Olton Grange Residential Home

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this inspection on 21 July 2016 and it was unannounced. We brought the date of this inspection forward due to a number of concerns received about the safety and quality of care people received.

The service was last inspected on 23 February 2015 when we found some improvements were required in relation to how risks were managed. At this visit we found the improvements had not been made and further improvements were required in other areas.

Olton Grange Residential Home provides care for up to 25 older people in Solihull. At the time of our inspection there were 20 people living at the home. Some people were living with dementia.

A registered manager was not in post. The previous registered manager had left following a period of absence which began in October 2015. 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. A new deputy manager had been in post for four weeks and was the acting manager at the time of our visit.

We could not be sure people who used the service were safe. Risks to people's safety were identified by staff, however ways to manage and reduce these risks were not always documented to ensure a consistent and effective approach was taken.

Care records contained limited information for staff to help them provide personalised care, however some information was conflicting or missing about people and how they wanted to receive their care.

People knew how to complain, however we were unsure if complaints were recorded or responded to, to people's satisfaction, as we were unable to see these records during our visit.

Staff had mixed views about the management of the home following recent changes, however felt positive that a new deputy manager was now in post.

There were limited processes to monitor the quality and safety of service provided to ensure staff were following policies and procedures. However, plans were in place for the deputy manager to start completing these following our visit.

There were enough staff to care for the people they supported and checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction into the organisation, and they completed training to support them in meeting people's needs effectively.

Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns.

There were formal opportunities for staff to feedback any issues or concerns at one to one and team meetings.

People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and people were given a choice in relation to how they spent their time. Staff encouraged people to be independent.

People received medicines from staff who were trained and medicines were administered safely. For medicine taken 'as required' (PRN), guidelines were not recorded to tell staff when people needed this.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making, which included arranging further support when this was required.

People had enough to eat and drink during the day, were offered choices, and enjoyed the meals provided. Special dietary needs were catered food.

People were assisted to manage their health needs, with referrals to other health professionals where this was required. However, outcomes of these visits were not always documented or agreed actions followed up.

Some people had enough to do to keep them occupied and staff tailored activities to people's individual interests. There were limited activities arranged for people living with dementia.

People were given the opportunity to feedback about the service they received through surveys. Meetings for people and relatives had lapsed, however plans were in place for these to start again.

Checks of the environment were undertaken and staff knew the correct procedures to take in an emergency.

We had received the required notifications to enable us to monitor the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received support from staff who understood some of the risks related to their care, however these were not always documented so staff could consistently reduce risks. People received their medicines from staff who were trained and competent. We could not be sure that people who needed PRN medicine would receive this consistently. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs. Managers referred people to other professionals if additional support was required to support their health or social care needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. Relatives told us staff were caring and respected people's dignity and privacy. People were encouraged by staff to be as independent as possible and were given choices about how they spent their time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received a service that was based on their personal preferences. Care records contained information about people's

likes, dislikes and routines, however other information was missing or conflicting. People enjoyed some activities, however there were limited activities for people living with dementia. We were unsure if complaints were recorded and responded to as we were unable to see these records during our visit.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Recent changes had been made to the provider's management team. People felt there had been a lack of consistent leadership which had impacted on the running of the home. Effective systems to review the quality and safety of service provided were not in place. There were opportunities for staff to discuss any issues or concerns at meetings. People living at the home had opportunities to feedback any issues by completing surveys and attending planned meetings.

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.

The inspection took place on 21 July 2016 and was unannounced. The inspection was conducted by two inspectors and an expert by experience. An expert by experience is person who has personal experience of using or caring for someone who uses this type of care service.

Before our visit we reviewed information we had received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors who had raised some concerns about the service.

We spoke with the local authority commissioning team. Commissioners are people who contract services, and monitor the care and support when services are paid for by the local authority. They made us aware of a recent safeguarding investigation at the home.

Some of the people living at the home were not able to share their experiences of the care and support provided as they were living with dementia. We spent time observing care in the communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During our visit we spoke with nine people and six relatives. We also spoke with seven staff including three care staff, a senior member of care staff, the cook, a domestic assistant and the deputy manager. We also spoke with a member of the provider's committee, a supporting manager and a general manager from

another service, who had been supporting the management of the home. Following our visit we spoke with another manager who was supporting the home over the telephone.

