

Ogwell Grange Limited

The Grange Residential Hotel

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We carried out this inspection of The Grange Residential Hotel on 24 and 28 July. The first day was unannounced. The Grange Residential Hotel is a care home which is registered to provide care for up to 17 people. Most of the people living at the home were older people. The home also provides staff to care for people in their own homes, or in an adjoining supported living service. A supported living service is one where people live independently but have access to care support should they require assistance. The home does not provide nursing care; this is provided by the community nursing team.

At the time of this inspection 15 people were living at the home and seven people were living in the supported living service, although none of these people were receiving support with their personal care needs. As CQC is only responsible for looking at personal care delivered at the supported living service, we did not inspect that service on this occasion.

At the time of our inspection the home had a registered manager. However, the registered manager was on maternity leave. We were supported during the inspection by the deputy manager and a registered manager from one of the registered provider's other care homes. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

In September 2016 we carried out an unannounced comprehensive inspection of this home. The home was rated as 'good' overall with 'requires improvement' in the key question 'Is this service safe?' In July 2017 we received concerns in relation to how risks to people were being managed, the management of accidents and incidents at the home, staffing levels and the leadership of the home. There were concerns that people's charts, for example, food and fluid charts, falls records and accidents and incident forms, were not being recorded correctly.

We initially undertook a focused inspection on 24 July 2017 to look into those concerns but changed this to a comprehensive inspection.

People's feedback about the home and the management of the home was positive. People said the deputy manager and registered manager were approachable and had confidence in their ability to manage the home. We found that governance systems to monitor the care quality and safety at the home had not always been effective. We identified a number of areas that required improvement.

Some risks associated with people's particular health needs had not always identified or mitigated. Care plans and risk assessments were not always updated when people's needs changed. This meant that staff could not ensure they were managing people's needs and risks effectively. People's care records did not always contain sufficient guidance for staff to minimise risks to people.

People received their medicines safely and as prescribed. Records relating to some topical medicines were not always up to date. The room where medicines were stored was hot during the days of inspection. Staff took immediate action to address this. Staff received training and their competence had been assessed.

We made a recommendation to the provider about their medicine auditing and monitoring processes.

Records we looked at showed that people did not always have assessments of capacity in place where required and the outcomes of any best interests decisions made on their behalf were not always documented. We saw that staff had not completed training in regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, staff sought people's consent before they assisted them with their care needs. We saw staff took time to explain to people what they were doing and people were involved in everyday decisions about their care.

We made a recommendation to the provider about capacity and best interests recording and training for staff.

Staff received support and training in order to carry out their roles. Records showed that staff had completed training in a range of areas including dementia care, health and safety, moving and handling, safeguarding adults, end of life care and infection control. However, staff had not all received training in relation to one healthcare condition. Newly employed staff members were required to complete an induction programme and work alongside experienced members of staff. Staff received appropriate support, although supervision and appraisals were not always carried out regularly.

People were receiving person centred care, although records did not always record their choices and preferences. A care plan for a person with a specific health condition was not in place. Care plans were not always updated to reflect people's changing needs. However, people told us they felt involved in day to day decision about their care and support.

We made a recommendation to the provider about person centred care planning.

People told us they felt safe at the home. Staff understood their role in safeguarding people from abuse and demonstrated knowledge of local safeguarding procedures. Staff said they felt confident the management would take action if they raised any concerns.

People and relatives spoke positively about the staff and praised them for their kindness. Staff were seen supporting people in an unrushed and pleasant manner. Staff spoke with respect about people and there was much laughter between staff and people. Staff said they enjoyed working at the home. People told us they were happy living at The Grange.

People told us there were enough staff on duty to meet their needs. We saw there were enough staff available to support people and were attentive to people's needs and requests for assistance. Staff responded to people quickly and spent time with them individually and as a group.

Staff were recruited following a clear process which ensured risks were minimised. This included ensuring disclosure and barring service (police) checks were undertaken, and any risks identified assessed.

People told us they were encouraged to do things for themselves and staff supported them to remain independent wherever possible. People told us staff treated people with dignity and respected their privacy.

