

K N & S Ramdany

Holly Grange Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holly Grange Residential Home is a care home providing personal care for up to 19 people aged 65 and over, some of whom may be living with dementia. At the time of inspection, the service was supporting 10 people in one extended and adapted building on the ground and first floor of three storeys.

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

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

The provider had not always ensured staff provided safe care. Risk assessments had not always been updated when necessary in order to meet people's changing needs. The registered person did not deploy enough staff with the skills, competence and experience to support people to stay safe or take part in stimulating activities relevant to their interests.

Where incidents had occurred the registered person and staff did not always recognise when potential abuse or neglect may be occurring and did not always follow required procedures if they did. When things went wrong, investigations were not sufficiently thorough and necessary improvements were not always identified and made.

Staff had completed the safe management of medicines training and their competency to administer medicines had been assessed every six months registered manager and an accredited assessor. We were assured the provider was implementing effective infection prevention and control measures, in line with government guidance to keep people, staff and visitors safe.

Staff were effectively supported to develop and maintain the required skills and knowledge to support people according to their needs. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet.

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.

People experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. People were supported to make decisions about their care which were consistently respected by staff. Staff treated people in a respectful manner and intervened discretely to maintain their personal dignity. Staff knew how to comfort and reassure different people when they were worried or

confused.

People received information in a way they could understand and process, allowing for any impairment, such as poor eyesight or hearing. People were supported to keep in touch with family and friends, which had a positive impact on their well-being. People knew how to make complaints and were confident the management team would listen and address their concerns. The service worked closely with healthcare professionals and provided good end of life care, which respected people's wishes and ensured they experienced a comfortable, dignified and pain-free death.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about unsafe staffing levels, staff working too many hours, poor moving and positioning practice, including people being handled roughly, staff not seeking medical advice when required and falls not being recorded or reported appropriately to local safeguarding authorities or the CQC. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

Enforcement and Recommendations

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 four breaches of regulations in relation to safe care and treatment, staffing and good governance.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holly Grange Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two inspectors on the first day, with the lead inspector returning on the second day accompanied by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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.

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

of K N & S Ramdany. Where we use the term 'registered person' we mean the registered provider partnership and the registered manager.

Notice of inspection

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

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and community professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people who use the service, three relatives and two friends about their experience of the care provided. We spoke with eight members of staff, including the registered manager, the cook, the activities co-ordinator, two staff and three agency staff.

We reviewed a range of records. This included five people's care records, medicine records and daily notes. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, quality assurance audits, and health and safety records. We observed staff interactions with people whilst delivering care and support in communal areas during mealtimes, medicines administration and provision of activities.

After the inspection

We continued to seek clarification from the registered person to validate evidence found. We looked at training data and quality assurance records. We spoke with two other health and social care professionals and an accredited training and competency assessor.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained 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.

Staffing and recruitment

At our last inspection the registered person did not consistently ensure there were enough suitably qualified, competent, skilled and experienced staff deployed to support people to stay safe and meet their needs. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The service had not always deployed enough staff with the right mix of skills, competence or experience to support people to stay safe.
- After our last inspection the registered manager sent us an action plan, detailing improvements they would make by 3 September 2021. These improvements included completion and regular update of a dependency assessment tool, to ensure appropriate staffing levels were deployed to meet people's needs and achieve successful outcomes. At the time of inspection, the registered manager could not provide evidence to demonstrate dependency assessments had been completed to inform the staffing needs analysis.
- At the last inspection there were not enough staff deployed on the night shift to follow emergency evacuation procedures and assure people's safety. The registered manager undertook in their action plan to recruit and deploy an extra waking night staff by 3 September 2021, to ensure people were evacuated safely in the event of a fire. To date the registered person has failed to recruit extra night staff.
- The registered person undertook in their action plan to recruit more staff by 30 November 2021, so the service was no longer highly dependent on agency staffing. On the first day of our inspection, all of the care staff deployed were agency staff. The night shifts were covered four nights per week by a senior support worker. The other three night shifts were covered by agency staff.
- We were not assured there were sufficient staff deployed on the night shift to follow emergency evacuation procedures. Some people who lived on the first floor had personal emergency evacuation plans stating they will require to be supported with ski pad evacuation sledges. Such equipment requires two staff members to evacuate people safely.
- The registered manager was unable to demonstrate agency staff had completed the required training to use evacuation sledges safely.
- The service operated an early shift, late shift and night shift. Usually there would be two staff on the day

shift and one night staff covering two floors, who could be supported, if required by a sleep-in night staff.

