

Ogwell Grange Limited

Ogwell Grange Residential Care Home

Inspection report

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13 February 2018

19 February 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Ogwell Grange is a residential care home for 20 people older people, some of whom live with dementia. Accommodation is available over two floors with a passenger lift and stair lifts providing access to the first floor.

At our last inspection in October 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service Good.

Why the service is rated Good.

People told us they felt safe at the home and with the staff who supported them. Relatives also confirmed their loved ones received safe care and support. Staff were safely recruited and there were enough staff available to meet people's needs and support them to join in with social activities. People received their medicines safely.

People received effective care and support from staff who were trained and competent. 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. People's capacity to consent to their care and treatment was assessed. However some further assessment were required to demonstrate why decisions had been taken in people's best interests. People enjoyed the food served in the home and people were offered a wide variety of meals. People at risk of not eating or drinking enough to maintain their health were monitored by staff and guidance sought appropriately. We received positive feedback from healthcare professionals about the quality of care provided at the home.

Staff were very caring and had built close relationships with people and their relatives. There was a very happy atmosphere in the home and people and relatives told us staff were always kind. People's privacy and dignity was respected.

The staff provided care and support which was responsive to people's individual needs. Care plans contained information about people's care needs and guided staff about how to provide support. People and relatives knew how to make a complaint, but told us they had not had cause to do so. People were assisted to take part in a variety of activities and trips out and photographs of events were displayed around the home and included in the home's newsletter.

The service was well led by a registered manager who had worked at the home for many years and whom we were told was open and approachable. Throughout the inspection we observed people and relatives in

conversation with them.

Further information is in the detailed findings below.

Inspection reports are produced in different formats, such as easy read, audio or large print and are available upon request.

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.

Ogwell Grange Residential Care 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 was 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 12, 13 and 19 February 2018. The first and third days of the inspection were unannounced. One social care inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the GP surgery and community nursing team to gain their feedback about the quality of the care provided to the people living at the home.

During the inspection we spoke with or spent time with all 20 people living in the home. We used a range of different methods to help us understand people's experience, including 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 spoke with the provider, registered manager, deputy manager, eight staff, including catering and housekeeping staff, and five relatives. We looked at three care plans and sampled another person's records of specific information; medicine administration records; three staff files; staff training and supervision records; quality audits and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Ogwell Grange. One person said, "Oh yes" and another said, "definitely" when asked if they felt safe living at the home. Relatives told us they felt the home provided safe care and support to their relations.

Prior to this inspection we had received information that one person newly admitted to the home was not being supported safely. Concerns were raised over the quality of the person's risk assessment in relation to leaving the home unsupervised as well as the staff response when the person was found to be missing from the home. The outcome of the local authority's investigation into this matter concluded that, although the person was found safe and unharmed, the home could have acted more quickly to alert the police when this person went missing from the home. Since then the provider, registered manager and deputy manager have reviewed this person's risk assessments, made alterations to an exit door and reviewed the missing person policy.

We met with this person and they were relaxed and comfortable at the home: they told us they were well cared for. Staff said this person had settled well and, as they went with them for a walk at least twice a day, they no longer tried to leave the home unsupervised. During the inspection we saw on a number of occasions this person and another person they had become friendly with, walking with staff in the garden. This person's care plan recognised they might become anxious and guided staff how to support them to reduce this by, "Responding with warm words and gentle reassurance. Try to divert her attention, ask if she would like a walk around the garden. Talk about activities for the day and while waiting offer her a cup of tea or coffee. Sit with her and make conversation until she feels much better."

Risks posed to people's safety were assessed, reviewed and monitored. Plans to manage risks guided staff on how to mitigate and reduce these to keep them safe. For example, some people had specific needs in relation to their mobility and their plans guided staff about how to support them safely. Throughout the inspection we saw staff assisting people to stand up from and sit down into chairs with the use of a handling belt and this was done safely. The home used pressure sensor mats and door alarms to alert staff when people who were at risk of falling stood up from their chair or left their room. We saw staff responding promptly when these alarms alerted them to people's movements.

During the inspection, we were informed by the community nursing team, that three people had recently suffered skin tears. We reviewed these people's care records to look at how the incidents had come about. The accident report forms described how each person had been injured and what action staff were taking to reduce the risk of a recurrence. For example, one person had knocked their legs on the footplates of a wheel chair. The registered manager had updated the person's risk assessment to instruct staff to remove the footplates when the person was transferring to their chair. The person had received no further injury as a result.

