

Signature of Reigate (Operations) Limited

Reigate Grange

Inspection report

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Date of inspection visit:
23 January 2023
30 January 2023

Date of publication:
17 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 to up to 87 people. The service provides accommodation and facilities over 3 floors. Part of the second floor provides support to people living with advancing dementia, this area is called 'Hilltops'. Other areas of the service provide accommodation and support for people requiring 'assisted living'. At the time of our inspection there were 74 people living at Reigate Grange.

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

Quality assurance processes did not always ensure effective management oversight of care plans, daily records and care practices. The management team did not always ensure the deployment of staff met people's needs. Where people were living with advancing dementia, agency care staff did not always understand their needs and strategies to support them effectively; this had not been identified during quality assurance processes.

People's care plans did not always provide enough information for staff on how to support them when displaying anxieties during personal care. Risks had been assessed; however, associated care plans were not always consistent to guide staff on how to meet people's needs. This was in respect of people who were resistant to care and supported by staff using physical interventions in their best interests.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The policies and systems in the service supported least restrictive practice, however, in some circumstances staff did not always follow people's planned care.

People living with dementia were not always supported by staff who were trained and experienced to meet their needs. Some staff had not received training to equip them with the skills and knowledge of how to physically support people when they were resistant to care in a safe and least restrictive way. There were not always enough staff on duty trained in these techniques. Agency staff told us they would physically assist people when guided by trained staff. Staff were inconsistent when demonstrating physical intervention techniques to the inspection team.

People mostly received their medicines safely. Medicines were not always administered in line with the prescriber's instructions and records were not always consistent with people's care plans. Quality assurance processes for medicines did not identify these inconsistencies. Staff were trained and assessed as competent before administering people's medicines. The storage and documentation of medicines were in line with best practices and guidelines.

People and their relatives gave mixed feedback about staff. We were told agency care staff did not always follow or understand people's planned care. One relative told us, "My relative is not happy when there are

agency carers, particularly at evenings and weekends and especially male carers. The home tries to avoid sending male carers to them but this is not always possible." We received positive feedback about permanent staff. One relative said, "I am delighted with the staff; they make residents feel safe and well looked-after and they are very good at keeping me informed."

People were kept safe by staff who understood their responsibilities to recognise and report safeguarding concerns. Staff explained what they would do and who they would report to if they thought people were at risk. People were protected from the spread of infectious diseases by good staff practices and infection prevention and control policies. Accidents and incidents were investigated and analysed to mitigate reoccurrences. Where trends and themes were identified, plans were in place to address them and lessons were shared with staff for ongoing learning.

People and their relatives were involved and engaged in the running of the service. Feedback from surveys and meetings was listened to and acted upon. The registered manager was highly regarded by people's relatives and staff. They told us they were able to approach the registered manager with suggestions and felt listened to. Comments included, "Leadership is fine, I have no concerns. Reigate Grange is a fantastic place. There is no question that my relative would not be alive today if they were not a resident there." And, "They (management) are supportive to me, I think they are approachable and on the whole it's a friendly place to work, good communication. We have a strong team who genuinely care about our residents."

People had access to external agencies including health and social care professionals. Staff worked with them to provide good outcomes for people. One visiting healthcare professional told us, "Staff are always very happy to get involved in conversation about residents. They would say what concerns were and if referrals were necessary."

