

# Barchester Healthcare Homes Limited

## Oak Grange

### Inspection report

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18 December 2018  
11 January 2019

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

This unannounced inspection took place on 18 December 2018 and 11 January 2019.

Oak Grange is a purpose-built care home which can provide support for up to 70 people with varying levels of need. The home is split into four "communities" over two floors offering support to people with nursing and residential needs. The service also provides support to people living with dementia. At the time of the inspection there were 61 people living in the home.

The service had a registered manager who had been registered with the CQC since February 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good.

There was person centred information in people's care plans regarding their "Cultural, spiritual and social values" along with a personal life history of information that the person was happy to share. Staff used this information to start conversations with people to work out what was important to them and plan activities that may interest them and enabled them to carry on following their interests and passions. People had been supported to use their skills and talents and to gain new ones.

The service provided a wide range of activities that empowered people and enabled them to have enriching life experiences and to try new things that they may enjoy. The activities co-ordinators spent time planning and researching how activities could have a positive impact for people. Activities were planned with the aim of enhancing a person's wellbeing with one of four aims; movement, joy, remembrance and socialising.

People had been enabled to maintain their relationships and make new connections in their community. For example, some people had joined the home's choir, spent time with a local army regiment, been to religious services in the community, spent time with a local artist, musicians, local students and pupils from local schools. Also, people's friends and family members were invited to be involved in projects at the home. One person's family member told us that the activities were, "Amazing and very varied."

Staff told us that doing this was part of a, "Culture of where people feel loved and valued." One person's family member said, "The activities are excellent and add to [name's] quality of life."

People and their relatives told us they thought the home was safe. We found the service to be safe. Staff were knowledgeable about safeguarding vulnerable adults. People had risk assessments in place, which assessed their needs and provided guidance for staff on how to meet these needs safely. Any accidents and

incidents that happened at the home were recorded and learnt from. The management and administration of people's medication was safe and the building and the environment of the home was clean, safe and well maintained.

The environment of the home and gardens were pleasant and interesting and met people's needs. Everybody had access to interesting and pleasant outside space and there were adaptations in place ensuring all areas of the home were accessible.

People were supported with their health care needs and had appropriate care plans and assessments in place to provide guidance for staff to support them to remain healthy. People told us they enjoyed the food provided at the home. People relatives praised the food provided. One relative told us, "They look after [name] she has even put on some weight since she came in."

People were positive about the quality of care they received. One person told us, "My care is very good." People's relatives praised the caring approach of staff members. We witnessed warm, positive interactions between staff and people. Staff supported people in a relaxed and unhurried fashion, giving them their undivided attention. We also saw that staff members were skilled in providing emotional support when people became upset.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a very pleasant and friendly atmosphere at the home. People's relatives thought the leadership and quality of care provided at the home was very good. When we took a tour with the registered manager they knew people's names and those of their family members and it was clear that she had positive relationships with people.

There was a series of checks and audits that took place at the home to help ensure the accommodation, care and support was safe and of high quality. People told us they felt confident raising concerns saying, "I can't fault them if I have a problem I speak to someone." Staff expressed confidence in approaching the manager with any concerns they may have.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 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 was planned to check 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.

This comprehensive inspection took place on 18 December 2018 and 11 January 2019; the first day was unannounced. The inspection was completed by an adult social care inspector and two experts 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.

Prior to our visit we looked at any information we had received about the home including notifications about events that the service is required to send to the Care Quality Commission, along with any contact from people using the service and their relatives and speaking with the local authority. This included the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan how the inspection should be conducted.

During the inspection we looked around the home, observed staff interactions with people and spoke with 18 people who lived at the home. As some people were unable to give us their views we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 10 people's friends and relatives and the providers area manager, area clinical lead, registered manager, deputy manager and four members of staff.

# Is the service safe?

## Our findings

People told us they felt safe at the home. One person said, "I feel safe because my room is nice and they come around and clean and inspect it." People's relatives told us that they thought their family members were safe and risks were well managed. One person's family member told us, "Oh yes she is safe here. When she is in bed it is lowered to the floor and a mattress is put on the floor in case she falls out."

