

Signature of Reigate (Operations) Limited

# Reigate Grange

## Inspection report

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Date of inspection visit:

29 March 2022

06 April 2022

11 April 2022

Date of publication:

31 May 2022

## 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

### About the service

Reigate Grange is a residential care home providing personal and nursing care. The service can support up to 87 people. The service is purpose-built and provides accommodation and facilities over three floors. The second floor provides care and support to people who are living with dementia, this area is called Hilltops. The other areas of the home provide care for people requiring 'assisted living'. Some people lead a mainly independent life and use the home's facilities to support their lifestyle. At the time of our inspection there were 72 people living at Reigate Grange.

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

Medicines systems were not always robustly managed. Health checks were not always completed as required prior to administering some medicines. Records and storage systems were not always consistent or regularly reviewed. Risks to people's safety and wellbeing were not always monitored. Risks associated with people entering other people's rooms in Hill Tops had been addressed to a degree although further work was needed. In other areas we found 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. Health checks were reviewed although further consistency was required. Where incidents and accidents had occurred, information was shared with relevant parties. However, this was not always followed up in writing in line with the provider duty of candour responsibilities.

Quality assurance systems had not been effective in identifying these concerns. The registered manager and leadership team responded to the issues promptly when discussed during our inspection and took actions to minimise risks to people.

In other areas we found risks to people were managed well and people were involved in developing their own care plans and risk management plans. People and their relatives told us they felt safe living and Reigate Grange and safeguarding concerns were responded to in line with requirements. Accidents, incidents and complaints were reported and monitored to minimise the risk of them happening again.

There were sufficient staff available to meet people's needs and spend time with them socially. People were supported by skilled staff who underwent relevant training for the roles. Staff told us they felt supported by the management team and there were a wide range of initiatives to support staff well-being.

There was a positive and inclusive atmosphere throughout the service. People told us staff were kind and caring and we observed staff support people with compassion. There was a strong focus on personalised care and staff knew people well. A wide range of events and personalised activities were regularly planned in line with people's interests.

People, relatives and staff spoke highly of the registered manager. The management team were highly

visible across the service and instilled a positive culture. The values and expectations of Reigate Grange were clear and known to staff. People and staff supported a range of charities including the local food bank, domestic abuse helpline and baby bank, by providing clothes and toys.

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 the service was Good, published on 8 August 2019. We completed a focussed inspection in relation to elements of the Safe and Well-Led domains which was not rated. The report was published on 6 January 2021.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. During the inspection we received concern in relation to the service provided to people at night. We therefore visited the service during a night shift to observe the care people received. We found evidence the provider needed to make improvements on how people living in Hill Tops were supported during the night.

#### 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 monitor the service and will take further action if needed.

We have identified breaches in relation to how people were supported with their medicines, how risks to people's safety were assessed and areas of governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Reigate Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors and a fourth inspector from the medicines team.

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of our inspection was unannounced. We informed the registered manager we would return for a second day of inspection. We carried out a third visit to the service at night which was unannounced.

#### What we did before the inspection

We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We reviewed feedback shared with us by relatives and sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with 12 staff members, the registered manager, clinical lead, regional director and quality director. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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.

