Olton Grange Residential Home

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Inspection report

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Date of inspection visit: 23 February 2015
Date of publication: 27/03/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Olton Grange provides personal care and accommodation for older people who do not require nursing care. The registered manager told us there were 25 people currently using the service. The provider is a registered charity which is overseen by a committee.

The inspection was unannounced and took place on 23 February 2015.

There was a registered manager in place. 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.

Summary of findings

We last inspected the home in August 2014. After that inspection we asked the provider to take action to make improvements to ensure people were protected against the risk of receiving care that was inappropriate or unsafe. We asked them to improve the management of medicines within the home and the recruitment procedures for new staff. We also identified that improvements were needed in quality assurance and record keeping. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found improvements had been made in all areas reviewed.

People's needs were met by sufficient numbers of staff who understood their role in keeping people safe. Staff were encouraged and supported to raise any concerns about poor practice. The provider had introduced new procedures to ensure staff were safe to work with people who lived at Olton Grange.

Individual risks to people's health and welfare had been identified but plans to manage those risks were not always carried out in practice. People received their medicines as prescribed and there was a system of checks in place to ensure any errors were promptly identified.

Staff received training to meet the needs of people living at the home and to support their own personal development. Staff supervision was used to check staff understanding of their learning and further training was provided when gaps in knowledge were identified.

The manager understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People had been referred to the local authority for capacity assessments and the appropriate applications made when restrictions on people's liberty had been identified.

People received sufficient food and drink to maintain their health and were referred to appropriate healthcare professionals when a need was identified.

Staff were friendly and supported people's needs well. There was a lot of friendly conversations between people who lived in the home and people and the staff supporting them. Staff promoted people's dignity and aimed to keep people as independent as possible.

Care plans supported people's individual preferences and needs. Staff were responsive to people's social needs and a range of activities were provided.

Following our last inspection the management team, staff and committee had been supportive of each other to ensure concerns we identified were addressed and the necessary improvements made. The manager and staff were motivated to ensure the improvements were maintained and built on in the future.

Summary of findings

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 mostly safe.

There were enough staff to meet people's needs safely. Staff understood their role in keeping people safe and recruitment checks ensured staff were safe to work at the home. Plans to manage identified risks were not consistently implemented in practice.

Requires Improvement

Is the service effective?
The service was effective.

Staff received training in areas considered essential to provide effective care, together with training specific to the needs of the people who lived in the home. Supervision meetings were used to check staff understanding of their learning and refresher training was provided when gaps in knowledge were identified.

Good

Is the service caring?
The service was caring.

There was a relaxed and friendly atmosphere within the home. People engaged positively with each other and with staff. Lunch time was a social occasion and an opportunity to come together as a group. Staff were knowledgeable about promoting dignity within a care environment and we saw them put this learning into their everyday practice.

Good

Is the service responsive?
The service was responsive.

People received care and support that met their preferences and were involved in reviews of their care. Staff were responsive to people's social needs and provided a range of stimulating activities through the day. People had information about how to raise any concerns and said they would be dealt with by the manager.

Good

Is the service well-led?
The service was well-led.

The manager was supportive of staff and ensured they felt valued in their roles. The provider had increased their oversight of the home and introduced a more robust system of checks and audits. The manager and staff were positive about recent improvements in the quality of care provided and were motivated to improve further.

Good

Olton Grange Residential Home

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 inspection took place on 23 February 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority contract monitoring officer who had no new information to share with us.

We reviewed the information in the provider's information return (The PIR). This is a form we asked the provider to send to us before we visited. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our visit confirmed the information contained within the PIR.

We spent time talking to people and observing care in the lounge and communal areas. We spoke with eight people who lived at Olton Grange Residential Home and four relatives. We also spoke with six staff, the chef, the registered manager and a member of the provider's board of directors. We also spoke with a visiting healthcare professional.

We looked at a range of records about people's care and how the home was managed. We looked at care records for four people to see how they were cared for and supported. We looked at other records related to people's care including medication records, the services' quality assurance audits, and incidents and accidents at the home.

