

K N & S Ramdany

# Holly Grange Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Holly Grange Residential Home is a care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 19 people. People live in one extended and adapted building, on the ground and first floors of three storeys.

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

The service was not consistently well-managed and led, which meant regulations may or may not be met. Governance and performance management was not always reliable and had not identified where quality and safety were being compromised. Quality assurance processes had not always effectively identified breaches of regulation we found during inspection. The registered person did not always demonstrate a clear understanding of the legal requirements of their role or their responsibility to manage quality performance and risk effectively.

People did not always receive care that was responsive to their needs. Risks to people and changes in their needs were not always identified and managed safely. People's care needs were not always regularly reviewed, and people and their relatives were not always involved in decisions about their care. When things went wrong, reviews and investigations were not always sufficiently thorough and necessary improvements were not always made.

The service did not always provide enough staff that had the right mix of skills, competence or experience to support people to stay safe. The provider did not operate a comprehensive competency framework to ensure staff remained competent to deliver all aspects of people's care in accordance with their training.

The provider had not always fully assessed and mitigated the risks to people, related to the safety of the premises and equipment. Improvements were required to the internal and external premises to ensure the environment was suitable for people living with dementia.

People's choice of activities was limited due to the availability of the activities co-ordinator and resilience to support them, due to the workload of other staff.

The provider had safely recruited and retained staff, who were able to develop meaningful relationships and nurture trust in people. Staff managed medicines safely and involved people and where appropriate their representatives, in regular medicines reviews and risk assessments. The provider was preventing visitors from catching and spreading infections and staff were using personal protective equipment safely. The provider was accessing testing for people using the service, staff and visitors. The home was very clean and hygienic, with no unpleasant odours.

The registered manager operated a system of training, supervision and appraisals. This enabled staff to develop the required skills and knowledge to support people according to their needs. Staff understood the

different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated. One health and social care professional thought the service needed to improve gaining more specialist support for people when required. Whilst others praised successful outcomes for people, due to the diligence of staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff consistently used a person-centred approach whilst interacting with people, ensuring they were involved in decisions about their day-to-day-care. People were supported to maintain relationships that were important to them, particularly during the pandemic. Communication support plans provided staff with guidance about how to meet people's specific communication needs and share information with them effectively. People and relatives knew what to do and who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. People and their representatives had completed an advance care plan, which detailed their end of life care wishes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 6 June 2018)

#### Why we inspected

This was a planned inspection based on the previous rating. The inspection was prompted in part due to concerns received about staffing levels, staff training, safeguarding people from harm, risk management, safety of the premises, poor leadership and the service culture. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the registered person needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the registered person to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holly Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

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

We have identified breaches in relation to the safe care and treatment of people, staffing, premises and equipment and good governance.

Please see the action we have told the registered person to take at the end of this report.

#### Follow up

We will meet with the registered person following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always 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 Care Act 2014.

#### Inspection team

This inspection was completed by two inspectors on the first day, with the lead inspector returning alone on the second day.

#### Service and service type

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

The registered provider is a partnership of two individuals. One of these partners (the primary partner) is also registered with the Care Quality Commission as the manager of the service. This means that the primary partner (as one of the providers and the registered manager) and the second partner are legally responsible for how the service is run and for the quality and safety of the care provided. In this report, where we use the term 'the provider' we mean the partnership of K N & S Ramdany, where we use the term 'the registered manager', we mean the primary partner. Where we use the term 'registered person' we mean the registered provider partnership and the registered manager.

#### Notice of inspection

This inspection was unannounced on the first day and second day was announced.

### What we did before the inspection

We reviewed information we had received about the service since it was first registered, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

### During the inspection

We spoke with five people who use the service about their experience of the care provided. We spoke with nine members of staff, including the registered manager, the chef, the activities co-ordinator, the housekeeper, four staff and a regular member of agency staff. We spoke with four visiting health care professionals, a fire safety professional and one visiting relative.

We reviewed a range of records. This included four people's care records, medication records and daily notes. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, quality assurance audits, health and safety records.