### Using medicines safely

- Records did not demonstrate health checks required prior to administering certain medicines were consistently completed. Records showed gaps in the recording of glucose levels for some people living with diabetes prior to their medicine being administered. One medicine required staff to record people's pulse prior to administration although this was not consistently completed. Two systems were being used by staff to record these checks which increased the risk of errors occurring. Although both systems were checked during our inspection, gaps in records were still identified.
- Equipment used for monitoring people's health was not always safely maintained. Blood glucose monitors had not been quality checked in line with manufacturer's instructions. This meant there was a risk blood glucose readings may not be accurate. Two blood glucose monitors stored in the medicine storage room had expired test strips. In addition, we identified two blood pressure monitors which had not been calibrated. This meant there was a risk they may not provide an accurate reading.
- The storage and record keeping of certain medicines did not meet requirements and was not in line with the providers policy. One medicine had been recorded as destroyed although it was still stored in the medicine's cabinet. Stock checks were not completed in line with the providers policy and audits had not identified errors in relation to record keeping.
- Medicines care plans were not always accurate or up to date and differed from people's electronic medicine administration records (eMAR). Whilst this had not led to harm there was a risk people may not receive their medicines safely. One person's care plan stated they were prescribed a pain patch weekly on a Wednesday. However, it was being applied and recorded in the eMAR every Saturday. A second person was no longer taking a specific medicine although this was still recorded within their care plan.
- Medicines related to allergies were not always accurately recorded on eMAR. For example, one person's eMAR recorded they were allergic to a medicine despite this being prescribed for them and administered each day.

The failure to ensure safe medicines systems were in place was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found medicines were administered in line with best practice. We observed staff giving medicines in the morning. Staff were polite, gained consent and signed for each medicine after giving it on the electronic medicine administration record (eMAR).
- Guidance was in place and followed for people receiving their medicines covertly and this had been agreed with health care professionals. Where people were prescribed 'as and when required' medicines (PRN), protocols were available to guide staff. Some people preferred to manage their own medicines.

Agreements were in place regarding any specific support they wished to have to manage any risks. □

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

- Risks to people's safety and well-being were not always robustly monitored. A number of incidents of people entering other people's rooms without invitation had occurred in Hill Tops. Whilst action had been taken which reduced how often this happened, it remained an issue, particularly in the evenings. During our night-time inspection we observed people going into other people's rooms whilst staff were busy. We alerted the registered manager to these concerns. They took prompt action to ensure an additional staff member was rostered for each night shift, conducted a night audit and actioned a review to determine how risks could be further minimised.

- Risks in relation to people's health were not always reviewed regularly. Clinical risk meetings were held weekly to review people's needs. This system worked well for the majority of people. However, where there were on-going risks these were not always carried forward to ensure consistent monitoring took place.

- Where people were experiencing weight loss and required weekly monitoring this was not always reviewed. Whilst there was no evidence of people experiencing harm, there was a risk that clinical concerns may not be identified promptly. A person had experienced health concerns which they told us they were still worried about. The person's care plan made reference to additional review being required although there was no information regarding how this had been followed up. The registered manager and quality assurance manager gave assurances the system would be reviewed to ensure effective tracking of people's clinical needs.

The failure to robustly assess risks to people's safety was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found risks were managed well. Staff demonstrated a person-centred approach to supporting people when they became upset. A number of people living in Hill Tops showed signs of anxiety and agitation when being supported with their care. Staff were able to explain how they distracted people with different conversations or used items which were important to each person to help them remain calm. Staff had completed training in how to use specific techniques to support people which reduced risks to both the person and the staff supporting them.

- Risk assessments were completed in areas such as falls, mobility, skin integrity and nutrition. Staff were aware of these risks and the plans in place to help keep people safe. We observed people had call bells close to them or pendant alarms to enable them to alert staff should they require assistance when spending time in their suites.

- With the exception of people going into other people's room we found accidents and incidents were monitored to reduce the risk of them happening again. Staff were aware of the need to report any concerns and records demonstrated this was done. Reporting systems were appropriately used for a range of concerns. Each accident and incident was then reviewed by a member of the management team to review risks and implement any changes required. Accidents and incidents were also reviewed as part of departmental reviews and clinical risk meetings in order to identify any trends.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the support provided at Reigate Grange. One person told us they felt one hundred percent safe with staff. They added, "The staff could not be better. They are so attentive. I have to say I am really pleased with it (Reigate Grange)." One relative told us, "The home is very safe. They support her with all aspects of her life and make sure she is safe."