- Staff told us that one night staff was sufficient to support people, unless several people required support at the same time, particularly those who required two staff to support them to move. When this occurred, they had to raise the sleeping night staff who slept on the first floor.
- Rotas demonstrated that the registered manager covered the sleep-in duty three days per week, with the other days being covered by other staff, including agency. One agency staff began to cover sleep-in night duties seven shifts after their induction. Agency staff completing sleep-in night shifts were not always working with the provider's own staff. This meant there was an increased risk that staff may not always know people's needs.
- There was an activities co-ordinator, who worked Tuesday and Wednesday and a cook who worked every day, other than Friday. At the time of inspection, the service had not had any cleaning staff for over six months.
- Staff told us that whilst agency staff had been used to cover cleaning, this was not always reliable and often meant care staff also completed cleaning duties.
- Staff consistently told us there were not enough staff on the early and late shift to provide quality care and support to people. Staff felt that this meant they were focused on completing tasks, rather than on delivering person-centred care and support. An agency staff told us, "I work at another similar home and they have four staff on, not just two."
- Most people required support with their mobility, particularly to stand and transfer from chairs and beds, using supportive equipment such as a hoist. Some people required two staff to support them to transfer safely. When such transfers were taking place in areas other than the communal lounge, this meant other people were left unsupported, with no staff available to make sure they were safe. Whilst the activities co-ordinator afforded some resilience in this respect, they only worked two days per week between 9am and 4pm.
- During the inspection we observed periods where people were left in the lounge with no supporting staff. Some of these people who were able to stand and mobilise independently, were exposed to the risk of falling.
- Staff absence was not always covered with appropriately skilled staff to meet people's needs. For example, on the first day of inspection the activities coordinator was unexpectedly absent. This meant that people were unable to take part in any scheduled activities.

The registered person's failure to consistently ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to support people to stay safe and meet their needs was a breach of Regulation 18 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered person had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to work with older people.

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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- When things went wrong, reviews and investigations were not thorough and required improvements had not always been made. For example, we reviewed the circumstances surrounding an incident in March 2022, where a person experienced a fall, during which they sustained a cut to their head. The registered person had failed to report these circumstances to relevant external authorities and had not investigated the circumstances to identify necessary learning, to ensure action was taken to protect people from further occurrences.
- We spoke with the person during our inspection. They told us they had slipped on a wet floor in the toilet and banged their head on the wall, causing a cut to their head. The registered manager could not provide any record of the person's fall or any action taken to ensure the person was safe and did not require further medical attention.
- The registered person told us they had not reviewed the person's care and support plans as they were unaware of the incident.
- We reviewed the persons' falls risk assessment plan dated 3 March 2021. This did not provide any information relating to the support required from staff whilst using the toilet. We reviewed the persons' falls risk assessment plan dated 27 April 2022, which informed staff to remain with the person whilst using the toilet, should they try to stand up without support.
- We reviewed another incident where a different person fell on 22 May 2022. On this occasion paramedics were called and the person was taken to hospital. This person was discharged from hospital on 27 May 2022, with a record indicating that the person had developed bruising on their arms, caused by injections administered while in hospital. However, no falls risk assessment had been updated since the person's discharge from hospital. Other records did indicate that a falls sensor mat had been put in place and the person had been advised to wear more appropriate footwear when mobilising with walking sticks.
- The registered person was too frequently delivering care, which diluted their capability to ensure that necessary lessons learnt from incidents and accidents had been identified and become embedded and sustained in every day practice.