Staff were knowledgeable about safeguarding vulnerable adults. The service had safeguarding policies in place and staff knew how to access these. Staff knew how to report any safeguarding concerns both inside the home and to outside organisations. Information about accidents, incidents and infections was recorded and looked at to see if improvements could be made in future to the safety of people's care. People had risk assessments in place, which assessed their needs and provided guidance for staff on how to meet these needs safely. The service also made use of assistive technology to alert staff if people required support. One person's family member told us that staff had been responsive to their relatives needs and said, "There has been no trips or falls unlike the last place."

People and family members told us there was enough staff available to meet their needs in a timely way. We saw that requests for support were responded to quickly. Comments included; "I think there are enough staff. If anybody needs help there are plenty of staff available." and "Staff respond and came straight away."

Staff told us that at times there was not enough staff, especially if some staff were sick. This meant that staff were rushed and paperwork was completed later in the day and not close to the time care was given. Comments included; "We don't get enough time to complete tasks." and "I don't feel like I give the residents enough time." Staff members said that this affected morale at times. One person commented that they received care in a timely manner but staff did not have time to chat. During our inspection we saw that there were enough staff to meet people's needs in a timely manner and we observed staff spending time with people.

The management and administration of people's medication was safe. One person told us about their medication, "It's all very organised, which makes me feel confident. I like having my medication in my room." Another person said, "I get the right medication when I need it." Medication was administered by trained staff who had their competencies checked; there was regular audits of the medication administration system including checking a sample of people's medication stocks. These audits had improved the quality of the system.

The building and the environment of the home was safe and well maintained. A health and safety risk assessment along with a series of checks and services took place. There were systems in place to prevent and keep people safe in the event of a fire; including a building wide water sprinkler system in communal areas and in each person's bedroom. Each person had a personal emergency evacuation plan (PEEP).

The home's environment was fresh and visibly clean. One person's relative told us, "The place is lovely and clean. The room is great." Another told us they thought the home was, "Spotless." There was a well-

equipped and organised laundry which followed good infection control practices. The kitchen had recently achieved the highest rating of 5 for food safety by the Food Standards Agency; demonstrating a high standard of food safety.

## Is the service effective?

### Our findings

One person told us about staff at the home, "They are nice people, very helpful, I can't fault them." People's family members described them as; "wonderful", "marvellous" and "very cheerful".

The service had a training programme for staff that helped them to be effective in their roles. The training was refreshed regularly and a high percentage of staff members had completed this training. New staff members received appropriate support and induction into their role. One new staff member told us that after shadowing an experienced staff member for two weeks, they felt well equipped for the role. Staff told us they generally felt supported by the provider. Staff had regular supervision meetings and an annual appraisal of their performance with their line manager.

People were supported with their health care needs and had appropriate care plans and assessments in place to provide guidance for staff to support them to remain healthy. Appropriate referrals had been made to health professionals where required. One person told us, "They call a GP when I need one as they have done this week when I came down with a chest infection." One person's family member said, "They are always on top of medical appointments."

People told us they enjoyed the food provided at the home. One person said, "The food is good, very good." People could have their meals in one of the dining rooms or served in their own room if they preferred. People's family members praised the food provided. One relative told us, "They look after [name] she has even put on some weight since she came in."

The dining room was inviting with nicely laid tables and drinks available. People were supported to remain as independent as possible with adapted crockery and cutlery. There was a pleasant and calm atmosphere and staff interacted with people in a relaxed and unhurried manner. The chef sought feedback from people and provided a varied menu using fresh food from local suppliers. People's dietary needs and preferences were met and attention was given to making special diets appealing.

The environment of the home and gardens was pleasant and interesting and met people's needs. The home was inviting; there was a bistro area that we saw people and their visitors freely using throughout the day. The home was laid out in four different "communities". Each had its own lounge and dining room; this meant that people lived in smaller communities within a large home. The lounges were homely and set out like a traditional domestic lounge.

The corridors had lots of cosy resting places and points of interest such as pictures, TV screens and interactive areas such as an old shop with weighing scales and traditional foods and a dressing table with costume jewellery. We saw that people engaged with their environment and that staff used it to help orientate people, gain their attention and start conversations.

Everybody had access to interesting and pleasant outside space; either the garden or a roof terrace. One person who uses a wheelchair told us, "I feel safe and very comfortable living here because they have



provided an environment that meets my needs." All areas of the home were accessible; there were adapted bathrooms with features such as locks for people with dementia which automatically unlock when the person inside turns the handle to leave.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The service was working within the principles of the Mental Capacity Act (MCA). People who would benefit from the legal protection of a DoLS had one applied for from the local authority.

