

MGC Care Limited

# Danesford Grange Care Home

## Inspection report

Kidderminster Road  
Bridgnorth  
Shropshire  
WV15 6QD

Tel: 01746763118  
Website: [www.danesfordgrange.co.uk](http://www.danesfordgrange.co.uk)

Date of inspection visit:  
26 April 2018  
30 April 2018

Date of publication:  
19 June 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This was an unannounced comprehensive inspection carried out on 26 April 2018, with a further announced visit on 30 April 2018. At our last comprehensive inspection of the service on 26 January and 8 February 2017, the overall rating for the service was judged to be 'Requires Improvement.' At this inspection we found that some improvements had been made however further concerns were found. We have rated the service as 'Requires Improvement'.

Danesford Grange is a 'care home'. People in care homes received 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. Danesford Grange accommodates up to 33 people within one building and a newly built extension and provides care and support for older people. At the time of our inspection there were 29 people living at the home, some of whom were living with dementia.

A registered manager was in post and present throughout this inspection. 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.

During this inspection we identified three breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the safe care and treatment, the ineffectiveness of the quality assurance systems used to drive improvements and the failure in the requirement to display their previously inspected rating.

Fire risk assessments were not completed in relation to alterations to the physical environment at Danesford Grange. Maintenance tasks were not effectively completed and infection prevention and control measures had not been imbedded into staff or managerial practice and oversight. This placed people at an increased risk of harm.

Management and governance systems were not always effective. There was no clear policy or strategy in relation to the effective monitoring of the quality and safety of services. Care plans and risk assessments did not always accurately reflect people's current needs or the person's ability to effectively make decisions.

Information in care plans was sometimes contradictory and misleading about people's needs. The assessment of people's mental capacity and decision making was not always clearly recorded for staff to follow. Incident and accidents forms were not always reviewed by management to ensure all appropriate actions had been taken. People's individual communications needs had not been clearly identified or recorded.

The previous inspection rating was not displayed at the premises as required.

People were supported by enough staff to meet their needs safely and in a way they preferred. People were engaged in activities they found stimulating and enjoyable. People were treated with dignity and respect by those supporting them.

People received their medicines as prescribed by trained and competent staff members. People were supported by staff who were trained to support them and who were supported by a management team.

People were cared for at the end of life by staff members who knew their individual preferences and supported their personal wishes.

People and staff members found the management team to be open, supportive and transparent. People felt well informed and engaged in decisions about where they lived.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 safe.

Risk assessments had not been completed regarding changes to the building. Maintenance tasks were not completed in a timely manner. Infection prevention and control measures were not embedded in staff or managerial practice. People were supported by enough staff to meet their needs. People were supported with their medicines by trained and competent staff.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The physical environment did not effectively support people to freely move around their home. Assessments of people's decision making capacity were not always clear and contained some contradictory information. People's communication needs were not clearly recorded. People were assisted by a staff team that felt supported by a management team.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with dignity and respect by those supporting them. People were involved in decisions regarding their care. People received support at time of upset and distress. Information private to people was kept confidential.

**Good** ●

### Is the service responsive?

The service not was always responsive.

People's individual care and support plans did not fully reflect their current needs. People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

**Requires Improvement** ●

## Is the service well-led?

Inadequate 

The service was not always well led.

The management team did not have effective quality monitoring procedures in place. People and staff found the management team to be open and approachable. People felt informed about where they lived and changes that were being made.

# Danesford Grange Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 26 April with a further announced visit occurring on 30 April 2018.

The inspection team consisted of two inspectors', a specialist nursing adviser 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistle-blowing incidents, which may have occurred. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used any feedback as part of our planning.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people, seven relatives, the provider, the registered manager, the deputy manager, two nurses, three care staff members, one activities coordinator and one team leader. In addition we spoke with two members of Shropshire Fire and Rescue and one building control inspector from the local authority.

# Is the service safe?

## Our findings

At the time of our last inspection in January and February 2017 the 'Safe' key question was rated as 'Good.' At this inspection we had serious concerns about the safety of the service and we have rated this key question as inadequate.