The registered person had not consistently provided safe care, by planning and delivering care to mitigate identified risks and to meet people's changing needs. The registered person had not consistently investigated incidents to identify the necessary learning to ensure people were protected from future risks or harm. These circumstances amounted to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection the registered person had appointed a quality assurance consultant to review all care plans and risk assessments, to mitigate identified risks and ensure people's changing needs were met. In April 2022, a compliance manager was appointed to the service, who had completed a further review of care records and was in the process of completing further improvements.
- People had risk assessments in place relating to various aspects of their care, such as moving and handling, falls management, skin care, oral healthcare and choking.
- People identified to be at risk of choking had risk assessments detailing the level of support they required to eat and drink safely. We observed staff supporting people during a lunchtime meal service in accordance with their individual risk assessments.
- Checks of the hot water mixers, gas safety and portable electric devices were completed to ensure their safety.
- At our last inspection the registered person had not always fully assessed and mitigated the risks to people related to the premises and equipment. The health and safety risk assessments were generic and did not contain updates relevant to changes in legislation, updates in adult social care or reference best practice guidance. The business continuity plan was insufficient, with no details for staff to follow in the event of an emergency. Previous requirements from the Fire and Rescue Service inspection of 2016 had not

been resolved and night-time fire drills had not been carried out six-monthly, as expected. The scheme of control in relation to Legionella was insufficient to keep the service safe. Windows on the first floor opened wider than the recommended restriction and there was no open window testing. A bathroom thermometer did not measure temperature accurately, which placed people at risk from false readings. At this inspection the registered person had taken action to fully assess and mitigate all of the aforesaid risks to people related to the premises and equipment. This meant the service was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating specifically to risks associated with the premises and equipment.

Systems and processes to safeguard people from the risk of abuse

- Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service.
- Where incidents had occurred the registered person and staff did not always recognise when abuse or neglect may be occurring and did not always follow required procedures if they did.
- When a person experienced a fall, during which they sustained a head injury, the registered person did not take appropriate action without delay, including the completion of an investigation and referral to the appropriate safeguarding authority. This meant necessary learning was not explored and people were potentially exposed to the continued risk of avoidable harm.
- A staff member told us they had read the person's daily progress notes, which detailed the fall and that they spoke with the registered manager. This was to ensure the person had their head injury examined and that the circumstances were referred appropriately. The registered person assured the staff member they would investigate the circumstances and take appropriate action.
- Two staff members told us they should have referred the circumstances to the local safeguarding authority when they became aware that the registered manager had failed to do so.
- On 5 June 2022 the registered manager wrote a letter to the local safeguarding authority. This letter acknowledged their failure to investigate the circumstance to identify and apply necessary learning and to report the incident to the local safeguarding authority.

The registered person's failure to act with all due diligence to effectively investigate, immediately upon becoming aware of evidence of avoidable harm and the failure to refer the circumstances to the appropriate safeguarding authority was a breach of regulation 13 (1)(3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Staff managed medicines safely and involved people, and where appropriate their representatives, in regular medicines reviews and risk assessments.
- Staff had completed the safe management of medicines training and had their competency to administer medicines assessed annually by the registered manager. People who lived with diabetes were supported by district nurses who visited daily to administer their insulin injections.
- Staff were aware of the action to take if a mistake was made, to ensure potential harm and risk of future recurrence was minimised.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was 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.
- People, relatives and visiting professionals consistently told us the home was very clean with no unpleasant odours. During inspection the interior of the home was clean, tidy and clutter free.
- Visiting within the home was in line with government guidance in place at the time.

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 requires improvement. At this inspection the rating for this key question had changed to good.

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

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

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15

- The required improvements to the premises interior to ensure the environment was more suitable for people living with dementia and those who required support with their orientation had been made.
- The registered person had implemented changes to the decoration or design of the environment, in line with this best practice guidance. There had been adaptations made to the service to provide a more supportive environment for people living with dementia.
- The hallways and stairwells were now automatically illuminated by sensors, which significantly reduced the risk of people tripping or falling.
- People's individual rooms were identifiable by people's photographs, their names, numbers, door colours and objects of reference.
- The registered person had arranged for bathrooms to be updated with colour contrasting toilet seats and grabs rails, which helped people living with dementia.