- Staff were aware of their responsibilities to keep people safe from the risk of abuse. One staff member told us, "I would go to the manager but I would go higher if needed. We have all the contact details for the social services downstairs in receptions. If I saw something I didn't like I wouldn't hesitate in reporting it. If

some things not right I would say."

- Safeguarding concerns were reported to the local authority as required. Records showed the management team shared information regarding accidents and incidents to enable the local authority to monitor concerns and any required actions. The service provided additional information promptly or completed investigations as requested by the local authority.

#### Staffing and recruitment

- People and their relatives told us staff responded promptly when they needed support. One person told us, "I use a buzzer to call them if I need them. At lunchtime it may be a little bit slower but it is still not slow." One relative told us, "They seem to have enough staff to do things; I have never felt my relative's safety was compromised."
- There were sufficient staff deployed to keep people safe. People did not have to wait for care and staff were able to spend time with people socially. Staff worked well as a team and regularly reviewed how they could support each other. This also happened at night with staff calling on different areas of the home when they required additional support.
- Staff told us they felt they were able to meet people's needs in a timely way. One staff member said, "I think there are enough staff, I do the allocations. There is always a floater around and things run smoothly." A second staff member said, "We try to work as a team to tend to their needs. We always try to make sure people get the carers they prefer. I never rush people, we don't need to."
- Robust recruitment processes were in place. Prospective staff completed an application form and went through an interview process. Records showed pre-employment checks were completed to ensure staff were suitable to work in the service. These included obtaining references from previous employers and completing Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 PPE 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 ensured people were able to maintain contact with those who were important to them. People and relatives told us safe visiting arrangements were in place.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives confirmed their needs had been assessed prior to them moving into Reigate Grange. One person told us, "They came to see me in my home and asked me what I wanted and what I needed." One relative said, "They were very thorough. They take such an interest."
- Assessment information was used to inform people's care plans. This ensured information such as people's life histories, interests, social and cultural needs were highlighted in addition to people's care needs.
- National guidance was followed when supporting people's needs. This included guidance on assessing people's skin integrity, oral healthcare and malnutrition screening. The provider had a dementia strategy in place which reflected best practice guidance.

Staff support: induction, training, skills and experience

- Staff received regular training which was relevant to their roles. One staff member told us, "Training is excellent. I feel I am really lucky to have the opportunity to do my training. They take dementia care very seriously here. It's really person centred. I have been on extra lectures; I have learnt a lot."
- Staff completed training relating to people's specific needs. Staff were able to describe how training in supporting people living with dementia informed how they worked. One staff member told us, "We went through simulations of how it feels, things like trying to do buttons up wearing gloves or how the senses are affected. It makes you think and understand them more. It comes back to you when you're working." A second staff member described recent training in supporting people when they were distressed. They told us, "It's been a game changer. The knowledge and physical tips are so good."
- All new staff underwent an induction period which covered mandatory training such as health and safety, fire, basic first aid and moving and handling. In addition, the induction provided an introduction to the values of the service and the expectations of staff. More experienced staff members supported new starters until they felt confident in working alone.
- Staff had the opportunity to request additional training and told us they felt their opportunities to develop were good. One staff member told us, "They are really hot on training here. I have always got everything I have asked for. I asked for additional dementia training and have just finished a six month course. It's really helped." A number of staff had been supported to complete their nurse associate training and their success celebrated. Nursing associates are members of the nursing team that helps bridge the gap between health care assistants and registered nurses. Nursing associates are registered with the Nursing and Midwifery Council.