Requires Improvement

Is the service safe?

Our findings

When we last visited Olton Grange Nursing Home in August 2014 we found people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We also found the provider did not have a robust system to ensure staff were safe to work with the people who lived in the home. At this visit we found improvements had been made.

Medicines were stored safely and securely in line with good practice and legislation. People's medicine administration records (MARs) were complete and up to date which showed they received their medicines as prescribed. Arrangements were in place to ensure that hand written MAR charts were accurate. Systems were in place for monitoring medicines that needed to be carefully checked to ensure the correct dose was given, such as controlled drugs. We looked at one person's prescribed medicine that needed careful monitoring and were able to check they had been given their medicine as prescribed.

Some people were prescribed medicines "as needed". There was clear information for staff to follow which helped them to administer these medicines safely and consistently.

All staff who administered medication had received training and assessments were carried out to ensure they remained competent to administer medicines. Regular medication checks and audits meant that errors could be promptly identified and addressed.

The provider had introduced new policies and procedures around the recruitment of staff. We found the new policies were being followed to make sure care staff were recruited appropriately and were safe to work with people who lived at the home. This included a system of police checks and verifying written references to ensure they were genuine.

All the people we spoke with told us there were enough staff to meet their needs. The manager explained that people's dependency was regularly reviewed to identify any changes in need so staffing levels could be adjusted accordingly. They had recently identified that people needed more support in the morning and an extra member of staff was being introduced between 7.00am and 10.00am to meet that need. Staff said there were enough of them to keep people safe and through our observations we saw staff were available when people needed assistance or support.

People who lived at the home told us they felt safe and cared for. There were safeguarding and whistleblowing policies in place and staff had received training in keeping people safe. Staff demonstrated a good knowledge of different types of abuse, how they would recognise it and what action they would take. All staff said that if they saw a bruise or injury they would document it on a 'body map' and tell a senior member of staff straight away. Staff were encouraged and supported to report any inadequate or poor care. Staff told us that Olton Grange was people's home and the people living there had a right to feel safe and well cared for. The registered manager was aware of the local authority safeguarding procedure and knew how to make referrals in the event of any allegations received.

People's plans of care showed that the risks associated with the care and support they received had been assessed. We found the description of the risk was not always clear and reviews did not happen as often as the documentation said it should. Plans to manage risks were not always carried out consistently. For example, one person was at risk of poor fluid intake. Their risk management plan stated they should always have a jug of water beside them when sitting in the lounge. We saw them sitting in the lounge with a jug of water by their side. However, due to a health problem, the person also needed to have their legs elevated when sitting. We did not see this done during our visit. This was confirmed by a relative who told us, "[Person] is supposed to have their feet up. They will do it for a couple of days but then they forget."

Staff said there were some people in the home who had dementia and could present with behaviour that challenged, although this did not occur frequently. Staff said they managed challenging behaviour by remaining calm and explaining things in a persuasive manner. Sometimes they could settle the situation by distraction or walk away and return later.

They explained they would record any incidents on behaviour charts and report it to a senior. However, we identified three incidents in one person's daily records which had not been recorded on their behaviour chart. This

Requires Improvement

Is the service safe?

meant information was not consistently gathered and assessed that would assist staff in providing appropriate support to keep the person and others living in the home safe.

Where people required equipment to manage identified risks, for example pressure relieving equipment to prevent people developing sore areas on their skin, these were in place.

The provider had plans to ensure people were kept safe in the event of any emergency or unforeseen situation. Plans provided information to staff about the action to take in the event of an unexpected emergency that affected the delivery of service or put people at risk. Evacuation procedures had been explained to people who lived at the home and staff understood what action they needed to take to keep people safe.

Good

Is the service effective?

Our findings

People we spoke with were very happy with the care provided. One person said "The carers are good. I'd soon tell them if they weren't doing it right".