Staff support: induction, training, skills and experience

At our last inspection, staff had not received appropriate supervisions in their role to make sure their competence to deliver care safely was maintained. This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- The registered person and compliance manager operated a system of training, competency assessments,

supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.

- The registered person had employed an external consultant after our last inspection who had developed a competency framework, to assure staff delivered care in line with their training and recognised best practice. An accredited assessor had completed comprehensive competency assessments of the provider's staff covering all aspects of care delivery. A compliance manager was employed in April 2022 to ensure the competency framework was sustained and embedded in the quality assurance culture of the service. The compliance manager had scheduled a programme of observed spot-check, one to one supervision and had completed supervisions with staff in line with the provider's policy.
- Supervision records demonstrated the compliance manager and staff had open conversations about performance and practice. Staff told us during supervisions the compliance manager encouraged reflection and learning and to reflect on their own personal development and ambitions. For example, staff had been supported to take on individual responsibilities in relation to the management of the service.
- Staff had completed the provider's training in line with core subjects advised by Skills for Care and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- An external trainer had been employed to deliver face to face training in relation to subjects prioritised through supervisions, staff requests and the competency framework. For example, staff had recently completed training in relation to the reporting and recording of incidents, accidents, falls management, and moving and handling.
- Staff consistently told us their training fully prepared them to meet the needs of people. The provider had an established induction programme for newly appointed staff, although no new staff had been appointed since the last inspection.

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

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

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Staff placed a strong emphasis on the importance of eating and drinking well and reflected best practice in how they supported people.
- People and relatives consistently told us they enjoyed the cook's meals, which included their favourite choices. The cook compiled a seasonal menu based on people's cultural choices, offering two main courses and puddings. People confirmed the cook would make something else if they did not wish any of the options available.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals. For example, people identified to be at risk due to weight loss had been successfully supported by staff to achieve their desired outcomes.
- A visiting district nurse praised the registered manager, cook and staff for the effective support provided to a person living with diabetes.

- Where required, staff completed food and fluid charts and people's weight was monitored monthly. If there were significant changes referrals were made to relevant healthcare professionals.
- We observed staff regularly encouraging people to have their preferred hot and cold drinks, to protect them from the risk of dehydration. Staff made mealtimes an enjoyable and sociable experience, with friendly conversation and discrete support when required.
- Staff understood the different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated.

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

- Staff worked with healthcare professionals to make sure care and treatment met people's changing needs. Staff had made referrals to GPs, specialist nurses and other relevant healthcare services, in response to people's changing needs
- A visiting healthcare professional told us that people they supported had experienced successful outcomes, due to the way staff had followed their guidance. Successful treatment of pressure injuries, wounds and infections had allowed people to lead healthier, more active lives.

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

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

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

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

- We found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate authorisations or applications.
- Staff had completed the required training on the MCA and DoLS, which they followed in practice, to protect people's rights.
- Staff understood the principles of mental capacity and how to promote maximum choice and control in people's everyday lives. People were offered suitable choices in all aspects of their care.
- Staff knew the relevant representatives who needed to be involved in decisions about people's care and how each person communicated their wishes and preferences. Staff knowledge and understanding enabled the service to be responsive and flexible to changes in people's capacity.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

Is the service 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 penultimate inspection we rated this key question good. At this inspection 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