We looked at how people were kept safe from risks associated with the environment within which they lived. We found a number of concerns regarding the fire management and prevention along with the general maintenance of the building. For example, physical alterations were underway on the top floor of the main building. We found fire detection systems had been made inoperable, doors and walls had been removed and there was open access into the roof void. The result being that large areas had no fire detection and in the event of fire there was no physical barrier to other parts of the building or the roof space. In other parts of the building we found fire door efficiency had been compromised. For example; the wall above the fire door between the kitchen to reception area had a large hole above it and in the new building a double fire door was poorly fitted and did not close when the self-release system was activated. Should a fire occur in these areas there was little physical barrier to prevent or delay the spread of fire. In addition we saw fire exits through parts of the building were impeded by building materials. We took action on the day and notified Shropshire Fire and Rescue. The provider, in consultation with Shropshire Fire and Rescue, took action to prohibit parts of the building in order to make people safe during the on-going building work. The provider did not assess or properly manage environmental risks.

Following this inspection the provider engaged the services of an external fire risk assessment organisation. They completed a fire risk assessment for Danesford Grange. The provider shared a copy of this assessment with us. This assessment identified two major issues which needed immediate attention and 17 priority actions which should be actioned within a month of the report being completed. We confirmed with the provider that the two major issues had been completed and that a plan of action had been devised regarding the outstanding 17 priority issues.

Maintenance in other parts of the building was ineffective and put people at risk of injury. For example; we found exposed hot water pipes leading into radiators. These pipes presented a risk of burns to people should they touch or fall against them. We found splintered door beading in the lounge area with exposed nails. In the new build we found a large mirror unsecured against a wall which presented a risk of crushing or other injury should someone lean on or fall against it. The entrance to the stone stairs leading into the cellar area was propped open and the keypad lock not engaged. This meant people had open and unrestricted access to this area. The main corridor leading from the new offices and reception area was used as a storage area and contained a number of building materials, broken light fittings, tools and wires. People living at Danesford Grange had unrestricted access to this area and the risk of injury these items presented.

We looked at the maintenance reporting and recording. There was no managerial oversight of this reporting and we saw repairs were outstanding. For example, it was reported on 16 April 2018 that a cold water tap could not be turned off in one person's bedroom. On day two of this inspection site visit, 30 April 2018 we saw that this tap could still not be turned off. These risks had not been identified or mitigated by the



management team. We asked the registered manager if they completed any daily walk arounds the building to identify any current or emerging risk. The registered manager told us, "No, if I did then I think I would just find too much that needs doing." This lack of managerial oversight and proactive action put people at risk of serious injury. The provider had failed to ensure that people received safe care and treatment in a suitable environment.

The infection prevention and control systems in place at Danesford Grange were ineffective and did not protect people from the risks of associated with poor practice. At this inspection site visit we identified a number of side tables at which people sat and ate their meals from. These table surfaces had evidence of fluid ingress which resulted in bobbling, preventing effective cleaning. In a downstairs bathroom we saw a bath panel had been broken and stood against a wall with nails exposed and splinted wood. Beneath the bath a pile of tissues had been placed following a repair to a leaking pipe. We asked the provider and the registered manager how long these had been there and neither knew the bath panel had been broken. The broken bath panel and contaminated and stained material below the bath prevented effective infection prevention and control. One staff member said, "There is a problem with the dust at the moment. No sooner than we have cleaned then there is another layer of dust straight away. We can't keep on top of things."

The registered manager had completed some "check to protect" assessments with staff. Check to Protect for Clinical staff is a set of assessment tools designed to be used by staff to assess their peers to ensure that safe, effective standards of infection prevention and control are being met and maintained within clinical services. However, these assessments did not identify the issues that we found at this inspection. We saw staff members had access to personal protective equipment (PPE). For example, gloves and aprons. However, these items were located in set locations away from where their intended use was. PPE should be available to staff at the point of care delivery.