The home continued to follow safe recruitment practices. We reviewed the recruitment files for the two most recently recruited members of staff. These contained the pre-employment checks such as disclosure and

barring (police) checks as well as previous employment information and references. There were sufficient staff employed to meet people's needs. At the time of the inspection, in addition to the registered manager and deputy manager, there were four care staff on duty. These staff were supported by a general assistant who assisted with preparing breakfasts and drinks, bed making and laundry, as well as housekeeping and catering staff. Duty rotas showed there were four care staff on duty in the evenings and two waking staff overnight.

People were protected from the risk of abuse as staff received training in protecting adults who might be vulnerable due to their circumstances. Staff told us the action they would take to ensure people were protected if they became concerned about them. This included following the provider's safeguarding policy for reporting concerns to the registered manager or to another appropriate authority such as the local authority. We observed people to be relaxed and calm in the staff's presence. People appeared comfortable and were seen smiling when staff engaged with them in activities, supported them to walk or with their eating and drinking.

Medicines were managed safely and people received these as prescribed. Those staff responsible for administering medicines had received training from the local pharmacy in January 2018 and they had their competency assessed to ensure their practice was safe. We observed some people receiving their medicines and this was done safely. Medicine administration records were well maintained. In January 2018 the local pharmacy had undertaken an audit of the home's practices and found these to be safe.

The home was found to be clean, tidy and free from offensive odours. The home had a housekeeping team responsible for cleaning the home who worked seven days a week. Gloves and aprons were available throughout the home and we saw staff using these appropriately to reduce the risk of cross infection. In March 2017, the Environmental Health Department had inspected the home and awarded a food hygiene rating of '5', the highest rating achievable, indicating the cleanliness of the kitchen and the food preparation practices were very good. We found the kitchen and food storage areas to be clean and tidy.

Is the service effective?

Our findings

Many of the people living at Ogwell Grange were living with dementia which could affect their ability to make decisions about their care and treatment. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was continuing to work within the principles of the MCA. The home had made applications for authorisations to deprive people of their liberty to maintain their safety. Authorisations had been applied for but had not yet been granted due to delays with the local authority systems. Staff had received training in the MCA in February 2018 and were aware of the principles of supporting people to make decisions about their care and support. Records showed some assessments had been undertaken to assess people's ability to consent to receive care and support and some best interest decisions were recorded. However, further assessments were required to assess people's capacity when they were unable to consent to the use of monitoring equipment used to protect their safety. The registered manager confirmed they would do this without delay.

Staff received the training they required to undertake their role. The home had a rolling programme of training in health and safety and care related topics to ensure staff received regular updates. Specialist training had also been provided in areas such dementia awareness and diabetes. The registered manager told us all the care staff have achieved or were currently enrolled in a diploma in health and social care.

The registered manager provided support to staff through supervisions and appraisals. However, supervisions were not undertaken with planned regularity. For example, one member of staff had three supervision sessions recorded over the past 12 months while another member of staff only had one. The registered manager said that although they speak to staff frequently about their role and training and development needs, which was confirmed by staff, these conversations weren't always recorded. They gave assurances these supervision conversations would be recorded in future.

People were supported to maintain good nutrition and hydration and people's food and drink preferences were recorded in their care plans and were well known to staff. People confirmed they were involved in deciding what to eat and were consulted about menu planning. One person told us the home prepared very pleasant vegetarian meals for them. We observed the lunchtime meal on all three days of the inspection and people were seen to be enjoying their meals. People were provided with adapted crockery to support their independence with eating. For those people at risk of not eating and drinking enough to maintain their health, staff recorded their food and fluid intake each day. People's weight was monitored on a monthly basis and professional guidance had been sought for people who had lost weight. Staff reported how well one person had been eating after they had come to the home in a frail condition. From their records we saw this person had gained 2.4kg in less than three months.

People were supported to make and attend health appointments. These visits and the advice given were

recorded within people's care plan. We received good feedback from the healthcare professional we consulted. They said the staff contacted them appropriately to update them on people's healthcare needs, followed the advice given and their view was that Ogwell Grange was a very caring home. Should a person require a hospital admission, the home had prepared a summary of the person's care needs and information about their next of kin, GP, medicines and allergies. This ensured the hospital staff had important information about the person's care and support needs.