People told us they enjoyed the food. One person told us, "The meals are good and I like what we have." Another person told us, "I like the food we have here, I am well fed." Lunchtime was a social event with people sitting together and sharing conversation. Throughout the inspection we saw people being offered drinks and snacks and staff responded to people's requests for a drink promptly.

People were supported to access health and social care services to promote their on-going health and wellbeing, such as opticians, chiropodists and the community nurses.

People had access to a range of activities and there was an organised programme of events including bingo, reminiscence, musical entertainers, darts, games and singing. During the inspection we saw people enjoying visits from furry animals, taking part in an exercise class and group quizzes. We also saw staff spending individual time with people going through the newspaper and giving people manicures.

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 home was not always safe.

Risk management plans were not always in place or were insufficiently detailed to ensure risks to people's health and well-being were being managed and mitigated.

People received their medicines as prescribed and safely.
Records in relation to topical creams were not always completed as they should be.

People were supported by sufficient numbers of staff to meet their needs.

Staff understood their responsibility to safeguard people by reporting any concerns they had.

There was a system in place to ensure staff were recruited safely.

The environment was regularly assessed for risks and plans put in place to manage these.

Is the service effective?

Good 

The home was effective.

Staff had received appropriate training to carry out their role. However, we have made a recommendation in relation to some training.

People's rights were upheld, although some records were not completed.

Staff were supported to carry out their role.

People enjoyed the variety and quality of the food. The food provided in the care home offered variety and choice based on people's likes and dislikes.

People had access to a range of health care professionals to meet their healthcare needs.

People lived in a comfortable homely environment.

Is the service caring?

Good ●

The home was caring.

People benefited from their close and respectful relationships with staff. Staff were kind and caring.

People contributed to decisions about their care, although these weren't recorded.

People were supported by staff to maintain and increase their independence where possible. People were treated with dignity and respect by staff.

People were supported to maintain friendships and important relationships.

Is the service responsive?

Good ●

The home was responsive.

Staff understood people's individual needs and provided person centred care. However, we made a recommendation as records did not always reflect this.

The routines within the home were flexible and respected people's preferences.

The home took complaints seriously and acted promptly to resolve these.

People benefitted from some activities of interest and social events planned by the home.

Is the service well-led?

Requires Improvement ●

The home was not always well-led.

There was a lack of direction and oversight by the provider to ensure effective leadership whilst the registered manager was on maternity leave.

The provider did not ensure effective quality assurance or audit processes were being completed to identify where improvements were required or when action was necessary to ensure people's safety.

Records relating to people's care had not always been completed effectively. Reviews had not always taken place and updates had not been made.

People and their relatives were happy with the service provided. Staff were happy working at the home and found the interim manager to be approachable and committed.

The Grange Residential Hotel

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 inspection took place on 24 and 28 July 2017 and the first day was unannounced. One adult social care inspector undertook the inspection. This inspection was brought forward because we received some concerns. We initially undertook a focused inspection on 24 July 2017. During this inspection our findings indicated that a full comprehensive inspection was necessary. We returned for a second day on 28 July 2017 to complete the comprehensive inspection.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We received information from the local authority's Adult Safeguarding Team, and spoke with them about their recent involvement.

We spoke with eight people living at the home and two relatives during the inspection. Two people's relatives provided feedback to us after the inspection. We spoke with the provider and the deputy manager, as well the registered manager from one of the provider's other care homes, who was supporting the deputy manager. We also spoke with four care staff and the cleaner. After the inspection we spoke with the community nursing team who provided feedback on the service.

We looked at seven care plans and records relating to staff recruitment and training, accidents, as well as those relating to the management of the home. We used the principles of the short observational framework for inspection (SOFI), to observe the care and support people received, including staff supporting people with their moving and transferring and being given their medicines. SOFI is a specific way of

observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

Is the service safe?

Our findings

Risks to people's wellbeing and safety had not always been effectively managed or mitigated. We saw assessments were completed for the risk of falls, developing pressure ulcers and nutritional risks including the risk of choking. However, risk assessments were not always updated and did not always guide staff about the actions required to protect people, such as providing pressure relieving equipment and changing people's position in bed. This meant that staff may not have the information to effectively manage risks to people.

