them in conversation. Staff used peoples preferred form of address, showing them kindness, patience and respect. We saw people smiling, laughing and joking with staff. Staff sat with people and engaged in an unhurried way chatting about common interests and what was important to the person. Staff explained what they were going to do before doing it and patiently gave people time to think and respond.

Throughout the inspection we saw how care staff spent time with people giving them choices about what they would like to do, from a choice of snacks to where they wanted to eat lunch and which activity they wanted to take part in. We saw that staff made sure each person was aware of the individual choices available to them. We observed that staff ensured they communicated well with people by crouching down to their level if they were seated and repeating back information in a simplified manner if it had not been understood.

Where people were anxious or in need of comfort we saw staff interacted with them in a compassionate way. We observed one person who was becoming anxious being distracted into completing a task by a staff member whilst giving lots of reassurance. We saw how this person clearly appreciated the intervention. Whilst people had a wide range of needs and at times anxieties we found the atmosphere to be calm during the inspection. We observed staff being discreet in their offers of support to people.

Staff supported people to be as independent as far as they were able. A person using the service told us, "I am encouraged to remain mobile and I like the fact that I can have a wander and there are some quiet corners where I can do the crossword." Staff we spoke with had a good understanding of the importance of promoting independence. We saw staff supported people to be independent, giving them time and encouragement to complete tasks. People were able to move freely around the home. Some people used walking aids; we saw that staff monitored people but enabled them to be as independent as possible. We observed that calls for assistance were answered quickly.

Peoples equality and diversity was respected. Staff had completed training in equality, diversity and human rights and the provider had an equality and diversity policy. The registered manager told us that at the current time everyone living at the home had a similar ethnic background and religious beliefs. Information

regarding people religious and cultural needs was gathered prior to admission.

Care plans were person centred and included peoples life histories and preferences. They provided staff with guidance about the best way to support people and reflect their identity. Care plans indicated that where possible people or their relatives were involved in their development and review.

Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends. One person commented, "My friends still call in, we have coffee here and the staff are just great leaving us to chat and gossip. We always have tea and biscuits and it helps my friends realise care can be good." The staff we spoke with were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

We saw that advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Is the service responsive?

Our findings

A visitor told us, "My friend has really come out of themselves since being here, it's because the staff are interested in my friend and make [them] feel special." We observed care being delivered in a person centred way. Person centred care is care that is focussed on the person's own needs, preferences and wishes.

People had been assessed prior to their admission into the service and these assessments helped to inform care plans. This meant staff had a clear understanding of the person's needs and how they wanted to be cared for. We saw that personal plans were person centred and regularly reviewed.

We looked at five people's care plans and saw these were comprehensive and included people's likes, dislikes and preferences. Each person's life story was documented. Plans included areas such as medicines, pain management, mobility, falls, nutrition, communication, beliefs, religion and culture. Each person's dependency needs were scored monthly. People had a care passport covering areas such as 'things you must know to keep me safe', 'things that are important to me' and 'likes and dislikes'. We saw that responsive referrals had been made to other professionals where an issue was identified, including referrals to the falls team and the nutrition and dietetic service. We also saw guidance for staff on how to best help the people they support. One person's plan described how staff could help the person choose their clothes, shoes and accessories and apply their makeup. For another person we saw that staff were guided to brush the person's hair whilst the person could wash their hands and face independently. This meant the person's independence was being promoted.

Staff were able to tell us detailed information about the needs of the people they were supporting. The information they told us was reflected in the person's care plan. Handovers were undertaken before staff started on shift. This meant they had the up to date information required to support people. We saw that staff recorded how people had been throughout the day and overnight and records included information about care and support that had been given. These records also showed that care had been delivered in line with people's care plans.

The home had two dementia champions who were trained to support people living with a dementia related illness more effectively and to pass on their knowledge and best practice to other members of staff.

People were able to follow their own hobbies and interests on an individual basis as well as taking part in group activities if they chose to do so. One person using the service told us, "I try and join in activities, I don't like to sit and watch TV but the residents are usually busy doing something, we like being active."