We reviewed five people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to effectively deliver the care and support people required. We looked at other records related to people's care and how the service operated, including safety records and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

Staff understood the potential risks when providing people's care and told us how they supported people. However, we found these had not always been documented to identify the ways risks could be minimised to keep people safe in a consistent manner.

We saw in one person's care records they were at high risk of falls. A falls risk assessment was not in place, therefore there was no information to show the provider had taken action or implemented preventive measures to reduce the risk of falls occurring. The person had fallen seven times in June and July 2016, sustaining injuries on some occasions. It was unclear what action had been taken to support them following this. The deputy manager explained the person had a serious health condition which caused them to fall, and the GP and hospital consultant had recently changed their medicine to try to address this.

During our visit we saw the person leaning forward to try and press their call bell to summon assistance from staff. We were concerned the person could not reach it and was at risk of falling over. We pressed the bell for the person and staff came and supported them. Following our visit we made a referral to the local authority safeguarding team about this person.

Another person who lived with dementia was at risk of falls and walked with the aid of a stick, leaning forward as they did so. We observed the person walking on two occasions without their stick and they were confused, bending over looking for an item they had lost. There was no risk assessment in place to manage falls. As staff were not present, we had to find staff to assist them on one occasion, and on another occasion a relative called for staff to help them. On their care record a 'moving and handling' assessment had been completed, however this was dated November 2014 and was out of date. A member of the staff told us there had been some concern about the person's balance, as they had started to walk with a forward lean and that this was now under review.

Care records stated this person could also become upset, loud and 'agitated'. A health professional had recommended they received one to one support from staff in June 2016. However, this was not happening. We saw the person get upset during our visit. There was no risk assessment in place to inform staff how to support this person when they were upset or minimise risks to them or other people living at the home. We raised this with the deputy manager who told us their care records would be reviewed urgently.

Another person had fallen in March 2016 and the ambulance was called. They had fallen again in June 2016. Their care record did not document any risks around them falling. For the same person their care record had been last updated in April 2016. It did not document any risks around them eating. However, in June 2016 they had been assessed as being at high risk of malnutrition, the dietician had been involved and they were being provided with 'fortified' drinks (with additional calories added). Inconsistent records posed a risk the person would not be supported correctly to maintain their health.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People told us they felt safe living at the home. One person told us, "Oh yes, I feel safe here. My family visit weekly and I have everything I need here. I can call with a bell if I need anything, although I don't use it, as I don't need to. The carers are always around at mealtimes downstairs." Another person told us, "Yes I do feel safe, I have no worries at all."

Relatives also told us people were safe. Comments included, "[Person] has everything they need here. They (staff) come quickly as far as we have seen when anyone calls. The main thing from our viewpoint is that they like it here and they seem happy. We as a family are not at all worried. There is always someone we can speak to." Another relative told us, "Yes, [Person] is safe. They couldn't manage by themselves. We have no concerns even though there seem to have been a lot of staff changes lately."

The provider's recruitment procedures minimised the risk to people's safety. Prior to staff starting work at the home, the provider checked their suitability to work with people who lived there. Background checks were obtained and references were sought. Comments from staff included, "I had my references checked and a DBS (disclosure barring service) before I could start," and, "Yes, references were sent off, I had to wait for them to come back before I stated work." The disclosure barring service completes background checks to ensure as far as possible that staff are of suitable character to work with people.

People told us there were enough staff available to meet their needs. One relative told us, "I really do find it fine here. There is always a fast response to any call from a resident." Comments from staff included, "There is enough of us on duty to supervise people," "Yes, there is enough, staffing levels have been increased recently, its better having four staff in the morning." And, "We have had some agency staff, but I know new permanent staff are due to start."

The supporting management team had increased staffing levels so there was one more staff member working in the morning and one in the afternoon to support people further. There were currently two vacancies for senior care staff and three for care staff.

Staff understood the importance of keeping people safe and their responsibilities to report any concerns. Comments about safeguarding included, "It's wrong, we have zero tolerance, and there are signs up all over the home," and "Safeguarding is keeping people safe and protecting them." Other staff members told us what 'abuse' could mean, "People hitting each other, shouting at each other or just being unkind," and, "It's unexplained bruises or neglect."