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

- The majority of people we spoke with told us they thought the food was good although some stated they thought the catering could be improved. Comments included, "I don't have any complaints at all. The quantities are good and the presentation is very good. They have enough choices. I can always find something I enjoy.", "The food is very good, almost too good!" Regular feedback was sought and acted upon in relation to the food provided, presentation and the menu choices available.
- People's individual dietary needs were known to staff. Information in relation to people's allergies, preferences and any cultural needs were recorded and shared with both hospitality and care staff. Catering staff had received training in preparing food of a modified consistency to ensure this was safe, appetising and well presented.
- Where people required support to eat, this was provided in a respectful way. Staff provided people with a visual choice and sat beside people when providing assistance. People's posture was considered and staff supported people at their own pace. One person who required staff to be with them when they were eating told us, "They are very good about it and I never feel as though I'm rushed. I appreciate their help."
- People had access to drinks and snacks throughout the day and staff monitored how well people were eating and drinking. We observed one staff member making snacks for people. They told us, "Some people don't eat very well, so we make snacks for them in between. Toast and jam always goes down well and it's good to make sure they eat. We are always pushing food and fluid and giving lots of snacks."

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

- The majority of people we spoke with told us they had access to health care when needed. One person told us, "We have doctors that come every week. They are pretty good at getting the doctor in if you need them." One relative said, "The staff are very good at being on top of things like seeing the GP and appointments."
- With the exception of one person, records viewed showed that people were supported to see the GP and had access to a range of healthcare professionals including, dentists, specialist nurses, physiotherapy and mental health support services. Where required, people were supported to attend appointments and information was shared as needed. People's care plans contained information in relation to their medical history to ensure staff were aware of any health concerns.
- Staff received training in supporting people with their oral healthcare. Assessments were completed in this area and the support people and approach required was detailed within support plans.

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

- The home was purpose built and included relevant adaptations to support people's care. This included adapted bathrooms, wide corridors and doors and signage to orientate people. All areas of the home were maintained to a high standard. One person told us, "This is a beautiful place and has everything I need. I feel lucky to have landed here."
- People lived in individual suites and had access to their own equipment should they need it. One staff member told us, "It makes such a difference that if they need a hoist, they have their own and we don't need to spend time looking for anything. It's all just to hand."
- People were involved in the design and maintenance of the garden. People told us they valued having access to the garden and indicated this had a positive impact on their wellbeing. Hill Tops had its own garden area although we observed people were also supported to go for walks in the main garden. In addition, the home had been designed with extensive communal areas including smaller lounges, private dining, a cinema and pub. The bistro in the reception area was extensively used as an informal meeting place.
- The design of Hill Tops had been reviewed following an exercise to minimise the risk of people going into

other people's rooms. Sofa's and objects of interests had been placed in corridors to provide a destination point for people. We observed people choosing to rest on the sofas and staff using this as an opportunity to chat with people and offer different things for them to do. Whilst this had not fully addressed the risks, staff told us they were now experiencing fewer incidents during the day.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff were able to demonstrate an understanding of the MCA. One staff member told us, "You have to assume that people have capacity unless proven otherwise. If people haven't got capacity and we are restricting them in some way we have to be sure it's in their best interest and apply for a DoLS."
- Capacity assessments were completed as required in areas such as locked doors, sensor mats, providing care and covert medicines. Where people were found to lack capacity for specific decisions, best interest decision were made which considered less restrictive practices. Records showed that best interests decisions involved discussions with family members and health professionals where appropriate. DoLS applications had been forwarded to the local authority as required.
- Staff demonstrated an understanding of the need to gain people's consent prior to supporting them. We observed staff approaching people and asking about the support they wanted and explaining what was happening.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff had a kind and caring approach. One person told us, "The staff could not be better. They are so attentive. They are so genuinely nice to you." One relative said, "Staff always appear to want to build and build on their work. They're always asking questions and they seem to really care."
- Night staff told us they spent time working during the day as part of their induction. This had given them the opportunity to meet people before providing their care at night when they may feel more vulnerable.
- People's cultural and religious needs were respected and supported. Due to COVID-19 restrictions church services were streamed on-line and displayed on a large screen. The services were well attended by people. Senior staff and supervisors had completed LGBTQ+ training to gain understanding and knowledge when both supporting people to plan their care and staff engagement. We saw positive comments from one person in relation to the support and understanding they had received from staff.