We saw incidents and accidents were recorded and reported. However, there was little oversight by the registered manager regarding any notified incidents. Clinical staff members reviewed the falls to see what action could be taken to prevent further falls or to alert staff members when people were at risk. For example, we saw one person had fallen a number of times. A revised risk assessment was in place which included the provision of an alarm mat and regular checks. However, there was discrepancy between staff members understanding regarding the level of supervision this person required. Staff members believed, and it was recorded, that this person should have one-to-one supervision in the evenings. The registered manager told us this was not the case and that this referred to staff having to, "keep a close eye on them." This resulted in inconsistent understanding of the requirements needed to keep this person safe.

The registered manager was not always aware of incidents or accidents or any subsequent action that was needed to prevent reoccurrence and reduce the level of risk to the person involved. We looked at some documentation regarding a recent fall. The circumstance of the fall was unclear and the registered manager could not provide us with any further clarity regarding what had happened. We asked the registered manager about the lack of oversight regarding incidents and accidents and they said, "I will sort this once I have my life back and the building work is done." The registered manager did not have effective systems in place to review and respond to incidents of accidents.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the concerns we found everyone we spoke with felt safe living at Danesford Grange. One person said, "I am very well looked after and they make sure I am safe and cared for. They (staff) have to help me with everything but everyone is very kind and I never worry." Another person told us, "All the work going on

could make it difficult but it doesn't bother me and the staff cope really well. I feel safe and just happy really." One relative told us, "We are very happy with [Relative's name] care here. Staff take care of everything and we know they are safe. The work can be disruptive but it doesn't affect the care and the staff cope well. [Relative's name] is always happy, always clean, well turned out and keeps well."

We saw that people had individual assessments of risk in place associated with the care they received. These included mobility, diet and nutrition and safe use of equipment. In these instances the clinical team had identified the risk to the person and what needed to be done to minimise the risk of harm. For example, in relation to moving and handling we saw assessments were in place for the use of different types of equipment like hoists and slings. We saw staff members using the correctly identified piece of equipment and safely support people using recognised techniques to keep them safe.

We looked at how people were kept safe from the risk of abuse. People we spoke with told us they believed they were protected. One relative told us, "Our family has no concerns at all about [relative's name] or their care. We visit and know they are safe and secure."

Staff members we spoke with confirmed they had received safeguarding training and showed good insight into the different types of abuse and the potential signs of abuse. For example these signs included withdrawal, apprehensiveness around particular staff, comments made by the person, self-neglect, lack of funds and unexplained finger marks or bruising. One staff member said, "I'd go straight to the nurse in charge, and I would also document it, copying in the management team." Staff members knew how to report concerns to external agencies for example, the local authority or the police. We saw information was available to people, staff and visitors on how to identify and raise any concerns. The management team told us that they had not needed to raise any such concerns to the local authority, since our last inspection, in order to keep people safe from the risk of abuse.

People told us, and we saw, that there were enough staff to meet their needs promptly. People said that staff members were available to support them when they needed. In addition staff were able to support them with activities. One staff member said, "I think the staffing is adequate at the moment. There is a lot of emphasis by the management team on skill mix. They (management) try to balance the number of people with experience working alongside those with less experience." This was to ensure people received the right amount of support from sufficient staff members.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members, which included disciplinary action or retraining if required.

People received their medicine when they needed it. One person said, "They (staff) make sure we take our tablets, which is good as some of us forget. It is a good place." Another person told us, "I keep well so do not see the Doctor but I have to take a drug for my memory which they (staff) ensure I take regularly – as I forget." One relative said, "[Relative's name] is given their medication and has improved since being here." People were given the information they needed to make a decision whether or not they wanted to take their medicines. There was guidance on the administration of "when required" PRN medicines. We saw these were accurately recorded. Temperature sensitive medicines were stored in locations appropriate to their use and regular checks were performed to ensure the medicine remained effective for use. There were effective reporting arrangements in place to record and respond to any medicine errors. Processes were in

place to address any medicine error with the person concerned, which included retraining if necessary. However, learning from such incidents was not shared with the staff team or as part of clinical supervision meaning any collective learning from incidents was lost.

## Is the service effective?

### Our findings

At the time of our last inspection in January and February 2017 the 'Effective' key question was rated as 'Good.' At this inspection we found concerns with the environment and the application of the Mental Capacity Act 2005 and we have now rated this key question as 'Requires Improvement'.