### After the inspection

We continued to seek clarification from the registered person to validate evidence found. We looked at training data and quality assurance records. We spoke with relatives of six people who had limited verbal communication and a further health care professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- When things went wrong, reviews and investigations were not always sufficiently thorough and necessary improvements were not always made. For example, we reviewed the circumstances surrounding an incident where a person experienced a fall, during which they sustained bruising to their eye. The registered person had failed to report these circumstances to relevant external authorities and had not investigated the circumstances to identify necessary learning, ensure action was taken to prevent further occurrences. Not all staff knew how and when to share information with external organisations, and referrals were not always made when they should be. This meant people may be at risk of harm as a result.
- People did not always receive care that was responsive to their needs. Risks to people and changes in their needs were not always identified and managed safely. For example, the registered person and staff had not always completed assessments when people had developed an infection. We reviewed circumstances regarding a person's declining mobility and the risks to the individual. Staff failed to identify the increased risk and take action to protect the person, who subsequently experienced a fall. Failure to carry out timely assessments meant the registered person could not be assured that risks to people were consistently reduced.
- The registered person had not always fully assessed and mitigated the risks to people related to the premises and equipment.
- The health and safety risk assessments were generic and did not contain updates relevant to changes in legislation, updates in adult social care or reference best practice guidance.
- The business continuity plan was insufficient. The content mainly listed telephone numbers and not details for staff to follow in the event of an emergency. In one part, the plan stated if an evacuation of the premises was required, people would be moved to a location 14 miles away.
- Previous requirements from the Fire and Rescue Service inspection of 2016 were not completely resolved. We passed on our findings to the relevant authority. Staff told us that they had completed training in relation to the use of fire safety equipment in September 2020 and practiced an evacuation drill in October 2020, which records confirmed. However, night time fire drills had not been carried out six monthly as expected.
- A Legionella risk assessment and water sampling was in place. However, the scheme of control completed by the registered person was insufficient. Some steps taken or incomplete, were not in line with the relevant guidance from the Health and Safety Executive.
- Some windows on the first floor opened wider than 10cm, which is the recommended restriction. No



checks were recorded of window opening testing. We signposted the registered manager to the relevant guidance. Prior to completion of this report, the registered manager produced documents to demonstrate windows were now restricted in accordance with safety recommendations.

- A thermometer in a bathroom did not work. Staff had recorded shower and bath water temperatures with it. There was a risk to people from false readings of the water temperature. We handed the thermometer to the registered manager and explained our finding.
- The business continuity and emergency plans were unsatisfactory. They contained insufficient details about emergency preparedness and made no reference to management of a COVID-19 outbreak.
- Checks of the hot water mixers, gas safety and portable electric devices were completed to ensure their safety.

The service had not consistently provided safe care, by planning and delivering care to mitigate identified risks and to meet people's changing needs. The registered person had not consistently investigated incidents to identify the necessary learning and had not reported the concerns appropriately. The provider had not ensured the premises and equipment were safe. These circumstances amounted to a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt safe and trusted the staff who supported them. One person told us, "Oh yes. They [staff] are always kind and gentle and make me feel safe."
- Staff had completed safeguarding and whistleblowing training, provided by an accredited external trainer who also undertook staff competency assessments and knowledge checks.