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

- People were cared for by staff who knew them well which enabled them to support people with their anxiety. One staff member described people's life histories in detail. They told us, "(Knowing people well) helps you provide person centred care. If they are feeling low it helps to reminisce." A second staff member told us about a person who used to be in a position of authority, "She's used to being in control. She doesn't like personal care but we use doll therapy. We try and give her the control." We observed staff interacting with the person and their dolls. This gave the person great pleasure and helped them to remain calm.
- People and their relatives were supported during difficult times. One relative told us, "Mum used to get upset sometimes or upset me sometimes during my visits and the staff were so quick to comfort both of us."
- Staff supporting people both during the day and at night demonstrated a kind and patient approach when people were anxious or upset. We observed staff comforting people when upset, helping orientate people when they were confused where they were and spend time talking and sharing stories to reassure people.

Respecting and promoting people's privacy, dignity and independence

- People were supported to decorate their home as they wished. One person told us, "I have a lovely apartment. It was freshly painted for me and a new carpet put in. I was allowed to bring furniture from home and to put pictures on the walls. It is my home now. That's what it feels like and how it should be."
- People's privacy and dignity were respected. We observed staff knock on people's doors prior to entering. They took time to ask how the person was before discussing why they were calling on them. Staff were able

to describe the importance of maintaining people's dignity. One staff member told us, "I would close the curtains and doors, ask them if they wanted me to turn around or leave when in the bathroom. However they wanted me to do it so they were comfortable."

- Many people living at Reigate Grange had a largely independent lifestyle. The support people required from staff was planned on an individual basis to ensure they were able to maintain this. Hill Tops was designed with smaller living areas, each with its own kitchen, dining and lounge area. We observed people washing up independently and clearing and laying tables. A washing machine and clothesline were also being installed to enable people to continue with the day to day tasks they were used to doing.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care. One person told us, "They talk to me about what's going on (with health), explain everything. They like me to be safe and treat me well."
- People's care plans contained detailed information regarding people's backgrounds, interests and presences. Staff told us they found this useful and the electronic care planning system meant they could easily refer to people's records. One staff member told us, "The hand-helds (electronic care record devices) are so good. I can look at people's care plans. They give information on their background which gives me an idea of topics to talk about."
- Following discussions during the first day of our inspection the registered manager introduced short daily presentations about people's individual backgrounds and things that were important to them as an on-going refresher. Whilst this was a new initiative staff said they found it useful in bringing what was written to life.
- Records showed people's care was reviewed and adapted as their needs changed. People and their relatives confirmed this. One relative told us, "We had a session with (Hill Tops manager) as a sort of routine six month review, that was good and worthwhile and we were able to give feedback. I also saw them this morning, we can discuss things regularly."

Meeting people's communication needs

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

- People had communication plans in place which highlighted any specific needs. We observed staff sitting with people or kneeling beside them when speaking with them. They took time to ensure they had understood any requests and to explain to people what was happening.
- Communication plans included information regarding people's sensory needs such as sight or hearing loss. Staff were able to describe how they supported people with communication such as writing things down for one person.

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

- People and their relatives told us there were lots of opportunities to join groups and activities. One person told us, "There are a lot of activities. They have things like painting, they do crosswords and quizzes, there

has been somebody here singing and playing the guitar. There has been ballroom dancing." One relative said, "When she was at home she was quite shut down, now she is having a chat with someone at dinner, this is a big thing. They take her out in the garden a lot as she was always into nature and gardening. They tune in to people's interests and try to encourage and support that."