The physical environment at Danesford Grange was accessible and appropriate to those living there. There was lift access to different floors, grab rails where needed and appropriate lighting and signage for people to freely move around. In addition there were doors leading out onto flat areas for those who wanted to spend time outside in the garden area. However, with the additional building work being undertaken the effectiveness of the accessibility was compromised. Corridors had become storage areas for broken pieces of equipment and tools and one door leading into the garden area was poorly maintained hampering safe use of this area.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. However, we saw some assessments where the individual's ability to make decisions was unclear. For example, one assessment referred to the person's, "ability to make decisions is extremely poor," and that staff would act in their best interests. However, this assessment made no definitive statement in terms of capacity or any reference to what decision was needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision themselves but the recording of specific assessments was not comprehensive.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made applications and followed the guidance provided. However, those we looked at were pending assessment and authorisation by the placing authority. One person had yet to have an application made regarding their deprivation of liberty. This was the person referred to above who's "capacity was extremely poor." We asked the registered manager about this and after discussion it was apparent this person could not make the decision to live at Danesford Grange. As a result the registered manager stated they would now consider making such an application. The lack of managerial oversight regarding people's capacity assessments and DoLS applications put people at risk of having their rights violated.

We saw people were supported to make their own decisions and were given choices. We saw staff members approached people and gained their attention before asking them what they wanted. For example, when

one person did not initially respond to a question the staff member then gently touched their arm and gained eye contact before speaking with them. Only after that did the staff member ask the person what they wanted to drink and the person positively responded to the staff member.

Staff members followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

People received assistance from a staff team that felt supported in their work. Staff members we spoke with confirmed with us that they received regular one-on-one sessions with a senior staff member. It was during these sessions that they could discuss aspects of their work that was going well, as well as areas that could be improved.

People we spoke with told us they believed those supporting them were skilled and knowledgeable in order to assist them. Staff members new to Danesford Grange underwent a 12 week induction training programme into their role. This training included moving and handling, safeguarding, infection prevention and control and fire safety. New staff members also worked alongside other more experienced staff members until they felt confident and competent. One staff member told us, "Training is very good for new starters and for staff needing refreshers. For instance when there is a change in legislation we are kept updated. The deputy manager keeps a record of all our training so we know we are up to date." Another staff member said, "Training is excellent. A lot of the training is tailored to the individual resident. It is very interactive and gives us all the opportunity to share ideas and concerns." We saw some staff members were working towards completing their care certificate. The Care Certificate is a nationally recognised training programme aimed at training staff to recognise the standards of care required of them.

Nursing staff members were supported with their professional revalidation by the provider which involved clinical supervision and access to external training. Revalidation is the process that allows nurses to maintain their registration with the Nursing and Midwifery Council. Nursing staff members we spoke with told us they also had the opportunity to reflect on their working practice. This is the process where nurses can develop better understanding of the ways in which they practice, the influences on their practice, and of their responses to challenging situations. For example, one nurse told us about how they responded to a relative's concerns and how they approached the situation and what they could have done differently.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person said, "The food here is very good and well served. The sandwich choice is excellent." Another person told us, "The food is very good here and I enjoy everything. I always have a choice and it's always tasty. We are always being offered drinks." We saw people making choices of what to eat and if they did not want anything on offer a choice of alternatives was provided.

We saw staff sharing information appropriately between people they supported and other staff members. This included the use of a communication book between care staff and the kitchen staff. This related to changes to people's diets and health which impacted on their diet and nutrition or people's personal preferences. For example Speech and Language therapist assessments (SaLT) information was recorded. Staff we spoke with were knowledgeable about people's personal dietary requirements. This included any allergies or medical requirements. For example, diabetic diets were catered for where needed. The outcomes of such assessments were known by the staff supporting people and also the kitchen staff. We saw information clearly displayed in people's private rooms. Additional educational information regarding nutrition and hydration was displayed in a communal area which visitors and relatives could read.