- Staff were highly motivated and told us they were inspired by people to deliver support that was caring and compassionate, which we observed in practice. One staff member told us, "I have worked here for [numerous years] and wouldn't dream of working anywhere else. If I did, I would be worrying about the residents, they are just like my family." Another staff member told us, "We [staff] love it here. Everyone [staff and people] here gets on well together and we all care about each other."
- People experienced meaningful relationships with staff who treated them with kindness in their everyday care. When asked if staff were patient and kind, one person told us, "Yes they are, and they give me a cuddle when I need one." Relatives consistently made positive comments about the homely and friendly atmosphere within the home. For example, one relative told us, "[Care staff] has been very helpful, nothing is too much, they've been really helpful" and "The care is exactly right for [family member]."
- People received good continuity of care from regular staff, with whom they often shared a strong personal bond. People and relatives consistently reported staff were focussed on caring for them, even though staffing levels meant they were often task driven. One person told us, "They are all very good, they can't be perfect, they work hard, they've a lot to do."
- People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, and faith.
- All staff were able to tell us in detail about people's needs and how they promoted people's dignity and independence, for example; how they encouraged people to do everything they were able to themselves.
- Visiting health and social care professionals told us that they observed sensitive staff interactions with people, which were consistently kind and gentle.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- People and their representatives could make decisions about all aspects of their care and their choices were respected by staff. Care plans were developed with people, their relatives where appropriate, relevant professionals and staff knowledge gained from working closely with them.
- Relatives told us they were involved in decisions about all aspects of people's care and support. One relative told us, "We are involved in [person's] care plans and reviews and they tell us if there are changes. Relatives told us the staff were good at explaining options in a way people could understand and their

preferences and choices were respected.

- The registered manager and staff completed regular reviews and quality assurance surveys where they were able to share their experience about the quality of their care and suggest areas for improvement.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence and respected their privacy. Care plans were written using respectful language, promoting people's dignity and choice.
- People's needs were regularly reviewed and any change in their independence was noted. People and relatives told us staff encouraged them to be as independent as they could be.
- Staff encouraged people to be independent and followed care plans detailing how to achieve this; for example, patiently supporting people to mobilise slowly, whilst being available if they required help.
- Care plans contained information about how to respect and promote people's dignity. Staff were able to describe how they supported people to maintain their privacy, whilst ensuring they remained safe.
- Throughout the inspection, we observed staff providing reassuring information and explanations to people, whilst delivering their care. For example, when administering medicines and supporting them to move. The reassuring and compassionate nature of staff had a significant, positive impact on each person's well-being.
- Staff knew how to comfort different people. For example, we observed staff gently holding people's hands or putting a reassuring arm around their shoulder. When required staff spoke slowly and clearly, giving people time to understand what was happening and to make decisions.
- Some people experienced impaired communication and staff enabled them to express their wishes. We observed staff interact in an appropriate, patient and inclusive way, in accordance with people's communication strategies.
- Staff had completed training and understood their responsibility to maintain the confidentiality of people's care records to protect their privacy. Staff gave examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant people's needs were not always met.

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

- Prior to our inspection a health and social care professional raised concerns that people had limited choices in terms of activities. The registered person did not enable staff to consistently support people to follow their interests or encourage them to take part in social activities relevant to their interests.
- The registered person deployed an activities co-ordinator two days per week, who engaged people in group activities in the communal lounge. Activities included, arts and crafts, word and board games, singing, music and associated song, dance and movement.
- Most people enjoyed these activities although the activities co-ordinator was mostly unaccompanied, supporting up to eight people. Observations during the inspection identified that people's choice of activities was limited. This was due to the availability of the activities co-ordinator and resilience to support them, caused by the workload of other staff. For example, on the first day of inspection, people spent most of their day in the lounge area. In the morning people were observed to be sitting around. There were no activities and the television was on constantly with people not watching it. In the afternoon the television was turned off and music was played. This was recorded as an activity on people's social activity sheet. Staff were observed to be present in the lounge area most of the day.
- On the second day of inspection the activities coordinator (ACO) led chair-based exercises, which people visibly enjoyed. People were then supported to play Scrabble and other word games, followed by a quiz.
- Staff consistently told us they believed that activities would be more stimulating and beneficial to people's wellbeing, if there were more staff available to support the activities coordinator.
- Relatives consistently praised the ACO and staff efforts to provide activities but were concerned about the level of stimulating activities when the ACO was not working for five days per week.
- People and relatives told us that staff supported people to maintain relationships that were important to them, particularly during the pandemic. Relatives reported how staff had found technological solutions, such as the tablets and mobile phones to keep people in touch. This stimulated social contact and helped to protect people from the risk of social isolation and loneliness.
- Relatives told us they had been kept abreast of the service infection prevention and control measures and visiting policy during the pandemic, by the registered manager and staff.