Staff told us what actions they would take if they had any concerns, "If I noticed bruises I would tell the manager straight away." Another said, "I would call CQC if the manager didn't do anything." The contact details for the safeguarding team at the local authority and the provider's safeguarding procedure were displayed, so people, visitors and staff could report it, if they felt unsafe.

Staff were aware of what 'whistleblowing' meant (raising concerns about the other staff) and how to report these. However, we were unable to find a whistleblowing policy explaining to staff what they needed to do if they had any concerns. We asked the deputy manager about this, however they were unsure if there was a policy.

We looked at how medicines were managed and found overall they were administered and stored safely. One person told us, "I get my tablets on time." One relative told us, "With medicines it's pretty good, they consult us around any issues."

We observed people being given medicine with staff explaining what this was and gently encouraging them

to take this. One staff member said to one person, "Tell me if you don't want this," as sometimes they chose not to take their medicine and were able to make this decision.

Another person sometimes refused to take their medicine and at times this was given 'covertly' (hidden, usually in food). We saw that a 'best interest' decision had been taken and the person's GP had been involved in the decision. It had been agreed that the medicine should be given this way if necessary, or it could pose a serious risk to their health.

Medicine should be stored within specific temperature ranges, so it remains safe to use. The temperature recorded in the room where the medicine was stored was higher than would be recommended for safe storage. Some medicine requires refrigeration and although no medicine was currently being refrigerated, the temperature was also recording as too low. This was a risk because any new medicine stored in there could become ineffective. We raised this with the deputy manager who told us new thermometers had been ordered as it had been identified both the current thermometers were not displaying accurate temperatures.

Some people had medicine 'as required' known as PRN, for instance when they were in pain. We asked one staff member how they knew a person was in pain as they could not tell staff. They told us, "They will make it known." One person required all medicine in liquid form, however it was not documented why. This person had some medicine for pain relief. Staff told us they knew they would cry out if they felt in pain, however this was not documented on their care records. We could not be sure the person would receive this medicine from staff consistently.

The provider's medicine policy was dated January 2016. Although this stated what PRN meant, it did not say what the requirements were for people taking this, or considerations for people who could not ask for this medicine. We raised this with the deputy manager who told us this would be reviewed.

No medicine audits had been completed by the management team to ensure these were being given safely or effectively. The deputy manager told us they were going to be starting these now. Plans were underway to change the system of ordering and delivering medicines, so this provided an easier system for staff.

During our visit we identified that some toiletries and cleaning products had been left in communal areas. This posed a risk to some people living at the home who may not realise what these items were and the risk of them being consumed. There was also a risk of cross infection if the toiletries were used by different people. We raised this with the deputy manager who told us they would be removed and stored securely.

Staff were aware of the procedures to take in an emergency and if the home required evacuation. One staff member told us, "I have had fire training, we have fire drills and the procedure is on display." We saw this was displayed. Personal emergency evacuation plans were documented for each person and we saw these had been recently updated. This advised staff how to support someone safely and effectively during an emergency. Fire safety checks had been completed. A continuity plan was in place so people could use another nearby home in an emergency.

Accidents and incidents were documented for each person, however these had not been analysed to identify any trends or themes which might prevent these from reoccurring. We found one first aid kit at the home contained items which were out of date, which may be less effective when used. We asked the deputy manager about this, and they told us that two new kits had been ordered as they had already identified this issue.

A handyperson service was available if any repairs were required. Safety checks of the environment were completed such as gas safety, electrical and water checks. The passenger lift was broken when we arrived, however this was repaired during our visit. Restrictors had been fitted to windows, and equipment had been serviced regularly to ensure it remained safe to use.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. One relative told us, "I think the home is ok, [Person] is happy. I am not concerned." Another relative told us, "They are very well looked after here, and even with all the changes lately, I really can't complain."

Staff told us they felt the home was starting to improve and staff were feeling more positive. Comments included, "Things are improving for people," and "Morale is on the up."

Most staff received an induction when they first started working at the home, however the deputy manager told us they had not had an induction when they started around four weeks ago. One staff member told us, "I came to meet people, was shown around and completed some training." Another said, "Yes, I shadowed (worked alongside) other staff to get to know routines." One person in the laundry told us, "I am new to working in the laundry, there were schedules in place for me to follow."