### Staffing

- The service had not always provide enough staff that had the right mix of skills, competence or experience to support people to stay safe. The service operates an early shift, late shift and night shift. Usually there would be two staff on the day shifts and one-night staff, who could be supported if required by a sleep-in night staff. There is an activities co-ordinator, who worked Tuesday and Wednesday, a chef who works every day other than Friday and a housekeeper.
- Staff consistently told us there were enough staff on the early and late shift to care and support people to be safe, but said they did not always have the time to be flexible or respond to people's changing needs. Staff regularly felt stretched and focused on completing tasks rather than on person-centred care and support.
- Most people required support with their mobility, particularly to stand and transfer from chairs and beds, using supportive equipment such as a hoist. Some people required two staff to support them to transfer from an armchair to a wheelchair. When such transfers were taking place in areas other than the communal lounge, this meant other people were left unsupported, with no staff available to make sure they were safe. Whilst the activities co-ordinator afforded some resilience in this respect, they only worked two days per week between 9am and 4pm.
- During the inspection we observed periods where people were left in the lounge with no supporting staff. Two of these people who were able to stand and mobilise independently, were exposed to the risk of falling.
- Staff absence may not always be covered with appropriately skilled staff to meet people's needs. For example, on the second day of inspection only one staff member was available on the early day shift. Due to a breakdown in communication between the providers, a member of agency staff had not arrived, which necessitated the night staff remaining on duty to administer morning medicines and the registered manager working on the floor. This further increased the pressure on the day staff member who was working a long shift from 8am to 8pm.
- The night shifts were covered four nights per week by a senior support worker, although the remaining

three nights were covered by a regular agency staff member, who had been consistently working at Holly Grange for over a year and knew people well.

- Staff consistently told us that one night staff was sufficient unless several people required support at the same time, particularly those who required two staff to support them to move. When this occurred, they had to raise the sleeping night staff who slept on the first floor.
- We were not assured there were sufficient staff deployed on the night shift to follow emergency evacuation procedures. Six people who lived on the first floor had personal emergency evacuation plans stating they will require to be supported with ski pad evacuation sledges. Such equipment requires two staff members to evacuate people safely.
- Staff had received training in the Skills for Care ongoing core and mandatory topics and also in some topics relevant to people living at the home, such as pressure area care. However, annual competency assessments did not consistently take place to assure that staff had remained competent to deliver care in line with their training. This meant the registered person could not be sure that staff remained suitable to deliver appropriate care.

The registered person did not consistently 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 breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they experienced good continuity and consistency of care from regular staff who knew them well.

#### Recruitment

- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to work with older people. The provider had recruited and retained staff, who were able to develop meaningful relationships and nurture trust in people.

#### Using medicines safely

- Staff managed medicines safely and involved people, and where appropriate their representatives, in regular medicines reviews and risk assessments.
- Staff had completed the safe management of medicines training and had their competency to administer medicines assessed annually by the registered manager. People who lived with diabetes were supported by district nurses who visited daily to administer their insulin injections.
- Staff were aware of the action to take if a mistake was made, to ensure potential harm and risk of future recurrence was minimised.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and on how to record their use.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The provider had created an acrylic 'visiting pod' in the conservatory to accommodate socially distanced visiting. During our inspection one relative visited their family member in their room as they were unwell.
- People, relatives and visiting professionals consistently told us the home was very clean with no unpleasant odours. During inspection the service was clean, tidy and clutter free.
- During the last local authority Food Hygiene Rating Scheme inspection, the service was awarded the highest rating of very good.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The registered person did not operate a comprehensive competency framework. Concerns were raised with the Care Quality Commission (CQC) in June 2020 regarding staff training. We worked with the registered manager from July 2020 up until the date of this inspection to help them understand and meet the expected requirements of ongoing core and mandatory training for care workers.
- At this inspection we found that staff training was now up to date. The provider had employed an external trainer to deliver face to face staff training in relation to medicines management, infection prevention and control, moving and positioning and safeguarding. The external trainer had also completed competency assessments in relation to these skills. In July 2020 the registered manager completed competency assessments of staff practice in relation to Covid-19 infection prevention and control practice. In September 2020 an external fire safety professional had completed staff training and competency assessments in relation to the effective use of fire safety equipment.
- However, the registered person had not completed competency assessments in line with best practice and CQC published guidance.
- The registered manager told us that he regularly assessed staff competencies in all aspects of care as he worked with staff daily and observed their care practice, although these observations were not recorded.
- All staff had received an annual appraisal and had completed a recent supervision with the registered manager. However, staff supervision records and appraisals did not consistently reflect staff personal development and ambitions.