- There was a team of staff who supported a range of different activities and individual interests. Staff across the home also got involved in activities, regular theme days and celebrations which included decorations, foods and dressing up. Feedback from people and relatives demonstrated people enjoyed these occasions. In addition to activities at home, people had access to transport and were beginning to visit places of interest to them locally as COVID-19 restrictions lifted.
- People's individual interests were reflected in the activities and resources available. Several people enjoyed singing which led to the start of a choir. In addition to performing in house the choir had also performed during the Christmas community fete in the grounds of the home. One person had a love of books. Their skills had been used to help set up 'Reigate Readers' a mobile library within the home. Some people had told staff they missed being able to bake which led regular baking groups starting.
- Activities were designed to promote inclusion across the home. The Sow and Grow Gang gardening group had been established as this was a common interest held by many people. The group mainly met in the Hill Tops garden which led to people from across the home working together. People had also been supported to attend Dementia Friends learning to enable better understanding of the needs of those living with the condition. People had expressed an interest in getting to know each other and their backgrounds better. A This is Your Life group had been established where people could share things which were important in their lives with others.
- Where people found it difficult to engage in groups individual activities were available. We observe staff sitting with people doing puzzles or having tea with them. One person enjoyed taking things apart and putting them back together again. They had started to support the maintenance team with their weekly safety checks around the home which had brought purpose and enjoyment.

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

- The majority of people and their relatives told us they would be able to raise any concerns and were confident they would be listened to. One relative told us, "I would have no concerns about raising a complaint if I needed to, I just can't see me ever needing to." One family gave feedback they had about on-going concerns and did not feel their complaint had been addressed.
- Complaints were logged and investigated in line with the providers complaints policy. Records showed this process was thorough and responses given were open about the findings. Where the service had fallen short of the expected level of care, apologies were offered along with details of how this would be addressed.
- Complaints and outcomes were regularly reviewed and shared with the regional management team. This provided an additional quality check to ensure all appropriate action had been taken to minimise the risk of the concern arising again.

#### End of life care and support

- Staff told us it was important to them to provide people with the support they wanted at the end of their life. One staff member said, "It's hard for everyone and the staff but we want to make things right for them. We talk about them afterwards so we can learn and understand." Records confirmed that people's wishes were discussed with them.
- The service had received messages of thanks for the staff's sensitivity and support. Comments included, 'I would like to take this opportunity to thank you and all the caring staff at the Grange for making the final days of Dad's life comfortable. Also, for supporting me during this difficult time.' And, '(Nurses) were extremely professional and supportive with me in Mums last hour. We were especially touched by the

respectful mark given to Mum as she was taken away from the Grange.'

- Staff received training in how to support people at the end of their life to help ensure they remained comfortable and free of pain. Staff and people had the opportunity to pay their respects to people as they left Reigate Grange.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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; 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

- Audits and quality monitoring systems were not consistently effective in identifying shortfalls. Medicines audits had not identified concerns including the completion of health checks, equipment checks, storage and record keeping. The registered manager assured us that action would be taken to address the concerns and additional checks implemented going forward.
- Quality checks regarding people's care at night were not regularly completed. The provider had undertaken a mapping exercise in Hill Tops to review how the risks associated with people entering other people's rooms could be minimised. However, consideration was not given to this happening at night and these concerns continued. Records confirmed that no night audit had been completed since September 2021 in order to review people's care around the clock. The registered manager took immediate action to minimise the risks highlighted following our inspection.

The lack of robust quality assurance systems was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Duty of candour incidents had not been always been followed through in line with the provider policy. The service had been open with people and relatives following incidents where things had gone wrong and had taken action to minimise risks. However, people or their representatives had not always received a written apology which detailed how the incident had been investigated and the action taken to minimise reoccurrence. The registered manager and quality director confirmed they had recognised this concern and had planned training to ensure all services were reminded of these responsibilities.
- In other areas we found quality assurance processes had been effective in identifying and addressing any improvements required. These included reviews of care plans and recording, catering and health and safety. Audits of systems were completed by heads of department, the registered manager and regional team. Where concerns were identified these were added to the service action plan and resolved in a timely manner.