People were supported to maintain good health. One person said, "The GP comes if we need them and the Chiropodist comes so our feet are comfortable." Another person told us, "I know that the Doctor visits but I don't see them as I keep well. However, I know they would be there if I needed them." People told us they were involved in discussions about their medical intervention and options for treatment. Information following medical visits was recorded and relayed to all staff members concerned. People told us, and we saw, that staff responded to changes in people's health condition. Assistance was requested from medical professionals and guidance recorded to support people appropriately.

# Is the service caring?

## Our findings

At the time of our last inspection in January and February 2017 the 'Caring' key question was rated as 'Requires Improvement.' At this inspection we rated this key question as 'Good'.

At our last inspection we had concerns about the way people were treated by the staff members supporting them. This included people not being informed what was happening around them and staff members focusing on tasks rather than valued interactions with people living there. At this inspection we saw improvements had been made.

People we spoke with described the care they received as "Caring," "Kind," and "Respectful." Throughout this inspection site visit we saw many interactions between people and staff members which reflected these statements. People told us, and we saw, that they were treated as though they mattered to those supporting them. For example, when someone struggled to make a decision regarding what they would like to drink we saw the staff member sitting with them. The staff member then chatted with the person about something they knew they liked. After a while the staff member revisited the drinks options and the person made a decision about what they wanted. The staff member took time to engage the person and not rush their decision making what appeared to be a positive experience for the person.

Staff members we spoke with could tell us about those people they supported. This was not limited to the person's care and support needs but included personal histories, likes and dislikes, where they grew up and what they did for a living. Staff members took an interest in those they assisted and this was reflected in the interaction we witnessed. For example, we saw one person was encouraged to talk about their experiences of meeting famous people which others found interest in and engaged in further conversation with them. This was at the instigation of the staff supporting them.

People were supported at times when they became upset and distressed. We saw one person become anxious and upset when in a communal area. Staff immediately responded to this person and attempted to ease their anxiety. With the person's permission they were assisted to a more private area. Staff members enquired what they could do to ease this person's upset and they informed them to contact their family. We later saw family member's visiting and supporting the person as per their wishes. One staff member told us, "People do become upset at times and moving into residential care is a big step for them. We understand this and do all we can to support them emotionally as well as physically. If this means spending time in a quiet area and chatting then so be it."

Staff members were aware and attentive to triggers for people's anxieties and adapted their way of working to suit the individual. One person told us, "I haven't had a bath yet as I am nervous but I am helped with a good wash every day and they (staff) wash my hair with a special basin on the bed which is just lovely. They then blow dry my hair which takes a long time but I love it – they are going to help me have a bath soon as my confidence improves." Staff members were given time and support to assist people in a compassionate and personalised way which best met their needs.

People were treated with respect and in a dignified way by those supporting them. One person said, "The (staff) have to help me a lot to do things but I am never made to feel awkward and it is always done nicely with care and a smile. Nothing is too much trouble for them." Another person told us, "I don't like showers so I have a bath and I can have one when I like. When the staff help me they are always kind and respectful to me and they make sure it is only two helping as I couldn't cope with lots of people coming and going. When they help me they are unfailingly kind always."

People had information that was private to them stored securely and accessed only by those with the authority to do so. Information about people was treated confidentially and respected by staff.



## Is the service responsive?

### Our findings

At the time of our last inspection in January and February 2017 the 'Responsive' key question was rated as 'Requires improvement.' At this inspection we found that the provider still needed to make improvements in the responsiveness of the service and rated this key question as 'Requires Improvement'.

People told us, and we saw, that they were involved in the planning of their care and support whilst at Danesford Grange. A staff member told us, "When a resident first comes in, we share information about their food likes and dislikes and also meet with families to get as much information as we can." We saw people's personal histories, likes and dislikes, social and emotional needs were recorded. People's protected characteristics were also recorded for staff members to support the person as they wished. For example, where a person had identified a specific religion or faith this was recorded. We saw one person was supported to attend their local place of worship to continue to practice their faith and to maintain the social support they had enjoyed for many years.

The care and support plans we looked at were individual to the person and covered a range of needs including the person's mobility, nutrition and skin integrity. Should someone have a specific medical diagnoses for example, Parkinson's disease, this was clearly recorded along with instruction on how to support the person.