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 on 31 May 2022). 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 undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Reigate Grange on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risks to people, staffing and quality assurance processes at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 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 3 inspectors, 2 medicine inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The first day of our inspection was conducted in the early hours of the morning and was unannounced. We informed the registered manager we would return for a second day of inspection. We visited the location's service on 23 and 30 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 14 relatives of people who used the service about their experience of the care provided. We sought feedback from 6 health and social care professionals who regularly visited the service. We spoke with 17 members of staff including the registered manager, members of the senior management team, registered nurses, care workers, catering staff and administrative staff. We spoke with 4 agency care staff members who worked at the service.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to fully identify or assess risks to people. There was a lack of guidance for staff to prevent risk of harm and the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection, actions had been taken to address our concerns, including reviewing people's care plans and risk assessments, and an increase of staffing levels in the Hilltops area of the service. The provider reviewed the storage of medicines and ensured gaps in records were identified and addressed. However, not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Medicines were not always safely managed and risks to people's health were not always reviewed or safely monitored. For example, 1 person was assessed by nursing staff as 'very high risk' of developing pressure damage to their skin. The person was sleeping in a chair, their care plan did not reflect their preference or detail how to mitigate the risk of skin breakdown, such as, the use of pressure relieving equipment when sleeping in a chair. An agency care staff member told us the person liked to sleep in a chair.
- Care plans did not always detail physical intervention techniques adequately to guide staff to support people safely and reduce potential risk. For example, some people were assessed by health care professionals to need physical intervention by 3 staff in their best interests. Care plans referred staff to use learned physical intervention techniques from a specific training course, not all staff had received this training which placed people at risk of potential harm.
- Risks to people's health and preferences were not always considered and assessed. One person living with advancing dementia, had decisions made in their best interest. Staff told us the person declined continence care due to embarrassment. A decision to provide physical intervention care was made without documented formal discussions and consideration to the person's previous wishes. Health care professionals had not been consulted about this approach.
- Medicines were not always administered in line with prescribing instructions. For example, a person was prescribed medicine which needed to be taken before food and without other medicines. Staff administered this medicine with other medicine and with food.
- One person was prescribed medicines with variable doses which depended on blood test outcomes. Staff did not seek written confirmation of doses and relied on verbal instructions from the person's GP. This

medicine requires direct written communication from the prescriber to reduce the risk of potential harm.

Systems were not robust enough to demonstrate how risks were managed, and there was a lack of guidance for staff. Systems did not always effectively ensure the safe administration of medicines. This placed people at risk of harm. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the registered manager confirmed they had reviewed people's care plans and included further guidance for staff to mitigate risk. Staff took action to ensure guidance information for medicines was provided by the prescriber.
- Other risks to people's health had been assessed. Where people were at risk of choking, speech and language therapist (SALT) advice had been sought and recommendations were included in people's care plans. Staff used the malnutrition universal screening tool (MUST), to ascertain unexpected weight loss for people. The management team had oversight of any weight loss, monitored and addressed concerns.
- Environmental risk assessments were completed, and safety checks were carried out. Checks on firefighting equipment and emergency lighting were completed regularly. People had personal emergency evacuation plans (PEEPs) to guide staff of support required in the event of an emergency.
- People were given their medicines in a person-centred way. Protocols enabled staff to recognise when people needed their 'when required' (PRN) medicines. Medicine risk assessments had been completed, which identified medicines with additional physical health risks such as bleeding or bruising. There were systems in place to ensure medicines were ordered, stored and disposed of safely.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was mostly working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Conditions included people's medicines to be reviewed on a regular basis; staff ensured this was completed.
- The management team ensured the DoLS team were aware of additional restrictions for people. For example, where people required support in their best interests, such as, where people required their medicines to be administered covertly (hidden in their food) and where people required physical intervention if they declined support.

Staffing and recruitment

- Staff were recruited safely. There were sufficient staffing levels, but not always enough skilled and trained staff deployed to meet people's needs. People living in the Hilltops area of the service did not always receive consistent support in line with their assessed needs.
- People and their relatives told us support from agency care staff did not always meet their preferences. One person told us, "Staff check me every four hours at night and it really disturbs me. I don't want them coming in and it does say that in my care plan. I don't want nightly checks. The night staff are mostly agency

and they don't check my care plan." A relative said, "Staff are absolutely lovely. However, some agency staff seem not to know the care requirements for my relative especially at evenings and at weekends. This aspect needs to improve because there is loss of continuity of care."