Risks associated with people's particular health needs had not always been identified. One person was being supported with their continence needs. Their catheter was not draining and was leaking, indicating it had become blocked. However, staff did not alert the community nursing team or the person's GP to this complication, for three days. This could have resulted in a medical emergency. There was no care plan regarding catheter care and no risk assessment had taken place. This meant that staff did not have the necessary information to manage the risk and care for this person safely.

Staff told us when the person was admitted to the home they were not given any information about caring for a person with a urinary catheter and were not aware of the potential risks to the person. Staff we spoke with told us they had not received any training or information about catheter management, "When [person's name] was admitted all staff were told to do was to empty the catheter bag, nothing about the risk's or management."

There was no risk assessment in place for one person who was taking a blood thinning medicine. Staff were not aware of the risk associated with this medicine and did not have the required advice to hand to support this person when needed. For example, the person sustained an injury to their head resulting in excessive bleeding. There was no information available for staff about the person's risk of bleeding and bruising and there were no details for staff of what action to take if this happened.

Two people who lived in the home had diabetes. Care plans and risk assessments were in place instructing staff to maintain blood sugar levels within safe limits. The care plans directed staff to contact the person's GP if their blood sugar level fell outside of the person's 'safe range'. However, there was no information on the care plan that told staff what the 'safe range' for that person would be. There was no information about how the person would present if they had a low or high blood sugar level. This meant that staff did not have enough information to respond to a low or high blood sugar level in order to keep people safe. We asked staff if they knew what signs to look out for if a person had high or low blood sugar levels. We were told that they did not know. This meant that staff could miss significant early warning symptoms which may help avoid the risk and danger of having a very low blood sugar level.

People who were at risk of falls had risk assessments in place to help mitigate associated risks. When a person had fallen, proactive action had been taken to try and reduce them from falling again. For example, for one person, a sensor mat had been put in place to alert staff when they were getting out of their bed. However, when a person had fallen, risk assessments were not promptly updated, therefore not ensuring

they were reflective of the care and support the person required. For example, one person had four falls since their risk assessment had been last reviewed and updated in September 2016. Another person's records identified they were at high risk of falls. A fall in March 2017 had resulted in a hospital admission. Following this admission their risk assessment had not been reviewed or updated. This meant that staff may not have had the most up to date recorded information to enable them to know how to support the person safely and meet their needs.

We looked at people's personal emergency evacuation plans (PEEPs). One person's PEEP was not accurate and did not reflect their current condition and needs. Their mobility needs had changed as they were at the end of their life and being cared for in bed. Staff told us they were too unwell and not able to get out of bed. Their PEEP said they would be able to be evacuated in a wheelchair. However, the PEEP had not been reviewed or updated, did not reflect their current needs and did not identify any considerations of how to get this person to safety in the event of an emergency.

Failure to ensure to do all that is reasonable practicable to mitigate risks to people's health, safety and well-being is a breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks, such as those linked to the premises, were risk assessed and agreed actions to minimise those risks were in place. Staff took action to follow the risk assessments which helped to ensure people were safe in their environment. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. The provider ensured equipment was safe for people to use. For example, we checked records of maintenance of hoisting equipment, and found this was up to date.

At the previous inspection in September 2016 we found improvements were required in relation to the records relating to the application of topical creams. During this inspection in July 2017 we found that the necessary improvements had not been made. There were gaps in relation to the application of some topical cream records. Staff confirmed they applied creams when giving personal care, and assured us they had been applied, although not always recorded. Daily checks of medicine administration records had failed to identify missed signatures on the topical administration application forms.

We observed some people being given their medicines and this was done safely and unhurriedly. The member of staff responsible for administering medicines wore a red tabard indicating they should not be disturbed unnecessarily to reduce the risk of errors occurring. We heard them explaining to people what each of their medicines were for and why it was important to take them. Staff received training in safe medicine practice and certificates were seen in staff files.