However, we saw some of the care and support plans had conflicting and confusing information. For example, one person's care plan stated that they were to use a stand aid if their level of consciousness declined (Stand Aid is a specialist piece of equipment that is designed to aid an elderly or disabled person to stand up). However, their mobility assessment stated that "Stand aid does not work as [person's name] is unable to reliably hold on to the handles." Staff members we spoke with had differing opinions on when this piece of equipment was to be used. This created inconsistency in the delivery of care and puts the person at risk of receiving support not suited to their personal needs and abilities.

We spoke with staff who told us about another person who had started to display a change of behaviour. When looking through this person's care and support plan there was no mention of any behaviour being displayed or what staff should do to support this person at such times.

People's individual communication styles were known by those supporting them. One staff member described how they supported someone who could not use verbal communication to make their needs known. However, neither the registered manager nor the provider were aware of or had implemented the Accessible Information Standards at Danesford Grange. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

We saw that the care and support plans for people were regularly reviewed and updated. However, there was review of these plans to ensure they reflected the current needs of the individual.

At our previous inspection we identified that people had differing experiences regarding activities and stimulation throughout their day. At this inspection we saw improvements had been made and that people had the option to be engaged in a range of activities that they found stimulating, enjoyable and fun. One person said, "All I can say is that everything here is geared to making things nice for us. They try so hard and we always have things going on that we enjoy, bingo, films, quiz's, newspapers, magazines, days out, pets come in, we celebrate and plan for high days and holidays, all sorts. It's no wonder we sleep at night." Another person said, "I am never bored and I am asked to help out with certain tasks like laying the table etc."

Throughout this inspection we saw that people were engaged in reading, socialising with friends and families, puzzles and bingo. Staff members were available to support people with activities and if someone did not wish to take part a staff member was frequently seen to sit and chat with the person. This meant that people were still engaged although they chose not to take part in structured activities.

We looked at how people were supported at the end of life. We saw that people had been asked to identify their spiritual and emotional needs and we saw clear detailed involvement of the person and, when needed, their family in planning their care. We saw that people had completed advanced care planning with the assistance of staff. In one instance this included fresh flowers and music to be played in their room. We saw that this had been provided as per the person's wishes. In addition we saw that the clinical staff had access to a range of anticipatory medicines which were to be used in case of sudden deterioration to assist the person to remain comfortable and pain free. Danesford Grange supported families and those close to the person to attend and stay. This included making a bedroom available or a comfy chair with meals and drinks so that they could stay with their loved one.

People were encouraged to maintain relationships that mattered to them. All those we spoke with told us their friends and families were encouraged to visit whenever they wanted. However; Danesford Grange did have a policy in place of protected meal times. These were identified times where people's nutrition was promoted with minimal external distraction. However, all those visiting, that we spoke, with told us they were made to feel welcome. At this inspection we saw visitors bring in their family pets for those they visited to also engage with. One person said, "It is lovely to see [pet's name]. They always put a smile on my face when I see them."

People and relatives felt comfortable to raise any concerns or complaints with staff or the manager. One person said, "I like to think I would know who to go to if I had a problem or a complaint and I am certain it would be resolved." Another person told us, "This is a marvellous place I am happy and contented and I have no complaints. I am lucky to be here." The management team had systems in place to investigate and respond to complaints. We saw details of investigations and the outcome and explanations provided to the complainant.

# Is the service well-led?

## Our findings

At the time of our last inspection in January and February 2017 the 'Well-led' key question was rated as 'Requires improvement.' At this inspection we still had concerns about the overall management of the service and we rated this key question as 'Requires Improvement'.

The provider did not have effective quality monitoring processes in place to identify improvements and to drive the quality of care provided. There was a lack of managerial oversight regarding the changes to the physical environment and to the care and support people received. We asked the registered manager how they identified improvements needed at Danesford Grange. They told us they currently felt overwhelmed with all the changes at the home and that there was too much that needed doing. They told us about some of the checks they completed. These included infection prevention and control audits and checks with staff members. This comprised of observing hand washing techniques and the use of Personal Protection Equipment. However, they failed to identify the concerns we found at this inspection which were reported under the key question 'Safe.'