Staff promoted people to make as many decisions for themselves as possible and support was offered in the least restrictive way to promote people's independence and autonomy. For example, during the day the main door to the home was not locked and reception staff helped people who they knew needed help; people who lived on the ground floor of the home came and went as they pleased. People who required more support to remain safe were accommodated on the first floor.

## Is the service caring?

### Our findings

People were positive about the quality of care they received. Comments included; "My care is very good." "The staff are very thoughtful." and "Staff are extremely kind."

People's relatives praised the caring approach of staff members. Comments included; "Staff have welcomed [person's name] and ourselves with open arms. They are very approachable and dedicated." and "The staff are marvellous. They know my sister well, all her likes and dislikes." Staff members were very passionate when they spoke about providing people with good care. The registered manager told us of an occasion when staff supported a person to enjoy a holiday with their partner. Staff were compassionate, kind and went above and beyond what could reasonably be expected to enable this person to have some quality time with their family.

We witnessed warm, positive interactions between staff and people. Staff supported people in a relaxed and unhurried fashion, giving them their undivided attention. For example, one person needed the support of staff to walk to the dining room for lunch. Staff told us that even though it took a long time to walk, it was important to the person to take this walk; they enjoyed it and it helped them maintain their mobility and independence and was very worthwhile. Staff showed caring and respectful approach to people's support needs and were positive about what people could do for themselves.

Staff were skilled in providing emotional support when people became upset; they comforted people, spoke softly and offered positive redirection towards things the person enjoyed. We saw times when staff were discerning in predicting people's needs and supporting them discreetly, protecting their dignity. People's privacy and personal space was respected. We saw that staff members knocked on people's doors before entering and asked people's permission before providing care and support.

People told us their relatives were always welcome at the home. One person told us, "Staff are very caring and my friends are very welcome." One person's family member told us, "The bistro is lovely with free tea and coffee; it's a home from home for us. We can have a meal here anytime [with dad] we just have to ask. We feel very welcome."

People's opinions were sought and their choices were respected. For example, one person had a notice outside their bedroom door giving staff the times during which they did not want to be disturbed. Another person was having their breakfast in their room; they told us, "This suits me." Another person told us how they had been supported to move rooms to one that they preferred. There was a notice board in the home called, "You said; we did". It showed that people had suggested more trips to the theatre which people told us had happened.

During lunch people's choice and independence was promoted. For example, one person said no to the food options on the menu. The staff asked if the person agreed to being shown the different meals; the person agreed, chose a meal and started eating. Also, one person was unsure of which option to choose; the staff member suggested trying a little of each and having more of the one they preferred, which they did. The

approach by staff members treated people with dignity and enabled them to make as many day-to-day choices for themselves as possible.

## Is the service responsive?

### Our findings

The service had a strong focus on providing people with a wide variety of activities that were meaningful to them. Staff placed a strong emphasis on people having enriching life experiences and enabling them to try new things that they may enjoy; this practice was embedded at the service. Activities were based at the home and within the wider community and people were supported to maintain relationships, make new connections and reduce social isolation. There were individuals and organisations who had become 'friends' of the home. For example, the local Dementia Friends community group who have been working with the home to support the care of people and offer guidance and support to people and their relatives.

The home had two activities co-ordinators who worked alongside care staff and were flexible arranging their working hours around what activities were planned. This meant that activities were available at varied times to suit people living at the home and gave people more choice throughout the day. On both days we visited multiple events that people were engaged with were happening in different areas of the home. The activities co-ordinators spent time planning and researching how activities could have the maximum positive impact for people. Activities were planned with the aim of enhancing a person's wellbeing with one of four main aims; movement, joy, remembrance and socialising. One person's family member told us that the activities were, "Amazing and very varied."

There was person centred information in people's care plans regarding their "Cultural, spiritual and social values" along with a personal life history of information that the person was happy to share. The co-ordinators used this information to start conversations with people to listen to them and work out what was important to them; this was then acted upon and creative and innovative activities were made available that would benefit people and enable them to carry on following their interests and passions.

One example was that the home had a choir made up of some people and their family members. The Oak Grange choir have performed at the local cathedral and other events in the community. Some of the people who performed in the choir had been in choirs when they were younger; staff told us that often people's memory is jogged and they remember the words to songs they may have sung years ago and really enjoy singing them again.