Information about people's medicines was held with their medicines administration records and gave staff information about why each medicine had been prescribed. We saw that PRN (as required) protocols were in place when needed. PRN medications are those which are only administered when needed for example for pain relief. They provided clear guidance on when to administer medicines for people who were unable to tell staff when they required the medicine.

Medicines were stored securely in a locked trolley. However, the temperature of the room where the medicine trolley was stored was not monitored and recorded daily to ensure they were within safe ranges. If medicines are not stored at the right temperature, it can affect how they work. This was brought to the attention of the deputy manager and they took immediate action to address this.

We recommend the provider look at their arrangements for auditing and monitoring all aspects of

medicines management in order to comply with the Essential Standards required under the Health and Social Care Act 2008.

We looked at the accident and untoward incident records and found all accidents, incidents and falls were being recorded. The home completed a monthly falls register each time an accident or fall occurred. This documented the circumstances of the incident and what immediate action was taken. In addition to this, falls were recorded in each person's falls diary and staff looked at patterns and trends to prevent reoccurrence.

We looked at the recruitment files for three staff including one recently employed by the home. Checks had been made of staffs' suitability for their role, such as; work history and experience, disclosure and barring (police) checks (DBS), eligibility to work in the UK and references had been obtained. However, one newly employed staff member's file did not contain references. We discussed this with the deputy manager, who confirmed they would take immediate action to address this.

People told us they felt safe at the home. One person said "Yes I do. I have no reason not to." Another said "I feel very happy and safe here. What more could you want." Relatives told us they had no concerns people's safety and were confident people were being cared for well. Staff told us they had received training in safeguarding adults and were aware of their responsibilities should they feel people were at risk of abuse. Staff said they felt confident the management would take action if they raised any concerns.

People told us there were enough staff on duty to meet their needs. One person said, "If I need anything I ring my bell and they come and see to you straight away." We saw there were enough staff available to support people and were attentive to people's needs and requests for assistance. Staff responded to people quickly and spent time with them individually and as a group. We looked at the rota's and found in addition to the deputy manager, there were three care staff, a general assistant, cleaner and cook on duty in the mornings and three care staff and a kitchen assistant in the afternoons. Overnight there was one waking carer and one sleeping carer on duty. Additional care staff were employed to cover the busy periods between 8pm and 10pm and 6am to 8am to help people go to bed and get up in the morning. The deputy manager told us they did not use a dependency score but the current staffing levels were sufficient to meet people's needs.

Staff had access to aprons and gloves to help control the risks of cross infection, and we saw staff use these throughout the inspection. Staff changed aprons after providing care to people and when serving meals.

People lived in a safe, well-maintained environment. The communal areas and corridors were free from obstacles, which may cause harm to people and enabled them to move freely around the home. Fire, electrical, and safety equipment was inspected on a regular basis. Well maintained records recorded frequent monitoring and servicing of various systems and equipment. Contracts were in place with specialist service providers and maintenance companies.

The provider ensured a plan was in place so they could continue to support people in the event of a fire or other emergency situation which led to the building being out of use. Staff knew what arrangements were in place in the event of a fire and were able to tell us about the emergency procedures they would follow.

Is the service effective?

Our findings

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 home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw mental capacity assessments and best interests decisions were documented and in place regarding some decisions. For example, we saw one person's ability to make decisions regarding their fluid intake had been assessed and another person's capacity had been assessed in regards to their mobility. However, records we looked at showed that people did not always have assessments of capacity in place where required and the outcomes of any best interests decisions made on their behalf were not always documented. For example, one person had a sensor mat in their room to alert staff to their movement to reduce their risk of falls. The decision to use this mat had not been recorded. The person's capacity to make this decision for themselves had not been assessed nor had a best interests decision been followed. This meant the MCA was not being followed consistently.

During the inspection records showed that staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service told us that this training was covering in the safeguarding training that staff had received. We checked with the training provider and they did not consider that MCA and DoLS was part of the safeguarding training they provided. We did not see that people were having their rights restricted. However, some decisions made on behalf of people had not been made in line with the MCA Code of Practice.