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

- People and their relatives were positive regarding the management of the service and described a positive and open culture. Comments included, "I like the friendliness. Everything about it is friendly and caring. You

get a happy feeling here because they are always smiling and there to help. And you are looked after splendidly.", "There's a real humanity to what's going on there, it's not just a sort of going through the motions." And, "The home seems to be run very well. There is consistency of management which is always a good sign and I am comforted by that."

- The management team were highly visible and accessible throughout the service. People, relatives and staff told us the registered manager and management team were always around the building talking to people. The registered manager was fully involved in events and took part in a range of activities both in groups and on a one to one basis. This included hosting a monthly 'Around the Captains Table' event with a theme of visiting different countries and experiencing the foods and customs. In addition, the registered manager spent time with people individually joining them for a drink or a meal.
- The registered manager demonstrated a passionate approach to person centred care and ensured this approach was cascaded through the home. Staff were clear about the values of the home and what was expected of them. " We want everyone to feel at home, be themselves, be part of the community and develop friendships. It's lovely to see everyone look out for each other."
- There was positive, kind and inclusive atmosphere. We observed staff from all roles stop to speak with people throughout the day. Conversations heard demonstrated everyone knew each other well and stories were shared between people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had the opportunity to discuss how the home was run and give feedback on the quality of the service they received. The annual survey had a high response rate with the vast majority of areas being rated between very good and world class. Communication was highlighted as an area requiring more work. As a result, the management team had implemented new opportunities for people give feedback such as suggestion cards for improvements. We observed one suggestion made on the day of the inspection was immediately actioned to the persons satisfaction.
- Staff told us they felt valued and part of a team. One staff member told us, "If I am honest, I wouldn't work anywhere else now. I feel the management is good, people talk, communication is improving. (Registered manager) leadership and guidance is so good for you. They will all help you if you ask." Night staff also told us they felt part of the whole team and that managers ensured they came in early to speak with them. One staff member working nights told us, "We all work here as a team. I feel like I can go to any of the managers. They are understanding and encourage me."
- The well-being of staff was taken seriously with a range of initiatives in place to promote a positive team spirit. One staff member told us, "(Registered manager) will make sure we are ok. I feel valued. We were given an extra weeks leave, the bonus scheme, award systems, little gifts. It makes me happy and want to work." Staff well-being initiatives included working as a team on the 'Fab Four Focus' to look at ways of promoting Hope, Harmony, Happiness and Hurray moments. Individual staff were also supported to promote inclusion and understanding. This included a staff member being supported to develop a training session for all staff to recognise colleagues living with autism and how they could support them.
- A range of staff meetings were held across the service to ensure all staff had the opportunity to contribute and messages were shared. Staff told us they felt communication was improving. One staff member said, "It's all about communication. You can always go to anyone and say something. Communication has definitely got better."
- The service was supported by the providers quality assurance team and regional team. This enabled registered managers to share ideas and keep updated with best practice. Individual departments also benefitted from sharing learning across services such as hospitality services sharing ideas regarding menus and food presentation.

### Working in partnership with others

- The service had developed a range of initiatives to ensure they were part of the local community and helped to support local businesses. A Christmas community fete had been held in the grounds of the service with stalls from many different local businesses. The service also provided entertainment which included the Reigate Grange choir.
- People and staff supported a range of local charities and had built positive relationships. People and staff worked with the local foodbank to collect food and deliver it to people requiring support on a weekly basis. The service also supported a domestic violence charity and baby bank to raise funds for clothing and equipment. The registered manager told us, "Everyone really values the opportunity to give something back. It's raised some really interesting and surprising discussions."
- The service had been recognised for the support provided to people and within the community. They had received a nomination at the National Care Awards and had recently been awarded employer of the year at the local business awards.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure safe medicines systems were in place</p> <p>The provider had failed to robustly assess risks to people's safety</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure robust quality assurance systems