Staff had not received appropriate supervisions in their role to make sure their competence to deliver care safely was maintained. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff completed an induction process that equipped them with the necessary skills and confidence to carry out their role effectively. Staff consistently told us their training had fully prepared them to meet people's needs. The provider's induction programme was linked to the Care Certificate. The Care Certificate sets out national outcomes, competencies and standards of care that care workers are expected to achieve.

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

- Improvements were required to the internal premises to ensure the environment was suitable for people living with dementia and those who required support with their orientation.
- In July 2020 we sent the registered manager a best practice document for premises provided for people living with dementia. The registered person had not implemented any changes to the decoration or design of the environment, in line with this best practice guidance. There had been no adaptations made to the service to provide a more supportive design and environment for people living with dementia.
- The hallways and stairwells were dark, which increased the risk of people tripping or falling. Lights were not always switched on in these areas.
- Doors and walls were painted white. There was no colour to indicate people's bedrooms. There were no numbers, pictures or objects of reference on people's bedroom doors to show which was their room. All bedroom doors were closed with no door guards fitted if people wanted their door open.
- No changes were made to the original bathroom decor. There were no colour contrasting toilet seats or grab rails which help people living with dementia. There was no redecoration or refurbishment in the communal bathrooms.

The registered person's failure to adapt the service to make it suitable to meet the needs of people living with dementia was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's physical, mental health and social needs had been assessed, and their care, treatment and support was mostly delivered to achieve effective outcomes. However, a recent safeguarding process had identified that staff had not acted to address one person's changing needs.
- People's assessments were person-centred and considered all aspects of their lives.
- People, relatives and visiting professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- Staff used nationally recognised tools to assess and monitor risks to people. For example, people at risk of developing pressure areas experienced the correct support from staff and were provided with the right equipment to help mitigate the risk.

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

- The chef placed a strong emphasis on the importance of eating and drinking well. People were mostly supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- People and relatives consistently told us they enjoyed the chef's meals, which included their favourite choices. On the first day of inspection most people chose to have 'bangers and mash'. One person did not want sausages, so the chef made an alternative light meal of their choice.
- However, concerns had been raised in March 2021 by the commissioners of one person's care, that the service had not responded promptly when their appetite had declined.
- We observed staff regularly encouraging people to have their preferred hot and cold drinks, to protect them from the risk of dehydration. Staff made mealtimes an enjoyable and sociable experience, with friendly conversation and discrete support when required.
- Staff understood the different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated.

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

- We received mixed feedback from health and social care professionals. One health and social care professional told us they thought the service supported people with their health care needs but needed to

improve gaining more specialist support when required.

- Four other visiting health and social care professionals told us that people they supported consistently experienced successful outcomes, due to the diligent way staff had followed their guidance.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- In June 2020 the provider had not submitted required DoLS applications. In July 2020 we advised them to make the required DoLS applications.
- At this inspection we found the service was working within the principles of the MCA and any restrictions on people's liberty had been subject to appropriate applications.
- We observed staff seeking consent from people, using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- People's care needs were not always regularly reviewed. For example, when a person experienced a deterioration in their mobility and balance, their care plan did not provide staff with guidance about their current care and support needs.
- People and their representatives were not always involved in decisions about their care, treatment and support. For example, a relative acting in the best interest of a person who required support with making some decisions, had not been informed about changes in their needs.
- However, most people and where appropriate those acting on their behalf, told us they experienced care that was flexible and responsive to their individual needs and preferences, and were fully involved in the planning of their care and support.
- Prior to our inspection a health and social care professional raised concerns that people had limited choices in terms of activities and menu, with choices being led by the service rather than by the person.
- Observations during the inspection identified that people's choice of activities was limited due to the availability of the activities co-ordinator and resilience to support them, due to the workload of other staff.
- On the first morning we observed the chef visit people to ask what they would like for breakfast. Most people wished to have cornflakes and toast with jam. Two people who normally preferred cereals chose to have porridge. One person told us they liked cornflakes but could have a cooked breakfast if they wanted one.
- People's needs and preferences were mostly identified in their care plans, which were personalised to contain information about the person's preferences around their personal care routines, likes and dislikes, hobbies and interests.
- We observed staff consistently used a person-centred approach whilst interacting with people, ensuring they were always involved in decisions about their day-to-day care.