Ogwell Grange was a Grade II listed building which had been adapted to provide comfortable accommodation for people. People had access to a pleasant garden area with seating overlooking extensive views of the countryside. There was an ongoing improvement plan in place to improve and maintain the environment. A toilet area on the ground floor had recently been converted into a shower room and plans were in place to replace the kitchen flooring after a leak and to replace a carpet in a bedroom. Some signage was used in the home to help people identify their rooms and the toilets.

Is the service caring?

Our findings

At the previous inspection, people told us they were supported by kind and caring staff. At this inspection, this continued to be the view of people and their relatives. The registered manager said only staff who demonstrated kindness and consideration towards people were employed at the home. They said the home had a very stable staff team with a number of staff having worked at the home for many years.

Relatives told us they felt the staff were very kind and caring. One relative said the staff were "gems" and described the "excellent" care their relative was receiving. Another relative said the staff were "kind and thoughtful" and they felt the staff were truly interested in people. In the most recent questionnaires used by the home to obtain people's and relatives' views of the home, one relative had written, "The staff are amazing and so caring."

Throughout the inspection we saw staff supporting people in a compassionate way. People were not rushed and there was enough staff on duty to provide one to one support when this was needed. We saw staff supporting people with discretion to protect their privacy and dignity. For example, staff were discreet when asking people if they wanted to use the toilet. We heard lots of conversations between staff and people that indicated staff knew people, their past histories and their families well.

People were supported to remain as independent as possible. The registered manager, deputy manager and staff were aware of what was important to people. They said it was important each person was recognised as an individual and to receive personalised care. For example, they told us about how one person had requested a mirror to be positioned to allow them to continue to style their own hair and apply makeup. Staff valued their relationship with people and felt people had a lot to offer them and each other. One person's care plan said, "[name] is a happy person whom you can converse with and get wisdom from."

People were supported to maintain relationships with friends, family and other people who were important to them. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. Throughout our inspection we saw many people with their visitors enjoying cups of tea and spending time together. Relatives told us they felt welcomed by the staff and were well looked after during their visits. People told us their relatives were invited to attend social events and to have meals with them.

The use of technology was available to enable people to remain in contact with relatives who did not live locally. Emails and photographs had been sent to relatives, with people's consent, to update them of their relative's well-being and of their involvement in activities and events organised by the home. Information, such as the home's service user guide, menus and newsletter was available in large print if needed for those people who had failing eyesight.

Is the service responsive?

Our findings

At the previous inspection in October 2015, we found people's care plans did not provide staff with specific information about how people should be supported. Following that inspection, the registered manager told us they would review each person's care plan and amend them to include more detail. At this inspection, we found people's care plans had been rewritten and were undergoing further reviews.

The home recorded each person's care needs using a number of documents and risk assessments. Although the information about how staff should provide support to people was recorded, it was necessary for staff to read a number of these documents to gain a full picture of each person's needs. For example, one person was at a high risk of developing pressure ulcers due to their poor mobility and frail health. Staff needed to refer to the person's risk assessment relating to continence care to establish what action they should take to reduce the person's risk of developing a pressure ulcer, rather than a care plan written specifically for pressure area care. In addition, it was not always clear how much each person could do for themselves to ensure staff promoted people's independence. However, the registered manager and deputy manager were in the process of rewriting people's care plans: they had completed two care plans using a new descriptive format. The new style plans provided a very clear description of people's needs, what was important to them, what they were able to do for themselves and how staff should provide support. These plans had been written in consultation with each person. The registered manager confirmed that each person's care plan would be rewritten using this new format.

All care plans included information about people's past social and employment history, their interests and hobbies and the people who were important to them. The registered manager and staff team were aware of people's backgrounds, their culture and faith and other important information about people's diversity such as their sexual orientation. They said this information was important to ensure people received individualised and person-centred care.

Staff were responsive to people's needs. Throughout the inspection staff were attentive to people and people were not left alone without staff supervision. Calls for assistance were answered promptly and people did not have to wait for support. One person told us how happy they were living in the home, after being unhappy and lonely in their previous care home. They said, "I feel rescued" and "here, it's lovely". Another person said, "As far as I'm concerned it's all first class." On the second day of the inspection we joined the staff handover meeting between the morning and afternoon shifts. Staff were given information about people's care needs and their well-being as well as things that mattered to them. For example, staff were reminded not to forget to give one person their chocolates.