All the staff we spoke with said they had a lot of training and felt it helped them do their job. They told us that training was provided at induction and on an on-going basis in all areas considered essential in providing safe and effective care. Staff said they were also supported to do training linked to people's needs such as Parkinsons, stroke awareness and dementia. This training ensured staff had the skills to meet the individual health, safety and social needs of the people living in the home. Other staff said they were supported to obtain qualifications in health and social care to help them progress their career or in preparation for applying for more senior roles. Some staff working at the home had specific needs around learning. Training had been tailored to meet their individual learning needs so it was accessible to all.

Staff told us they received regular supervision and appraisals and were well supported by senior staff so they could effectively carry out their role and the tasks required. Individual supervisions involved a discussion around training needs, progress in their role and future objectives. Supervision was also used to check the knowledge and understanding of staff in different areas of their practice such as safeguarding, infection control and health and safety. One of the senior staff members told us they had used this to great effect recently through testing staff knowledge of fire procedures. They had identified some gaps in understanding and organised refresher training for all staff.

During the course of the day we observed staff putting their training into everyday practice within the home. For example, we saw staff changing their gloves and aprons when supporting people with personal care or serving meals.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives.

Where a need had been identified, people had been referred to the local authority for mental capacity assessments. On the day of our inspection a social worker was present at the home carrying out capacity assessments. Where people had fluctuating capacity to make every day decisions, there was information in their care plans about how staff should support them in decision making. For example, one person's care plan stated they "sometimes get in a muddle in the morning" so staff understood the person may find it easier to make a decision later in the day.

Where people had been assessed as not having capacity and potential restrictions on their liberty had been identified, DoLS applications had been submitted to the local authority for assessment. The provider was ready to follow the requirements of the DoLS.

Staff understood the reasons for gaining people's consent. Staff asked for people's consent before they assisted them to do things such as supporting people to move around or with personal care.

At lunch time people were given a choice of main meal and a hot or cold pudding. They were also given a choice of drinks. We asked people if they liked the food. They told us it was very good and hot. We talked to the kitchen staff who told us which people had specific dietary requirements such as diabetes or who required a soft diet. Kitchen staff knew the nutritional needs of people and provided meals in accordance with their specific requirements. They were also knowledgeable about people's nutritional likes and dislikes. The cook was aware of their responsibilities under the new allergen regulations coming into force, and was re-writing the menus at the time of our visit.

People told us meals were plentiful and they had never needed to ask for additional snacks. There was fruit available in the dining room and staff were on hand with hot and cold drinks throughout the day. One visitor told us, "They are always coming around with drinks and they will coax [person] to drink."

People were weighed every month and if there was a concern a food and fluid chart was put in place to monitor their intake and they were weighed weekly. In one of the records we looked at, the food and fluid chart was difficult to assess as there were no dates and no standard format

Good

Is the service effective?

for time, such as 11:30am or 18:00. There was a minimum fluid intake in the care records, but this was not on the chart and there was no record of the action taken if the minimum amount was not achieved.

We asked people if they were looked after when they were unwell and they said the staff would call the doctor if needed. Records showed people had received care and treatment from health care professionals such as district nurses, community psychiatric nurses, GPs, chiropodists, speech and language therapists and dieticians. Visiting healthcare professionals recorded the details of their visits in people's notes. This ensured the advice provided was accurately recorded so staff were clear about any action they needed to take to manage people's mental and physical health.

We spoke to a healthcare professional who visited the home during our visit. They told us they did not visit the home often as people were fairly independent. However, when a need was identified, staff called them appropriately and were very helpful. There was a separate clinic room where they could see people and keep records which maintained privacy and confidentiality. The healthcare professional told us they had been given the correct information they needed for the person they were visiting that day and had no concerns.

Good

Is the service caring?

Our findings

Everyone we spoke with was happy with the service. Relatives said their family members always looked well cared for, were dressed appropriately and in their own clothes. They felt the staff were caring and on hand if needed and they could visit whenever they wanted. One person told us the staff were "lovely girls".

There was a friendly and relaxed atmosphere in the home and we observed staff supported people with kindness and compassion. People were content and there was lively conversation and chat between people living at the service and between people and the staff. One member of staff told us what caring meant to them, saying, "Someone who is tolerant, none judgemental, listens to someone and gives people choices. I'm a big believer in not de-skilling people."