- On the first day of our inspection 3 out of 4 care staff in the Hilltops areas were agency care staff. Agency care staff had not received the physical intervention training as stated in people's care plans but were supporting people using similar techniques. The registered manager told us there was always enough suitably trained staff to support people when required. We reviewed the rotas which confirmed there were not always enough trained and skilled staff on shift.
- Staff did not demonstrate consistency when explaining the physical intervention techniques they were advised to use when supporting people in their best interests. Guidance was not explicit or detailed enough to avoid individual interpretation; this left people at risk of harm. One staff member told us, "I feel staff need to be trained more around restraint."
- People and staff gave us mixed feedback about staffing levels. Some people told us they did not have their needs met in a timely way. One person said, "There are not enough staff. It takes too long when I ring the bell, sometimes I can be waiting over 20 minutes." Other people told us staff were available to support them, a relative commented, "I am delighted with the staff; they make residents feel safe and well looked-after and they are very good at keeping me informed." We reviewed the call bell log and most call bells had been answered promptly.

The provider failed to ensure staffing levels and skill mix were reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service. This a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the registered manager confirmed they had reviewed the staff rotas to ensure trained staff were always on shift. The registered manager further told us additional physical intervention training had been planned. An in house training provider had been engaged to ensure continual learning for staff, new staff and agency care staff
- A recruitment drive had been held and the registered manager told us they were in the process of screening new staff. Staffing levels were determined from a dependency tool, the registered manager told us they increased staffing levels depending of people's needs, rotas and our observations confirmed this.
- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Registered nurses were employed at the service, their registration with the Nursing and Midwifery Council were up to date and verified.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse and lessons were learned from incidents. People told us they were confident to speak with staff or members of the management team if they felt unsafe. One person told us, "Staff are very nice, I'm not worried about them. I'm really happy."
- Staff received safeguarding training and described what constituted abuse and the action they would take should they suspect people were at risk of harm. One staff member told us, "If I had any concerns, I would initially tell [line manager], we have a whistle-blowing and safeguarding policy in plain view. If still concerned, we could go to the safeguarding team and Surrey county council."
- Incidents and accidents were reviewed and investigated. When required, safeguarding incidents had been appropriately referred to the local authority. Investigations included actions taken to reduce risks of reoccurrence and findings were shared with staff for ongoing learning and development. The registered manager met with other managers and senior management of the organisation to share ideas, lessons

learned and support.

- Following a safeguarding concern, staff were provided with further in-depth training on safeguarding matters. Staff attended discussions about reporting concerns. One staff member said, "We have had lots of meetings and the management have told us we need to speak up about anything, even if we just have a feeling and are uncomfortable about anything."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- People were able to welcome their visitors into any part of the service; visitors were welcomed to join their loved ones for meals and private dining. People regularly went out with their friends and family.

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

At our last inspection the provider had failed to ensure robust quality assurance systems were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection, actions had been taken, including increasing the frequency of night checks and a review of quality assurance systems in relation to medicines. However, not enough improvements had been made at this inspection and the provider was still in breach of regulation 17.

- Managers and staff did not always demonstrate they understood their responsibility to safely monitor and mitigate risk, improve the quality of care provided or ensure they were meeting all regulatory requirements. Quality and assurance systems in place were not always effective. Audits and checks did not identify the issues we found during the inspection process.
- Monitoring systems were not always effective in recognising inconsistencies in people's planned care and the support they received. Systems did not identify staff were not following advice from healthcare professionals relating to physical interventions. The registered manager and staff did not always recognise restrictive practices. The frequency of physical intervention was not monitored to ascertain whether it was proportionate, in line with best interest decisions, followed legislation and reflected people's planned care.
- Systems did not identify there were not always enough skilled, experienced and trained staff on duty to support people effectively.
- Quality assurance processes had not highlighted care records were not always accurately kept. Care records were sometimes updated retrospectively and did not always provide assurances people's support needs were being met. One person's notes stated they had received personal care, we observed the person's washing facilities had not been used, staff told us they had documented the personal care based on the handover received. Another person's notes indicated they had eaten breakfast, staff told us the meal had been offered but declined. A staff member told us they could not rely on care notes and checked people to see if they had received support. A relative told us, "I can see on the internet (on-line system) the daily record, but I have noticed that the level of entries is inconsistent and not always up to date especially at evenings and weekends."