People were supported to continue practising their religion. To do this the home had built up relationships with several different religious organisations, which supported people to worship both inside and outside the home. People were also supported to join in with social activities within local churches. Seasonal events such as Christmas and other special occasions important to people were celebrated. There was a special programme of activities for three weeks leading up to Christmas; this had included a Christmas fair on one weekend which was supported by people's friends and families.

The home had built up relationships with a local nursery and school. Children visited from the nursery and played games, read stories and sang songs with people. Staff told us that people at the home felt empowered, liked helping the children and enjoyed using their skills being helpers of the children rather than being helped; some people had previously been teachers and particularly enjoyed helping. Older

children came and played board games and cards with people and some had built up good relationships with people at the home. The older children had practised a production of their school play at the home, which many people had enjoyed. One person told us about these events, "They help me maintain my independence as much as possible because they encourage me to do things." Staff told us, "This brings joy. Especially when people get a cuddle from the children."

Some people at the home were veterans and Remembrance Sunday was a very special occasion for them to commemorate. Staff arranged for a local regiment to visit the home in ceremonial uniform and commemorate the occasion. People who wished to, wore their medals and those who had served in the forces were saluted by the soldiers and a wreath was placed. People at the home had worked on a project with school children to make medals for the visiting soldiers that were presented to them. The home's choir performed a remembrance concert. The regiment had written to the home afterwards stating how worthwhile it had been chatting to the veterans. One family member told us that this had been a real highlight for their relative and they had enjoyed the comradeship.

Other recent events at the home had included; visits from an old-fashioned ice cream van, poetry recitals, coffee mornings, a visiting personal trainer to help people with their balance and flexibility, flower arranging classes, a weekly quiz night that was run by some local students as part of their Duke of Edinburgh Award and local honey tasting which led to people requesting a viewing of the new Winnie-the-Pooh movie in the home's cinema. People could request movies of their choice in the cinema room along with regular classical concerts. The room was equipped with a large projection screen and surround sound. We saw a number of people enjoying a classical concert. There were also activities for people of all abilities, with some being more tactile, hands on and using touch; for example, visiting pet and music therapy. Some people had one to one support during music therapy from the facilitator. They had written about one person who usually didn't speak at all before or during the activity, who had started copying words and eventually said goodbye unprompted.

The home helped people to use their skills and talents. For example, there was a weekly art class, which helped people to express their creativity. These classes were run by a local artist who volunteered their time at the home. There was a variety of mediums used to meet people's skill level and preferences; through doing this some people had built up their confidence and had started painting again.

There was also an additional art class that had been opened up to carers from the local community. This helped to integrate the home into the local community. The class was also attended by relatives of people who lived at the home. It had been recognised by staff that people's relatives and others may benefit from peer support from people who were having similar experiences. The activity co-ordinator told us that the art classes had been an effective way of listening to people's relatives and had, "Become an organic community of people supporting each other." One person's relative who goes to the art classes told us, "It helps when I come here and get involved myself; it helps makes things easier." Another person's relative had written, "Thank you for the thought and care that you have put into preparing the sessions and the individual encouragement you have given us."

People were supported to maintain existing relationships and develop new ones. As part of this people were supported to attend the funerals of friends. Staff told us that this was important and they used the bar trolley to raise a toast to people.

People's friends and family members were invited to be involved in projects at the home. This included gardening projects, art classes and joining in entertainment. People's relatives had helped planting a sensory garden of herbs and flowers and growing strawberries in the raised beds that were accessible to

people. Also, people's friends and relatives at times came into the home to watch the entertainment. Relatives praised the diversity and quality of the activities available to people and how these were tailored to their tastes and passions in life. One person's family member said, "The activities are excellent and add to [name's] quality of life." Another person's relative said, "Mum loves male voice choirs and they arranged for one to come in for her birthday."

Technology was used to help people keep in touch with their family. One person and their family members had been supported to watch a video streaming of a family wedding in the cinema room. The family had written that they had been made to feel very welcome and appreciated the staff who had supported the person to get dressed up for the wedding, decorated the room and prepared a celebratory lunch. Another family member told us they appreciated staff who had supported them to arrange a one hundredth birthday party at the home.