We recommend that all decisions made on behalf of people who do not have capacity are recorded in line with the MCA code of practice and the provider review their training programme to ensure it includes MCA and DoLS.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home had submitted applications to the local authority to deprive some people of their liberty. This was because the home used a keypad lock that prevented some people from leaving the home without supervision and some people had sensor mats in their rooms to prevent falls. Due to the high number of applications received by the local authority only one application had been authorised at the time of the inspection.

We saw and heard staff seeking people's consent before they assisted people with their care needs. We saw staff took time to explain to people what they were doing and were aware of people who needed support to

understand their choices and how to provide this support. We saw people were involved in everyday decisions about their care such as where they sat, what they ate, and what drinks they would like. Some people were independent with some of their care so did not always require staff support.

Staff received support and training in order to carry out their roles. Records demonstrated that newly employed staff members were required to complete an induction programme, which included essential health and safety training and working alongside experienced members of staff. Staff also followed a training programme during the first three months of employment to demonstrate individual competencies. For staff new to care, the home enrolled them to undertake the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff confirmed they had completed their induction before working independently at the home.

Records showed that staff had completed training in a range of areas including dementia care, health and safety, moving and handling, safeguarding adults, end of life care and infection control. All staff were supported to undertake diplomas in health and social care as well as management for more senior staff. A matrix identified when each member of staff had undertaken training and when updates were due.

The provider had a supervision process in place. However, staff were not always being supported to have regular formal supervision and performance appraisals. The deputy manager told us they worked with and observed staff on a daily basis and staff were supported to discuss care and seek advice during daily handover meetings.

People told us they enjoyed the food. One person told us, "The meals are good and I like what we have." Another person told us, "I like the food we have here, I am well fed."

People were encouraged and supported to maintain a balanced diet. Staff told us the weekly menu was planned with input from people living at the home, and people we spoke with confirmed their meal time preferences were taken into consideration.

Lunchtime was a social event with people sitting together and sharing conversation. Tables were decorated with linen cloths and serviettes. The lunchtime meal on the day of our inspection was freshly prepared and enjoyed by all the people who ate it. People were offered drinks and snacks throughout the inspection. Staff told us they were able to make drinks and something to eat for people at any time of the day or night.

Staff knew about people who were at risk of not eating enough to maintain their health. Some people were having their diet and fluid intake recorded to enable staff to ensure this was sufficient to maintain their health and we saw these in people's records. The cook had a good knowledge of the dietary needs and preferences of everyone living at the home. Information about any specific dietary needs were identified in the kitchen and staff were aware. Where there were concerns about people's nutrition and weight, people were referred to the dietician and provided with guidance about how to increase people's calorific intake by fortifying food. Some people were prescribed liquid dietary supplements and staff also supplied fortified milkshakes to assist with increasing or maintaining people's weight. Where people were at risk of choking staff has sought guidance from the speech and language teams. We saw information displayed in the kitchen contained guidance for staff on textures of food needed to reduce the risk of choking.

People were supported to access health and social care services to promote their on-going health and wellbeing, such as opticians, chiropodists and the community nurses. Records showed some people had been referred to their GP when staff were concerned over their health. One relative told us that when their

relative had an issue with their skin, staff immediately contacted their GP and the issue was resolved. People's care records detailed when GP's, community nurses, mental health staff, or chiropodists had visited the home.

People benefitted from a very comfortable pleasantly decorated home. There were several communal areas for people to enjoy such as a large sun room leading from the lounge and dining room area. There was also additional seating in the hallway. The home had a lovely attractive garden that had sufficient seating for people to enjoy the outside space.

Is the service caring?

Our findings

People and relatives spoke positively about the staff and praised them for their kindness. People's comments included, "I haven't been here long and they look after me very well" and "I couldn't be happier, everyone is so kind." One relative told us, "My mother has prospered there and this has certainly kept her to her current age, which I fear would not have happened if she had stayed living alone." Another relative told us "I am very happy with the care, he is always well cared for."

Staff treated people with respect and kindness. Staff were seen supporting people in an unrushed and pleasant manner. We heard staff communicating well with people, listening to them and giving them their full attention. When addressing people staff used people's preferred names and people appeared to enjoy the staffs' company. Staff spoke with respect about people and there was much laughter between staff and people. Staff said they enjoyed working at the home. One said, "I love my job" and another said, "It's very good here. I do enjoy talking to the residents, making them smile."