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

- The service did not consistently support people to follow their interests or encourage them to take part in social activities relevant to their interests. The registered person deployed an activities co-ordinator two days per week, who engaged people in group activities in the communal lounge. Activities included, arts and crafts, word and board games, singing, music and associated song, dance and movement.
- Most people enjoyed these activities, but they were frequently disrupted by people who experienced behaviours associated with dementia. The activities co-ordinator was mostly unaccompanied, supporting

up to nine people. This led to the repeated suspension of the activities, whilst they supported individuals with their anxieties, which then diminished other people's engagement.

- Staff consistently told us they believed that activities would be more stimulating and beneficial to people's wellbeing, if there were more staff available to support the activities coordinator.
- Most relatives praised the registered manager and staff for ensuring they were well informed about their loved one's life in between their personal visits. However, one relative told us the registered manager had failed to communicate with them about their loved ones' changing needs.
- Staff supported people to develop special bonds and friendships within the home.
- People and relatives consistently told us that staff made sure that people were supported to maintain relationships that were important to them, particularly during the pandemic. Relatives told us how staff arranged calls using service technological solutions, such as the service tablet and mobile phone. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged.
- Relatives consistently told us they had been kept abreast of the service infection prevention and control measures and visiting policy during the pandemic, by the registered manager.

### Meeting people's communication needs

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

- The service had taken steps to comply with the AIS. For example, they had identified the individual information and communication needs of people living with partial visual and hearing loss.
- Communication support plans provided staff with guidance about how to meet people's specific communication needs and share information with them effectively.

### Improving care quality in response to complaints or concerns

- When people raised complaints or concerns, the registered manager mainly took their views fully on board, investigated them thoroughly and changed the service practice to improve.
- There had been five complaints in the previous year. Four had been dealt with in line with the provider's policy and to the satisfaction of the complainant and their family. One relative who raised concerns about the deterioration in their loved one's health, felt their concerns had not been listened to and had not been acted upon.
- Relatives of two people told us the registered manager listened to their concerns and conducted thorough investigations to identify effective solutions. For example, one person had been provided with a personal alarm pendant so staff could respond more quickly, which reduced their anxieties. Another person had begun to leave their evening meals and retired to bed early. Staff identified the person was retiring early to receive phone calls from other family members. The registered manager spoke with the person's relatives and arranged for the calls to be made an hour later, so they could enjoy their evening meal.
- People and relatives knew what to do and who they would talk to if they had any concerns. Most people and relatives were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

### End of life care and support

- At the time of inspection, no person was being supported with end of life care. However, people and their representatives had completed an advance care plan, which detailed their end of life care wishes.
- The provider had processes and procedures in place to make sure at the end of their life people had a



comfortable, dignified and pain-free death. Where possible people could choose to spend their final days at the home. Staff worked with other healthcare professionals to make sure the necessary medicines would be available if required.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance and performance management was not always reliable and effective. Quality assurance processes had not always effectively identified emerging risks and ensured they were managed safely.
- The provider's processes had failed to identify breaches of regulation found during this inspection.
- The provider's systems and processes had not enabled the registered person to identify where quality and safety were being compromised and to respond appropriately and without delay.
- The registered person had not always identified risks and introduced measures to remove the risks in a timely manner that reflected the level of risk and impact on people using the service. For example, risks to the health, safety and welfare of a person had not been appropriately escalated to relevant healthcare professionals and external bodies.
- Two health and social care professionals identified that the registered person had not communicated effectively with them surrounding the circumstances of a safeguarding allegation.
- The registered person did not always have a clear understanding of their role in relation to managing quality performance and risk. For example, we identified service training deficiencies in January 2021 and the registered manager was unaware of the requirement to complete required competency assessments. In June 2020 we advised the registered manager to complete required DoLS applications.
- The registered manager had not always demonstrated sound understanding of the legal requirements of their role. For example, they had not notified us of a safeguarding allegation in March 2021.
- Although some people diagnosed with dementia had lived at Holly Grange Residential Home for a number of years, the registered person had not added dementia as a service user band until advised to do so in July 2020.