It was clear from one person's care records and from speaking with them, that their health and well-being had improved since moving to the home. The person had previously been cared for in bed and did not participate in any activities. Now this person was able to spend each day out of bed, could stand with staff assistance and enjoyed being involved in the twice daily activities organised by the home. This person told us they were being "very well" cared for.

People spoke positively about the activities arranged by the home. Activities were organised each morning and afternoon, seven days a week. The home had a minibus and organised regular trips to local places of interest, to events at the local community centre and to the memory clinic in the local town. During the inspection we saw people enjoying activities including singing and dancing and exercises. Where people were unable to participate independently, staff encouraged them to join in and we saw staff sitting with people singing and clapping, as well as dancing with people. The musical entertainer told us staff always stayed with people during the entertainment and danced and sang with people all the time. People were supported to attend church or receive Holy Communion at the home every Sunday. One person told us the home had supported them with their photography hobby and had provided them with a camera. They were encouraged to take photographs of the social events around the home and when they went out. They also were very proud of a letter the home had received from the Queen after the home had sent a portrait painted by a person living at the home to her for her birthday.

People and their relatives told us they felt comfortable talking to the registered manager, deputy manager or staff if they had any concerns: no one we spoke with had any complaints about the home. Comment cards were available in the entrance way should people or their relatives wish to raise a concern and these were kept under review by the registered manager. The home had received no formal complaints. One relative told us, "I've no complaints at all."

The home was able to care for people at the end of their lives with the support of the community nursing team. Staff had received end of life care training from the local hospice. We saw the home had received several 'thank you' cards from families of people praising the care their relatives had received at the end of their lives.

Is the service well-led?

Our findings

The home had a registered manager who had managed the home for many years. 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 the previous inspection in October 2015 people and their relatives told us the home was well managed and the registered manager was very approachable. At this inspection, in February 2018, people and relatives confirmed the home continued to be well managed. Throughout the inspection we saw people and relatives speaking to the registered manager and it was clear the registered manager knew them well.

The registered manager spoke passionately to us about their vision of how Ogwell Grange endeavoured to provide a real home for people and how they and the staff team supported people to be as happy as possible. They said, "I want people to be happy." This was confirmed by staff who told us they all supported people to have as fulfilling a life as possible.

Staff were aware of their role and responsibilities and there were clear management structures within the home. The registered manager and deputy manager were supported by a number of senior care staff, who the registered manager said were competent to manage the home in their absence. Staff told us they enjoyed working at the home and felt there was an open culture. They said they were kept informed about what was going on with regular meetings with the registered manager. One member of staff said, "I love it here" and another said me "It's lovely here, best place I've ever worked in." Two staff told us they had worked at the home for over 16 years and would not consider working anywhere else.

The records related to the running of the service were well maintained. Following the previous inspection, the home had received support from the local authority's quality assurance and improvement team. (This team provide support to care homes to ensure systems are in place to assess and monitor the safety and quality of the care and support provided). Since their involvement, the home had implemented a range of quality assurance tools in place to monitor and improve the service. These included a monthly audit of how medicines were managed, a review of accident and incident forms, health and safety checks of the environment, staffing levels, how people's nutritional needs are being met and whether people have gained or lost weight as well as other checks of care records. Where action is needed this is identified. For example, one person's diet and fluid intake chart had not been completed on one day and the registered manager reviewed this with the member of staff responsible for completing this.

The provider visited the home each week to receive a verbal and written report from the registered manager about important events in the home and to receive an update on people's well-being. On the first day of the inspection, we were invited to join this meeting and we saw the registered manager gave a comprehensive report of events within the home.

People and their relatives were invited to share their views about the quality of the care and support provided at the home through the use of questionnaires and feedback forms. The results of the most recently returned questionnaires in October 2017 showed a high level of satisfaction with the home. Comments included, "Excellent care and good standard of accommodation" and "The manager and staff go above and beyond to make sure she feels safe and secure."

The registered manager was clear about their responsibilities and regulatory requirements. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. The previous report and rating had been displayed within the service and was on the provider's website.