The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. The provider had failed to ensure oversight including accurate, complete and contemporaneous records were held respect of people. This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A service development plan had been created to improve the service. Other quality assurance processes were effective. Audits of the service were completed and reviewed by the management team. Heads of departments reported areas identified for improvement. These were included on the service development plan and documented clear lines of responsibility, expectations of when works would be completed and by whom.
- The registered manager and staff displayed a passion for the service. They worked hard to promote open communications in the service. The registered manager told us, "One of the things I am most proud about is the openness. I feel there is a much better culture, which is hard to change in an organisation, so that people feel trusted and listened to."
- Care plans were person-centred, written respectfully, mostly considering people's wishes, preferences and past histories. Staff demonstrated their knowledge about people, we observed some person-centred and kind interactions between people and staff.
- The registered manager understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager demonstrated their knowledge of the duty of candour. The duty of candour was considered for incidents, accidents and safeguarding matters.
- The registered manager kept in close contact with some family members upon request to ensure a transparent relationship. A relative commented, "I have much more confidence in the new manager. I am sure they have a main focus on caring and safety in contrast to previous leadership."

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

- The registered manager engaged with people, their relatives and staff in the running of the service. People were invited to resident meetings, and a monthly newsletter was circulated to people, relatives and staff. Relatives told us communication from staff and management was effective.
- The provider held meetings for representatives of services and people's relatives. This gave opportunities for the provider to gain views to influence the running of the organisation. Minutes of meetings contained question and answer sessions and plans to action suggestions. A relative told us, "Communications with management are good. I attend quarterly resident meetings. When I need to raise an issue, the manager has asked me to go directly to them."
- Staff told us they were able to approach the registered manager with ideas and suggestions. The registered manager held regular sessions for staff to discuss anything they wished, as well as an open-door policy. One staff member told us, "If I felt strongly about anything I could go to the manager, they are approachable, and they would listen."
- The community was engaged, for example, students from a local art college were due to paint murals in the Hilltops area of the service, the art was to reflect meaningful places to people.

Working in partnership with others; Continuous learning and improving care

- Staff worked in partnership with external agencies and worked together to continually improve people's

care. A variety of professionals, such as, the community mental health team, had provided advice to enable staff to support people's needs. One visiting healthcare professional told us, "They [staff] make appropriate referrals to our services and are consistent with referrals. When I went to visit, they made sure someone was available to speak with."

- Surveys were distributed annually to people, their relatives and staff; the results were collated and analysed. Plans to address feedback were included in the service development plan. The registered manager spent time with people to build relationships. They hosted a monthly 'captain's table' event where they and people could sit and enjoy a meal together with an open discussion and to talk about any concerns.
- An immersive dementia experience was brought to the service to help staff understand the challenges of living with dementia and age-related conditions. Staff practices were recognised and celebrated. A 'purple hearts' scheme allowed people, their visitors and other staff to vote for a staff member who they felt upheld the provider's values.
- The provider was in consultation with people and their relatives to discuss the installation of close circuit television (CCTV). The installation was due to take place following our inspection site visit, however, the provider remained in discussion with the CCTV company, people's relatives and other interested professionals. The management team told us installation would not take place until legalities were finalised.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to demonstrate how risks were managed, and there was a lack of guidance for staff. Medicines were not always managed safely. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not adequate to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. Accurate, complete and contemporaneous records were not held respect of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staffing levels and skill mix were reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service.