Staff demonstrated a good knowledge of the people they supported. For example, they were aware of people's life histories and the things that were important to them, as well as their preferences in the way they received support and their daily routines. One member of staff told us how they often took one person out for walks as they knew this is what they liked to do and it made them happy.

People told us they were encouraged to do things for themselves and staff supported them to remain independent wherever possible. Staff told us they did this by supporting people to manage their own personal care, for example by passing flannels and assisting only in the areas they were unable to reach. One person said, "I'm limited what I can do but they encourage me to try." Another person said, "They help me wash myself in the shower and encourage me to do as much as possible." We observed examples where independence was encouraged, such as, when people were mobilising around the home.

People told us staff treated people with dignity and respected their privacy. One staff member told us, "I always make sure I knock on the door before entering anyone's room and I would never discuss the resident's needs and well-being in public areas." Throughout our inspection we observed staff knocking on people's doors before entering their rooms and treating people in a polite and courteous manner. People confirmed their privacy was respected. One person said, "I've not had any issues with privacy; staff are polite and respectful."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Staff tried to involve the person if they were in the room when we had a conversation. The provider and deputy manager closed doors before having confidential conversations with people and their relatives.

People told us, staff listened to them and took appropriate action to respect their wishes. People's bedrooms were personalised and decorated to their taste. People showed us their special photos and belongings which made them feel at home. People told us they had their own seats in the lounge areas

where they preferred to sit. One person told us, "I always sit here and the staff leave all my stuff here next to me so that I have what I want, when I come down. It makes me feel at home."

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. They knew which staff responded better with certain people and who liked gender specific staff for personal care.

Special occasions were celebrated, for example birthday cakes were made for each person on their particular day and we were told all staff would sing happy birthday to them.

Friends and relatives were able to visit without unnecessary restriction. Visitors told us they were always made to feel welcome and could visit at any time.

People nearing the end of their lives were treated with compassion and were supported to have a comfortable and dignified death. We saw the families of one person thank the staff for the dignified care provided to their family member on their end of life journey. Staff were supported by the community nursing team and the local hospice. Staff had received training to enable them to provide compassionate end of life care.

Is the service responsive?

Our findings

People had an assessment of their needs on admission to the home, which was used to complete a care plan. People had documents in their file entitled "My life so far" and "My plan." These covered details about the person and how they like to be cared for. For example, 'things I need help with – I need full support to wash and dress'. Some care plans contained personalised information around people's preferred routines, dietary needs and general day to day preferences. However, this was not always the case. In some care plans this information was absent or not personalised.

Some care plans contained generic information, where the person's name had been changed but the details remained the same, such as; 'name - is not fully able to wash his hands or face'. We found that in several cases care plans did not contain information about what support people required to complete tasks, for instance; washing, dressing or using equipment such as hoists. There was no information with regard to people's preferences during these tasks. This meant people were at risk of receiving care that did not meet their individual needs or preferences and may not reflect how they wished to be cared for.

People's care plans did not always contain enough information for staff to follow. One person's care plan, who was unable to fully communicate due to short term memory loss, did not identify how staff should communicate with them to ensure their needs were met. The care plan told staff "to maximise non-verbal communication" but gave no indication how and what staff needed to do to achieve this. We concluded documentation was not always person-centred, and raised this with the deputy manager during feedback.

Although records indicated that care plans were reviewed monthly, the information in them was not always updated to reflect people's changing needs. For example, one person's care plan from January 2016, said they were independent with administering their own insulin injections. We spoke with the community nurse team who told us they had been supporting this person with their insulin since the start of the year. Their care plan had not been updated and this change in care was only documented in the monthly review sheets from June 2017.

Some of the documentation in the care plans was dated from a number of years prior to the inspection and other documentation requiring monthly reviews were not completed. For example, nutritional risk assessment tools instructing staff to evaluate monthly, was not being completed monthly. This meant staff may not be aware or alerted to a change in a person's nutritional status and therefore not seek professional help and guidance when needed.