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

- People and their relatives told us they felt staff had a good understanding of people's needs and adapted their approach based on people's personal preferences, cultural background and individual needs. One

person said, "The carers [staff] are very good. You can talk to them and ask for anything. [Staff] always help me with a smile."

- People and those important to them were involved in developing support plans to meet their needs, which reflected their preferences and choices. Staff assumed responsibility to work with people, to include and engage them as much as possible as this was "their home".
- People's changing physical and mental health needs were regularly assessed to ensure that support provided met these needs. People's cultural and religious needs were explored with them and the service ensured these were met.
- One professional was impressed that whenever they were called, each staff member they engaged with knew exactly why they had been called and the current position in the person's care.
- Most relatives praised the registered manager and staff for ensuring they were well informed about their family member's life in between their personal visits. However, one relative told us the registered manager had failed to communicate with them about a fall experienced by a family member for a number of weeks, for which they had apologised.
- Staff supported people to develop bonds and friendships within the home. People and relatives consistently told us that staff made sure that people were supported to maintain relationships that were important to them, particularly during the pandemic. Relatives told us how staff arranged calls using technological solutions, such as the service tablet and mobile phone. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged.
- Relatives consistently told us they had been kept abreast of the service infection prevention and control measures and visiting policy during the pandemic, by the registered manager.

Meeting people's communication needs

Since 2016 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.

- The registered person and staff had taken steps to comply with the AIS. For example, they had identified the individual information and communication needs of people living with sensory impairments such as partial sight and hearing loss.
- Communication support plans provided staff with guidance about how to meet people's specific communication needs and share information with them effectively. We observed staff supporting people with sensory impairments in accordance with their communication support plans.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure, as well as information which was provided to people and their relatives when they moved in. This was visibly displayed in communal areas and people were provided with their own individual copies.
- People and families felt able to make complaints if they wished. People and their relatives knew the registered manager and senior staff by name and saw them regularly. People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns.
- There had been one complaint since the last inspection, which had been dealt with in accordance with the provider's policy and procedure.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys.

End of life care and support

- No people were receiving end of life care at the time of inspection.
- People's end of life wishes were sensitively considered and their plans explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- Some people told staff they did not wish to discuss their end of life wishes, which staff respected.
- Staff consistently told us they were supported by the service with empathy and understanding when people had passed away.

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 requires improvement. At this inspection the rating for this key question had remained requires improvement.

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

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

At our last inspection the registered person had failed to fulfil the legal requirements of their role, to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people which was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The registered person had failed to deliver the improvements detailed within their action plan, which we were assured would be completed by 30 November 2021.
- Governance and performance management continued to be unreliable and ineffective. Quality assurance processes had not effectively identified emerging risks and ensured they were managed safely.
- The provider's processes had failed to identify breaches of regulation found during this inspection.
- The provider's systems had not enabled the registered person to identify where quality and safety were being compromised and to respond appropriately and without delay. The registered person had not always identified risks and introduced measures to remove the risks in a timely manner that reflected the level of risk and impact on people using the service. For example, risks to the health, safety and welfare of a person had not been appropriately escalated to relevant healthcare professionals and external bodies.
- At our last inspection two health and social care professionals identified that the registered person had not communicated effectively with them surrounding the circumstances of a safeguarding allegation. At this inspection two other health and social care professionals identified that the registered person had again not communicated effectively with them surrounding the circumstances of a different safeguarding allegation.
- The registered manager had not always demonstrated sound understanding of the legal requirements of their role. For example, they had failed to notify us about two falls; one where a person sustained a head injury and another where the person was taken to hospital for treatment.
- The registered person did not have a clear understanding of their role in relation to managing quality performance and risk. For example, the registered person had failed to investigate the circumstances of a fall when a person sustained a head injury. This meant they did not identify necessary learning to enable

action to be taken to protect people from avoidable harm in the future.