The provider did not assess or properly manage environmental risks. The provider failed to ensure the premises used were safe for the intended purpose.

Following the inspection site visit the provider contacted us detailing a number of repairs and improvements they have made since we raised our concerns with them. These included, but were not limited to: A radiator has been replaced removing the risks from exposed hot water pipes, repair to an external door and a review of outstanding maintenance tasks focusing on priority repairs. In addition the provider told us they were updating the infection prevention and control processes in line with the outstanding maintenance tasks.

The registered manager had oversight of incidents and accidents reported at Danesford Grange. However, on exploration of some incidents there was a lack of detail regarding the action taken and who had taken the action. The registered manager told us that although they do look at the accidents and incidents they do not routinely review them to ensure the correct amount of detail is included and that all corrective action has been taken.

The provider did not have systems and processes in place to enable them to identify and assess risks to health, safety and/or welfare of people who used their service. The provider did not have in place processes to minimise the likelihood of risks and to minimise the impact of people use used their service. The provider did not escalate any risks to the health, safety and/or welfare of people who used their service to an external body as appropriate. For example: Fire and Rescue or Building Control.

These concerns form a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When a provider has been awarded a CQC rating (outstanding, good, requires improvement or inadequate)

they must display it in each and every premises where a regulated activity is being delivered, in the main place of business and on their website. Danesford Grange was not displaying its last previously rated inspection conspicuously at its main place of business. We checked the communal and shared areas on both days of this inspections site visit and could not see the ratings displayed. We asked the registered manager and the provider and neither could show us that they had displayed their rating. Danesford Grange's website is currently under construction and not operational therefore no rating was able to be displayed there.

This was a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection site visit the provider contacted us regarding the lack of displayed rating. They provided us with evidence that, following our inspection, they were now displaying the rating in accordance with the law.

People we spoke with told us they were involved in decisions regarding where they lived. They told us they had regular newsletters keeping them informed of developments and had regular chats with the provider who freely and openly talked about the work that was underway. We saw a sample of newsletters on display for people to look at and for their visitors to also read. Information included what activities were taking place and when, invites to pub quiz's, people's birthdays and national events. For example, the nutrition and hydration week. This included a nutrition and hydration quiz for residents, friends and staff members as part of a social event. People told us, and we saw, that they also took part in a country wide "pimp my zimmer" campaign. This is a project aimed to reduce falls by encouraging people to personalise their individual walking aids.

People and staff members we spoke with believed the registered manager and the provider were open and transparent. Staff members told us they felt able to approach the registered manager or the provider at any time they wanted and would always receive a welcoming response. Some staff did tell us they would like more information regarding the current adaptations to the building including the timescales for completion so that they could understand and better inform those they were supporting. One staff member said, "Danesford Grange is well managed, with the deputy more hands on and the registered manager more paper work and office based." Another staff member said, "[Deputy manager's name] will seek input from us (staff) during training sessions and also during handovers. They listen to what we have to say."

Staff members told us they felt valued and supported as a team with shared values. Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern. Staff members were involved in staff meetings where they were able to discuss aspects relating to their work as part of a group, although some staff thought these could be more regular.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Fire risk assessments were not completed in relation to alterations to the physical environment at Danesford Grange.
Treatment of disease, disorder or injury	Maintenance tasks were not effectively completed and infection prevention and control measures had not been imbedded into staff or managerial practice and oversight.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments
Diagnostic and screening procedures	Danesford grange was not displaying its last previously rated inspection conspicuously at its main place of business.
Treatment of disease, disorder or injury	

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have systems and processes in place to enable them to identify and assess risks to health, safety and/or welfare of people who used their service. The provider did not have in place processes to minimise the likelihood of risks and to minimise the impact of people use used their service. The provider did not escalate any risks to the health, safety and/or welfare of people who used their service to an external body as appropriate. For example: Fire and Rescue or Building Control.
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

We issued a Warning Notice in respect of this breach.