

# Barchester Healthcare Homes Limited

## Oak Grange

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Oak Grange is a residential care home that provides nursing and personal care to people who live in four separate 'communities', each of which have separate adapted facilities. One of the 'communities' specialises in providing care to people living with dementia. Oak Grange can accommodate 70 people. At the time of the inspection there were 59 people living at the service.

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

In response to our findings on the first day of our inspection improvements had been made to the assessment and planning of people's care. The deputy manager's working arrangements had been changed to allow them to concentrate wholly on their management and clinical lead responsibilities. The acting manager was aware of their responsibilities and there were arrangements in place for the ongoing monitoring and assessment of the quality of the service people received. The provider was open and transparent and working with other organisations to bring about improvements.

Risks to people had been assessed and planned for. Although the implementation of the learning from some people developing pressure areas had initially been delayed, the provider had since implemented an action plan which had been effective in mitigating risks of other people developing them. There were enough safely recruited staff on duty to meet people's needs. The service was clean and hygienic, and people received their medicines on time.

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.

At our last inspection in December 2018 and January 2019 we rated the service good. At this inspection we found the evidence continued to support the rating of good.

Why we inspected

We received concerns in relation to the assessment and management of some people's skin integrity and that some people were being supported to get up very early in the morning. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Well-Led section of this full report.

The provider had taken steps to effectively mitigate risks to people and to improve the governance systems in place. These improvements need to be sustained and embedded into day to day practice.

The overall rating for the service remains Good. This is based on the findings at this inspection.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Oak Grange

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Why we inspected

The inspection was prompted in part by concerns we received that some people were being supported to get up very early in a morning and that the assessment and management of the risk of some people developing pressure areas was not robust. The Local Authority and Clinical Commissioning Group (CCG) were aware of the concerns and had visited the service unannounced in April 2019.

This inspection took place on 1 and 30 May 2019 and was unannounced.

#### The membership of the inspection team.

Two inspectors visited the service unannounced at 6.30 am on the first day of the inspection. One inspector visited the service on the second day of the inspection. This was also unannounced however the provider knew we would be returning to the service at some point.

#### What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and CCG who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with 14 members of staff including the regional operations manager, area manager, registered manager, acting manager, deputy manager, nurses, senior care workers, care workers and a visiting health professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, staff meeting minutes, quality assurance documentation and policies and procedures..

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received further feedback from the CCG about the outcome of their monitoring visits to the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question remains the same Good.

This meant people were safe and protected from avoidable harm.

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

- Prior to our inspection we received concerns that the provider had not always made sure the risk of people developing pressure areas had always been assessed or mitigated. We had also been told that when people had developed pressure areas, lessons had not always been learnt. This had led to some people's pressure areas deteriorating. At this inspection we found the provider had taken action to address these concerns.
- Additional staff training in relation to skin integrity had been provided and people's care plans contained guidance for staff to follow in relation to pressure area care.
- Plans were in place for identified risks and how they were to be managed to minimise the risk of harm. There was a range of records in place to monitor people's health and well-being and these were fully completed.

Staffing and recruitment

- Prior to this inspection we received concerns that some people were being supported to get up very early in the morning. The information we received was that this practice had been carried out due to staffing levels.
- At this inspection we found the provider had taken immediate action to increase the staffing levels at night and people were being supported to get up when they chose.
- There were enough staff on duty to meet people's needs during the day. However some staff told us they felt stretched and did not always have the time to spend with people. Visitors also told us that they could not always find a member of staff when they needed them.
- Following our inspection the provider confirmed they had increased the staffing levels during the day and altered the working hours of some staff to provide additional staffing at key times during the day.
- Safe recruitment processes were followed. Prior to an offer of employment being made applicants were subject to a series of pre-employment checks to assess their suitability for the job.

Systems and processes to safeguard people from the risk of abuse

- Staff had access to training and information about how to protect people from abuse. Staff understood what was meant by abuse and they knew how to report safeguarding concerns.

Using medicines safely

- People received their medicines on time and medication administration records were fully completed.

- Medicines were stored securely and administered by trained staff whose competency had been assessed.

#### Preventing and controlling infection

- The service was clean and hygienic.
- Staff had access to personal protective equipment (PPE) and knew when to use it.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to Requires Improvement.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- On the second day of our inspection we were told the registered manager was no longer working for the provider and an experienced area manager was now the acting manager. This person was based at the service full time and was in the process of submitting an application to become the registered manager.
- On the first day of our inspection the clinical lead who was also the deputy manager had 16 hours a week to complete their management and clinical lead responsibilities. The rest of the time they worked on the floor delivering care. On the second day of our inspection change had been made and all their hours were supernumerary which meant they did not have to work on the floor delivering care. This had given the time they needed to update people's records and provide increased support to staff.
- The acting manager was clear about their responsibilities to report incidents that affected the health safety and welfare of people using the service to the CQC without delay.

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

- The provider had completed a root cause analysis into the development of people's pressure areas but had been slow in putting their learning into practice. Assurances were given that changes to the governance systems would prevent this happening again.
- On the first day of the inspection we found shortfalls in people's care plans including the lack of clear guidance on the safe use of the specialist chairs. On the second day of the inspection provider had taken action to make sure care plans were up to date and accurate and information previously missing had been added.
- Audit systems were in place to check the quality and safety of the service.

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 CCG told us that the provider was open, honest, accepting of feedback and working with them to bring about improved outcomes for people.
- Records showed people's relatives had been informed when things had gone wrong and apologies given.

Working in partnership with others; Engaging and involving people using the service, the public and staff,

fully considering their equality characteristics

- Feedback from the CCG was that although now addressed there had been a period of a few months where there had been delays in them receiving information they require the provider to share with them.
- The changes to the working pattern for the deputy manager meant they could attend clinical forums and learning events they had previously been unable to attend.
- The provider had arranged meetings with people and their relatives to discuss changes in the management of the service and listen to their views.
- The provider worked with local colleges and schools to provide work experience for young adults.

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

- Systems were in place to gather feedback from people, and the management team responded to comments and suggestions made.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.