- The registered manager had not always maintained securely, accurate, complete and contemporaneous records of the care and treatment provided to people and of decisions taken in relation to the care and treatment provided. For example, the progress notes detailing circumstances of a fall where a person experienced a head injury had gone missing. On our arrival on the first day of inspection we found two lockable cupboards in communal areas containing people's care plans and staff files to be insecure. We informed the registered manager who ensured the cupboards were secure for the remainder of our inspection. On several occasions during the inspection we found that doors with keycodes leading to outbuildings were unlocked, allowing people access to the grounds outside.

The registered person's continued failure to fulfil the legal requirements of their role; to maintain securely accurate, complete and contemporaneous records people's care and treatment; to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider's policy identified the actions the registered manager and staff must take, in situations where the duty of candour applied. However, the registered manager did not clearly understand their responsibilities to inform people, or their representatives, when things went wrong, and the importance of conducting honest and transparent investigations to identify essential lessons to prevent further occurrences.

- Reporting of incidents, risks, issues and concerns was unreliable or inconsistent, and may be discouraged. People, their families and staff had not always been told about incidents, or how the service has responded to them. For example, circumstances relating to a fall where a person sustained a head injury, were not escalated to the person's family, relevant authorities and healthcare professionals.

- Where concerns had been raised or accidents and incidents had occurred, the management team had not completed thorough investigations or spoken directly to people to explain the circumstances, action they had taken and to apologise.

- The registered manager acknowledged that they should have notified the person's family about these circumstances. However, the failure to escalate such concerns to relevant authorities and health care professionals did not demonstrate honesty and transparency by the registered manager.

- Staff consistently told us the compliance manager was very supportive and a good listener. They told us the registered manager was generally approachable and supportive. However, staff felt their voices were not always heard and acted on. For example, staff did not feel comfortable to raise concerns about inadequate staffing levels, which had not been addressed since our last inspection.

- Staff told us that the registered manager and compliance manager had involved them more in developing the service. For example, designated staff had been given training and support to complete audits on areas of interest to them.

- The registered manager was highly visible within the service and regularly worked alongside staff, especially when there was unforeseen staff absence.

- People, relatives and a healthcare professional described the service as well managed and very organised. Relatives consistently told us that the provider was very approachable and readily available if people wished to discuss anything. Two friends of a person told us, "We visit a few care homes and this is easily the best. The manager and staff are always happy to see you and talk to you" and "The manager really knows what is going on and has got their finger on the pulse."

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

- We received mixed feedback regarding the engagement and involvement of people, relatives, staff and health and social care professionals in the development of the service.
- People, relatives and a healthcare professional told us the registered manager had enabled and encouraged open communication.
- Two health and social care professionals thought the registered manager had not engaged in transparent open conversations with them in relation to a safeguarding process.
- Staff consistently told us that the registered manager worked tirelessly in the interest of people living at Holly Grange Residential Home and thought he required more support. Staff told us they were confident the compliance manager would provide the required support to enable the registered manager to drive the required improvement in the service.

Working in partnership with others

- We received mixed feedback regarding the service's openness, transparency and partnership working with relevant stakeholders and agencies. Commissioners of people's care had raised concerns regarding the registered manager's engagement with local authority safeguarding and quality assurance reporting processes.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person had not consistently provided safe care, by planning and delivering care to mitigate identified risks and to meet people's changing needs.</p> <p>The registered person had not consistently investigated incidents to identify the necessary learning to ensure people were protected from future risks or harm.</p> <p>Regulation 12 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met</p> <p>The registered person had failed to act with all due diligence to effectively investigate, immediately upon becoming aware of evidence of avoidable harm and had failed to refer the circumstances to the appropriate safeguarding authority.</p> <p>Regulation 13 (1)(3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

How the regulation was not being met.

The registered person had failed to consistently ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to support people to stay safe and meet their needs

Regulation 18 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person's continued failure to fulfil the legal requirements of their role; to maintain securely accurate, complete and contemporaneous records people's care and treatment; to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people was a breach of Regulation 17(1)(2)(a)(b)(3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Enforcement action we took

The registered person's continued failure to fulfil the legal requirements of their role; to maintain securely accurate, complete and contemporaneous records people's care and treatment; to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people was a breach of Regulation 17(1)(2)(a)(b)(3) Health and Social Care Act 2008 (Regulated Activities) Regulations 201