The registered person's failure to fulfil the legal requirements of their role, 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 was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager fully reviewed and audited two people's care plans per month, which ensured each person's care plan was reviewed twice annually. The registered manager had completed an annual service users survey which was consistently positive. The registered manager had completed a COVID-19

compliance audit demonstrating the implementation of recommendations following a visit by the local authority infection prevention and control team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The leadership, governance and culture of the service did not always support the delivery of high-quality, person-centred care.
- Review of a person's daily notes identified that a person had experienced some unexplained bruising, which had not been recorded on a body map or raised as a safeguarding issue.
- In November 2020 a person experienced a fall and staff identified increased concerns in relation to the person's mobility and balance, and the colour and smell of their urine. None of these concerns were escalated by the staff or registered manager. The failure to escalate such concerns to relevant authorities and health care professionals did not demonstrate honesty and transparency from all levels of staff and leadership. This highlighted concerns about the culture within the service.
- The registered manager acknowledged that they should have notified the person's family about these circumstances.
- Staff had not consistently received constructive feedback from the management team which enabled them to develop and understand what action they needed to take. For example, the registered manager had not carried out supervisions with staff in relation to these circumstances, until this was highlighted to them.
- The registered manager was highly visible within the service and worked alongside staff. Staff consistently told us the registered manager was generally approachable, supportive and they enjoyed working with him. However, staff did not always feel confident to raise certain issues and felt their voices were not heard and acted on. For example, staff did not feel comfortable to raise concerns about inadequate staffing levels.

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

- We received mixed feedback regarding the engagement and involvement of people, relatives, staff and health and social care professionals in the development of the service.
- Most people, relatives and health and social care professionals told us the registered manager had enabled and encouraged accessible open communication.
- Two health and social care professionals thought the registered manager had not facilitated open conversations in relation to a safeguarding process.
- Staff consistently told us that the registered manager worked tirelessly in the interest of people living at Holly Grange Residential Home and thought he required more support. Staff told us they would like more involvement in developing the service.

Working in partnership with others

- We received mixed feedback regarding the service's openness, transparency and partnership working with relevant stakeholders and agencies. A commissioner of one person's care had raised concerns regarding the registered manager's engagement with a safeguarding process.
- However, four visiting healthcare professionals praised the registered manager for working effectively in partnership with key organisations, to support care provision and joined-up care.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered persons had not consistently ensured care and treatment was provided in a safe way for service users.</p> <p>Risks to the health and safety of service users were not always thoroughly assessed.</p> <p>The registered persons had not always done all that was practicable to mitigate any identified risks.</p> <p>The registered persons had not always ensured persons providing care and treatment to service users had the qualifications, competence, skills and experience to do so safely.</p> <p>The registered persons had not always ensured the premises and equipment used to provide care and treatment were safe for such use and used in a safe way.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(d)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met</p> <p>The registered person had failed to ensure the premises were suitable for the purpose for which they were being used.</p> <p>They had failed to adapt the premises to make them suitable to meet the needs of people living at the service. Such as people living with dementia or those who experienced confusion</p>

and required support with orientation.

Regulation 15 (1)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person had failed to establish and operate an effective system to ensure compliance with the fundamental standards (regulation 8 – 20A).</p> <p>The registered person had failed to assess, monitor and improve the quality and safety of the service to ensure that quality and safety were not compromised.</p> <p>The registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.</p> <p>Regulation 17 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met</p> <p>The registered person had not consistently ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure the fundamental standards (regulations 8-20A) were met.</p> <p>Regulation 18 (1)</p> <p>The registered person had not ensured staff</p>

received appropriate supervision and ongoing competency assessments in their role to enable them to carry out the duties they were employed to perform.

Regulation 18 (2) (a)