We saw and records showed that a range of activities took place. We observed Easter activities were taking place. One person went out in a taxi to see a family member during our visit. Another person told us they regularly went into town on their own in a taxi to do their personal shopping. People told us they were excited about a lounge in the home being changed into a bar. A grand opening of the bar was to take place shortly after the inspection. Records showed that one to one activities were provided by staff for those people who did not want to or were unable to join in with group activities. People who used the service and

relatives we spoke with were happy with the level and range of activities available.

The home had two computer tablets to aid communication. The registered manager told us that the devices had been used to enable people to speak to relatives over the internet.

The home had a clear complaints policy and procedure. A copy was given to people and their relatives when they moved into the home. One person told us, "I know that if I have a concern I can ask anyone to help but it would need to be very serious for me to complain. [I] cannot see that would ever happen." Records showed that no complaints had been received since the provider changed in May 2017. We saw the service had received many compliments.

Policies and procedures were in place to support people with end of life care. Records showed that wishes for end of life care were recorded in care plans. This meant information was available to inform staff of the person's wishes at this important time and to ensure people's final wishes were respected. Staff received training in end of life care. At the time of our visit no one was receiving end of life care however we saw one letter from the relative of a person who passed away within the home praising the "magnificent care" their relative had received at the end of their life.

Is the service well-led?

Our findings

People and relatives told us they thought the service was well led. One person said, "The (registered) manager is always around and knows all our names, don't know how she does it." A relative commented, "I would be very happy to talk through an issue with the (registered) manager on behalf of my parent, she is really approachable."

Regular audits were carried out by the provider and management team covering a wide range of areas including care plans and risk assessments. The results of the audits were analysed by the provider in order to determine trends and introduce preventative measures however these audits were not effective in identifying the issues in recording we found during our inspection.

Staff told us the service was well-led and the registered manager was approachable and supportive. They told us that the registered manager was a visible presence in the home. One staff member said, "Its brilliant the support you get." Another said, "The boss is absolutely lovely, she'll listen to your opinion." Staff spoke positively about the culture and values of the service and all staff understood the importance of providing dignity in care. We were told by all of the staff we spoke with that they had seen a big improvement in the service since the new provider took over.

The staff we spoke with told us that the providers of the service are supportive of training and actively encourage development. One staff member told us how suggestions they had made to improve some medication systems had been acted upon. This meant that the provider consulted with staff in regards to the running of the service.

Meetings for staff were held at regular intervals. We saw minutes were maintained and made available to staff. The minutes detailed the matters discussed, actions that needed to be taken and by whom. Records showed that staff were given opportunities to share their views. This meant staff were able to contribute to the running of the service. Care issues were discussed within the meetings which meant that staff were well informed about people who used the service. Regular meetings also took place for people living within the home. These meetings gave people the chance to feedback on the service and covered areas such as the food and activities.

Feedback was sought from people and their relatives through surveys and informal chats. Feedback was analysed and used to inform the service's development plans. This enabled people to be involved in decisions about how the service was run. We were provided with survey responses which were positive. This meant that systems were in place to communicate with people and their relatives and involve them in decision making in relation to the service.

We looked at the culture of the service, including if it was open and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. We found the records we asked for were well maintained, easily accessible and stored securely. We were also provided with a detailed action plan showing timescales for achievement of

improvements in the areas of concern highlighted.

Adverse events were shared with staff. This supported the staff team to focus on lessons learned. The registered manager gave us examples of how lessons had been learnt. One example we were given was of oral care documentation not being completed in another service. This led to the registered manager devising an oral hygiene assessment to prevent a similar situation occurring within Middlesbrough Grange. The information shared by the provider had therefore reduced the risk of a similar problem occurring within the home.

The service worked in partnership with other health and social care agencies to meet people's needs. People living in the home told us that good links were maintained with the local community, including charity work and fund raising events.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.