The provider had recently done a lot of work with staff around promoting people's dignity within the home. The manager explained, "We want to give carers the right information about how individuals should be treated. It is not just about knocking on doors but giving people time to answer. It is about thinking how you are responding to individuals. It is making staff aware of their own practices – just stop and think how you are coming across yourself." An event to promote dignity awareness had been held at the home for people, their friends and relatives and staff. A member of staff said, "It is nice to show what we are trying to do."

We asked staff how they maintained people's dignity. They explained people should always be given a choice and that they should be "comfortable" in their home. One staff member gave an example of a person who was occasionally incontinent and became very embarrassed. They explained how they would deal with it tactfully, taking the person to their room away from others who might overhear. Another staff member said, "You should treat people the way you would want to be treated" and "make people feel valued."

During the day we observed staff put their learning around dignity into practice. People looked clean and were wearing clothes of their choice. People were consulted before care was given and staff talked in a hushed tone when asking someone if they wanted the toilet.

The home provided a clean and pleasant environment with different areas to sit and socialise. Meal times were a sociable occasion with tables laid with tablecloths, napkins, cutlery and condiments, and were an opportunity for people to come together as a group and chat. People were given time to eat and assistance was given discreetly to those people who needed help. People had been asked how they preferred to be addressed and staff respected those wishes. People said they had brought furniture, ornaments and treasures when they came to the service to make their rooms their own.

Staff told us they tried to maintain people's independence as long as possible. The manager explained, "We encourage them to do whatever they can whether that be helping themselves to sugar or sauces on the table to providing them with a walking stick or frame to keep them mobilising. We ask them what they can and can't do." During the day we observed that most people walked with a frame with minor assistance, or none at all, and that staff encouraged people to do things for themselves.

We observed staff offering people choices of food, drinks and activities throughout the day. People could choose what they wanted to do and could sit in either of the two lounges or the dining room or go to their room as they wished. Staff provided support to people to enable them to make their own choices. For example, people were shown different meal choices to help them choose what they wanted.

Good

Is the service responsive?

Our findings

When we last visited Olton Grange in August 2014 we identified some concerns around how people's care and welfare needs were being met. At this visit we found improvements had been made.

People we spoke with told us that staff were responsive to their health and social needs. One relative told us their family member had not been at the home long, but they had already noticed a huge improvement in their wellbeing. They told us, "[Person] is back to their old self. At home they were withdrawn, not eating or sleeping as they were nervous of being on their own. We can't believe the change, the dark circles under [person's] eyes have gone, they have put on weight and they are happy to be here". Another relative said "When we go out they are always happy to come back". Another told us, "This is the best. It is not too big and all the staff seem friendly enough."

People told us they and their relatives had been consulted about their likes and dislikes when they came to stay at Olton Grange. We looked at four people's care files. Care plans and assessments contained detailed information that enabled staff to meet people's needs in a way they preferred. For example, what clothes they liked to wear and how they liked their hair done. The records showed that people and their family were involved in reviews of their care. One relative told us, "Normally once a month they come and talk to you and write everything down and discuss any concerns I have."

Care plans were kept in the office and staff told us they were encouraged to look at them. The care plans contained a large amount of information, but there was an 'at a glance' document on the front which summarised the care each person required. Staff we spoke with had a good knowledge of the people in the service. We observed a handover between the morning and afternoon shift. Every person living in the home was discussed and staff coming on duty were advised of any changes in care needs.

We looked at the records for someone who was diabetic. There was no care plan informing staff how that condition was to be managed. However, staff we spoke with said that if they had any concerns they would report them to the senior on duty. Senior staff demonstrated a good understanding of the condition and how it should be managed.

Most people told us they were reasonably independent and did not need much assistance with their care. If they did need assistance, care staff responded promptly and they rarely had to wait.