The activity co-ordinators told us that they were supported by their manager formally with a three month planning meeting and with, "Chats all the time." One of them said, "The manager supports me in meeting people's needs." They spent time reflecting on what worked, what could be improved and gaining the opinions of people and their family members. Learning about people when engaging in activities had been used to add to people's care plans and improve the care and support they received. One activity co-ordinator told us, "People can confide in staff during activities; when they do we ask if we can tell the manager and we pass on information to help people's care."

People's feedback was sought in many ways, some of them creative. For example, one person who does not use speech to communicate taps his toes to music and performances that he enjoys; this was recorded and themes were looked for so that they have an idea of what other events and activities the person may enjoy watching in the future.

If appropriate photographs were taken of people taking part in activities, being out and about and following their interests. People had also relayed stories from their past which had been recorded. These pictures and recordings were used to create a memory book which was presented to people's families. Staff told us that doing this was part of a, "Culture of where people feel loved and valued." One person's family member who had received a memory book had written, "Of all the presents I have received over the years, the memory book of [name] at Oak Grange ranks about the best. Thank you so much."

Each person had a person-centred care plan that provided guidance for staff on how to provide people with appropriate support that met their needs and reflected their preferences. People and their family members told us that they were involved in putting their care plans together respecting what was important to them. Care plans were regularly reviewed and updated with people's changing needs. People's wishes for their end of life care had been sought and some people had been supported to develop an advanced care plan outlining their wishes that were in line with their culture, wishes and spiritual beliefs. Nobody at the home was receiving end of life care; staff at the home told us they worked in partnership with medical professionals to ensure that people continued to receive responsive and compassionate care at the end of their life.

People told us they felt confident raising concerns saying, "I can't fault them if I have a problem I speak to someone." Another person said they had complained about an aspect of their room and this was addressed to a solution of their choice. People relatives also told us that they would be confident in raising a concern about any aspect of care at the home. One person's family member told us, "If I had a problem I would go and see the staff or ring [manager's name], but I've never had to." Another relative told us that when they had raised a concern the manager took note.

## Is the service well-led?

### Our findings

One person told us, "There is nothing I don't like about living here; it is like a hotel so I am very pleased." People's relatives thought the leadership and the quality of care provided at the home was very good. One family member told us, "The home has been amazing. [Name] has been very happy; really, really happy. The best thing he ever did coming here." Staff told us they were generally happy working at the home. One staff member told us the home was, "Generally a nice place to work, its friendly enough." There was a very pleasant and friendly atmosphere at the home.

The registered manager held a meeting each morning at 10am with the lead staff member from each department. This was called "ten at ten" and was a quick catch up on all the significant events happening at the home on that day. This enabled the registered manager to stay up-to-date with events and decide if they needed to make any input into a particular area of the home. Generally, staff told us that they felt supported in their role.

The registered manager told us they also completed a daily walk around of the home. When we took a tour with the registered manager they knew people's names and those of their family members and it was clear that she had positive relationships with people. People friends and relatives knew who the manager was and told us they saw her around the home when they visited. Staff expressed confidence in approaching the manager with any concerns they may have.

There was a series of checks and audits that took place at the home to help ensure the accommodation, care and support was safe and of high quality. The provider completed quality visits at the home, regularly audited people's care plans and had programmes in place to monitor the safety and quality of the service provided and to trial new initiatives that may further enable to service to meet people's needs. The registered manager, along with the clinical lead, completed clinical governance audits. The registered manager showed us how they daily check the skill mix of staff in the four communities to ensure each community had appropriate support. We saw areas where regular checks and audits had helped to maintain standards at the home. For example, a recent internal audit had highlighted that a number of staff had not completed fire safety training; we saw that this was being addressed and staff members were now booked on this training.

People at the home and their relatives told us they were encouraged to give their feedback. There were regular residents' and relatives' meetings at the home and the registered manager told us they had an open-door policy. People and their relatives told us that they felt listened to by the staff at the home. One told us, "We have been really pleased that they [staff members] have taken direction from us. The staff listen to provide the best care."

There was a staff bulletin which gave updates on policies, information about upcoming conferences and best practice in different areas of people's care. People's relatives told us that they felt that communication with staff at the home was good. There was a newsletter available for people's friends and relatives.

The rating from the previous inspection was displayed near the entrance of the home and on the providers website.