We recommend the provider ensures that all records contain sufficient detail to support person centred care.

Despite the omissions in some people's records, some care plans did contain personalised information. For example, one person's care plan said they liked to listen to music and would join in with musical entertainment. Another said the person liked to have their teddy's with them. We saw that this was happening. This information helped staff to build relationships and have meaningful conversations with the

people they supported. It also helped them have an understanding of people in order to better support people.

Staff handover meetings took place three times a day, before the start of each shift. Key information about every resident was passed across, including specific changing needs. This ensured that staff were able to keep updated about changes in residents care needs. Staff also use a communication book which detailed messages to be passed onto specific staff on a day to day basis.

Staff were aware of and responsive to people's needs and were able to describe how they supported each person. For example, they were able to describe the support people required to meet nutritional needs or how they should be supported with moving and repositioning. People told us staff assisted them as and when they wished and in the manner they preferred. All said they felt their care needs were being fully met. Their comments included, "They will do anything for you", "I choose what I do" and, "They look after me extremely well." Staff and people told us the home's routines were flexible and people could choose how and where they wished to spend their time. This offered assurances to us that people received the care they needed but that records were not accurate and did not reflect this.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people required any support. Staff were very vigilant and reacted quickly when a person needed support. For example, one staff member realised a person sitting in the lounge was in some discomfort and wanted to return to their bedroom for a rest; they discreetly asked them if they needed assistance and escorted them back to their bedroom.

The home had several communal areas. These varied in atmosphere, for example having quiet music playing in one room and an activity taking place in another. This meant people could potentially choose the room that suited them best if they wished to spend time in communal areas.

There were positive comments about the activities available to people. One person told us "I join in with the exercise and entertainment. I like the music". Another person told us "I love the music and singing." Other comments included "I join in with anything, but I like the animals" and "The activities are very good there is usually something going on."

People had access to a range of activities and there was an organised programme of events including bingo, reminiscence, musical entertainers, darts, games and singing. During the inspection we saw people enjoying visits from furry animals, taking part in an exercise class and group quizzes. We also saw staff spending individual time with people going through the newspaper and giving people manicures. For people who spent time in their rooms, we saw staff checked on them regularly and ensured their choice of entertainment was available to them, such as a particular radio station they liked to listen to.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were available at the home. People told us they had not had any reason to complain. The home had not received any complaints since the last inspection. The deputy manager told us people and their relatives are encouraged to discuss any issues with them so that they can address them immediately.

The home had received many compliments. Comments included, "Lovely safe and caring place to live" and "We are absolutely delighted with everything."

Is the service well-led?

Our findings

We carried out an unannounced comprehensive inspection of this service on 29 September 2016. The service was rated as 'Good' overall with 'Requires Improvement' in the key question 'Is this Service Safe?' In July 2017 we received concerns in relation to how risks to people were being managed, the management of accidents and incidents at the home, staffing levels and the leadership of the home. The concerns received also stated that people's records, for example, food and fluid charts, falls records and accidents and incident forms, were not being recorded correctly.

As a result we undertook a focused inspection on 24 July 2017. During this inspection our findings indicated that a full comprehensive inspection was necessary. We returned for a second day on 28 July 2017 to complete the comprehensive inspection. We found two breaches of regulation and made three recommendations.

The home had not been consistently managed. Whilst people's feedback about the management was positive we found people's experience of living at the home was affected by a lack of good governance and oversight. The provider's monitoring and oversight systems had not ensured the home was running well and that people were not exposed to the risk of harm.

At the time of our inspection the registered manager was on maternity leave. A senior member of care staff had been appointed as deputy manager from December 2016. This person was supported by a registered manager from another home run by the provider. However, the issues we found during the inspection had not been identified by the processes and systems in place.