We spoke with the member of staff who was responsible for organising activities in the home. They were enthusiastic about their role and understood the need to provide time to engage with people who did not want to join in group activities. They explained, "I will do 1-2-1 time with them because not everybody is a mixer." A relative told us, "[Activities co-ordinator] is really good. She really tries with [person] but it is getting her motivated." During the day we observed the activities co-ordinator asking people if they wanted a manicure and to take part in games or an exercise class. People were also supported to engage in activities outside the home such as pub lunches and tea dances. One person was being supported to discover more about their country of origin on the computer. People were provided with the opportunity to engage in stimulating activities and staff were responsive to people's social needs.

We looked at how complaints were managed by the home. We saw complaints information was available in the entrance area and people were reminded about how they could make a complaint in residents' meetings. No-one we spoke with had needed to make a complaint, but said that staff were helpful if they had a problem and that the manager was very approachable. One person told us, "The manager is really helpful and I can speak to her if I have any concerns".

We asked staff how they would support people using the service to complain. They all told us they would try to resolve the issue themselves or go straight to the manager, but usually they were small things that could be sorted easily. There had been no formal complaints received by the service in the past six months.

Good

Is the service well-led?

Our findings

At our last visit we found the provider did not have an effective system to regularly assess and monitor the quality of service people received and for maintaining appropriate records. At this visit we found improvements had been made.

The service had been through a challenging time since our last inspection and staff morale had been low. Minutes of staff meetings showed the management team had been open about the issues identified and involved staff in formulating the improvement plan. The manager told us, "We have been very committed. We have been working hard boosting morale with a lot of reassurance through 1to1s, supervision and staff meetings." A member of staff confirmed that morale had been low, but told us the management team had worked hard to make staff feel valued and "have pride in the care" they gave to the people at Olton Grange. Another member of staff told us, "There is a really good team spirit here," and "we work well together, I am proud of what we do".

Staff told us they had regular staff meetings which were helpful to raise issues. Minutes of meetings showed staff felt confident to ask for further support in areas where they felt their knowledge was lacking.

Staff had a clear understanding of their roles and spoke confidently about the leadership by the manager. One member of staff told us, "She is very approachable, very fair and accommodating. She will always stop and listen."

The manager had been reflective about their own practice and areas where improvement was required. They told us, "I acknowledged that I needed to do more training as it would be good for the team." They were currently completing training around the Care Act 2014 and the new Care Certificate for care staff. The manager was also receiving supervision from the chairman of the committee of trustees. This provided a further opportunity to discuss what support they needed in respect of their own personal development and how this could benefit the service

Staff and the manager told us they felt supported by the committee. The manager explained, "The committee took on board what was said. They have been in a lot more" and "My connection with the committee is much stronger." Members of the committee visited the home regularly to carry out checks and audits such as policies and procedures, care plans and records. We saw that where audits had identified issues they had been acted upon. For example, an audit of weights had identified errors in BMI (body mass index) calculations. Staff had been retrained to on how to calculate BMI's correctly.

People and their relatives were invited to provide feedback about the quality of care provided through regular reviews of care and residents' meetings. People had also been invited to complete a satisfaction questionnaire. We saw the results of the questionnaire had been analysed and actions taken where concerns had been identified. We looked at a selection of the questionnaires and found they were mostly positive about the quality of care provided. Comments included 'I have no complaints about the home. The staff are very helpful and pleasant' and 'I am very happy that [person] is now living in a caring environment'. Two people had mentioned that the home could be warmer. During our visit some people were complaining of the cold. Staff did respond and offer blankets but we noticed there were several windows left open which could have intensified the problem. We raised this with the deputy manager who told us they would ensure staff were reminded to close the windows.

The management team was trying to establish closer links with the local community. We saw that over the last few months, children from various local schools had been invited into the home to provide entertainment and meet the people living there. A Dementia Friends Awareness afternoon had been arranged for people, their friends and family and people in the wider community such as the local church.

The manager and staff were positive about what had been achieved over the last six months and were motivated to improve further. The manager explained, "We have come on leaps and bounds. Our residents have always been cared for but we have started to record more. We analyse things a lot more. We can't do everything the next day but it is building up and getting better."