The registered manager had a system of quality assurance checks and audits in place to monitor care and plan on-going improvements these included monthly audits of care planning documents, accidents and the cleanliness of the home. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We asked the deputy manager to see the monthly audits completed since the registered manager had been away on maternity leave in November 2016. The deputy manager told us they had not completed monthly audits but had been undertaking daily health and safety and performance checks and showed us records of these. They told us they reviewed care records monthly and medicine records when new stock arrived. However, these checks and reviews were not robust and had not identified the issues found during the inspection. The deputy manager told us they were not aware of the monthly quality assurance checks and audits and did not know they had to complete this.

Regular weekly meetings were held with the provider's representative combined with more frequent ad-hoc visits to discuss the service and ensure the home was maintained. We were told by the provider during this meeting they selected one resident a week to audit and review their care in more detail. However, this system had not identified areas for improvement in relation to care records.

Detailed medicine audits were not being completed. Audits undertaken had failed to identify some

prescribed topical creams were not being signed for.

Some risks to people's health and safety had not been managed. Staff were not always sufficiently trained to meet the needs of people. Care plans were insufficiently detailed to describe people's care needs to guide staff about how to manage risks to people's health and well-being and how to support people in their preferred manner. Documentation was poorly managed: some records were out of date and some were not available.

The governance systems had not made sure that all staff working and supporting people in the home were competent, skilled and experienced enough to meet the needs of the people living in the home. Staff were not always being supported to have regular supervision and performance appraisals.

This was a breach of Regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the management team recognised the quality of the documentation and of the guidance and support provided to staff required improvement. Since the inspection the registered manager had returned from maternity leave. They had started to address some of the issues highlighted during the inspection such as; introducing a monthly audit checklist to address any issues and reviewing care plans and risk assessments.

People said that the deputy manager and registered manager were approachable and had confidence in their ability to manage the home. People, their relatives and staff consistently told us that the deputy manager worked hard to ensure that people were provided with appropriate care and support. One person said "the deputy manager is the most dedicated person you could hope for." Another person said "[Deputy manager's name] does their very best and is always here." The deputy manager said they had an "open door" for people, relatives or staff to talk to them and they were keen to hear their views. One relative said, "I have found the management very approachable and responsive to requests."

The registered manager and deputy manager firmly believed in the approach, 'leading by example' which resonated throughout the senior care staff and provided a common belief within the home.

Staff understood their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. Staff were confident in the deputy manager's leadership and found them to be approachable and friendly. They told us that they felt able to ask for support, advice and guidance about all aspects of their work. One member of staff said, "She is always here and she is very supportive." Another said, "[manager's name] is a good manager, she works hard. She is always here for the residents."

Relatives said they were kept well informed. One relative told us how they were always contacted if there was a need. A newsletter was produced by the home and copies were available for people to look at and collect. We saw that details about activities, meeting dates, birthdays and special events were communicated.

In order to continuously improve, the provider sent written surveys to people and their families, to gain their views about the quality of the care and support provided in the home. The survey showed a high level of satisfaction with the care provided at The Grange. Comments included, "They are like extended family", "Lovely safe and caring place to live", "Staff go out of their way to ensure the residents are happy and all of their needs are met" and "My parent seems very happy at the home."

The management and senior care staff all have excellent working relationships with outside healthcare professionals. The registered manager attends Clinical Nurse led events and events hosted by the local hospice in order to pass on knowledge to their staff team. In addition, the home is a founding member of the Devon Care Kite Mark group. This is a peer review group that aims to raise standards in the provision of social care for people through the collaboration of a group of independent care providers. Devon Care Kite Mark constantly strives to ensure they are following best practice within their care homes. Members are invited to participate in peer reviews which enable them to keep up to date with current thinking, share best practice and continuously improve. This demonstrated that the provider was committed to inspire, educate and improve care.

The home had developed positive community links with the Women's Institute, local school and religious organisations. A local school and choir had attended the home and sang for people. Annual summer afternoon tea and charity fund raising events were held. People, the community and family and friends were invited to attend.

Notifications had been sent to the CQC as required by law. These are reports of events that the home is required to tell us about. Policies and procedure were up to date.

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>Risks associated with people's particular health needs had not always been identified. The provider did not ensure they were doing all that was reasonably practicable to assess and mitigate risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure there were effective systems and processes in place to monitor and improve the quality and safety of the service.</p>