Staff received training suitable to support people with their health and social care needs. Training had been completed in areas such as moving people safely, first aid, dementia care and health and safety. Staff comments included, "I have completed lots of training, it's good and all face to face," and, "I went on medication training a few months ago; it was good and reminded me of good practice." Some staff had received dementia training, but we could not be sure it was effective because they could not explain how they would put this into practice. Further training was being arranged for staff from a dietician to increase their knowledge in completing food and fluid records and also assessing people with risks in relation to eating.

The supporting manager told us, "What we have been doing is sharing a training provider, so half the training is at one service and half is here." Another supporting manager told us, "I have put in place a full year of training, it is all organised." A course around moving people had been completed recently by staff, along with training around managing continence and 'challenging behaviour'.

A 'handover' meeting was held each day as the shift changed, where information was shared by staff about people's health or well-being, so people could be supported consistently. We observed the handover meeting where staff recorded important information about people in their individual note books. For example, one person's feet were swollen due to the heat and staff were reminded to support this person in relation to this. Another person's eyes were watery which was making them anxious. Eye drops had been prescribed and staff were reminded to offer reassurance to them. We saw staff did this during our visit.

Staff also used a whiteboard to communicate information about people. This contained lots of information, some of which was not current. This posed a risk that important information could be missed by staff. We raised this with the deputy manager who agreed the board would be reviewed, so staff could more easily identify important information about changes to people's care and support needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. We found seven of the people living at the home were having their liberty restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit most of the applications had been submitted or authorised. However, two DoLS that were authorised previously had now expired. This was being addressed by the management team.

One care record contained some conflicting information about the person's mental capacity. It stated they were 'unable to make any decisions, had no capacity and were totally dependent on staff'. Consent forms for care had been completed by family members. However, the care record stated if the person had an infection this may impact on their decision making, which contradicted this. We saw a staff member ask the person if they wanted a drink and they replied, "No, thank you." This showed the person was able to make a daily decision and did have capacity in some areas.

Staff had received training in relation to mental capacity. One staff member told us, "I have had training, to help me understand people's rights. They explained that it was the law to me." At times one person refused assistance with care. Staff told us they left the person for a while and then tried again later, as this was usually effective. They recognised that the person had the right to refuse care. One staff member told us, "I can't force [Person], I have to be patient and let them decide when they are ready."

Most people at the home could make some day to day decisions. Staff understood about mental capacity, what this meant and the implications for people. Comments included, "We cannot presume people don't have capacity," "I encourage people to make their own choices; I don't just presume they don't understand," "DoLS are in place for some people because it's not safe for them to go outside on their own," and, "It's important to ask people how they want me to help them, it's all about choices." Staff understood what steps to take if further assistance was required with decision making, "People have assessments with social workers; mangers tell social services if people can't make choices."

Staff sought consent from people before supporting them with care. We observed people being supported by staff for example with their medicine, and consent was obtained.

People's nutritional needs were met with support from staff. One person told us, "We have a good breakfast and a choice of two things at lunch, it is all very good quality." Other comments included, "The food is wonderful here. If I need a drink I just ask and they get you one. I can't complain at all. We have a choice at meals," and "The food is bang on and they are always offering drinks."

We observed people over the lunchtime period, enjoying their meal and being supported and encouraged by staff at their own pace. The atmosphere was positive and we saw people laughing and joking. We heard one person comment on their meal, "This is marvellous."

People were offered choices by staff. People chose from the menu or were shown plated options to make a visual choice. One person asked for bread and butter and this was provided. A staff member told us that this person, "Lived on bread and butter before they moved in," and liked this. Dessert was a choice of four

options.

People who had special dietary needs were supported. One relative told us, "[Person] seems to be eating and drinking well as they have gained weight." Another relative told us, "It seems pleasant here [Person] has gained weight, so the food must be good." A dietician had been involved with supporting people at the service and intended to carry out some training for staff around assessing people who are at risk of malnutrition. The cook told us they made low sugar puddings for people with diabetes and fortified foods with double cream and cheese if people were under weight. They showed us information which documented people's needs and told us when people moved in the staff communicated this information. Allergens in food were displayed so people were aware of the ingredients of their meals.

Some people were provided with coloured plates which supported people living with dementia to see food more easily. A member of staff said, "This was to help people distinguish between their food and the plate." Other people had plate guards which stopped food sliding off and encouraged people to eat independently if they found this difficult. We saw one person was struggling to eat their meal with a knife and fork and a staff member gave them a spoon which made it easier for them.

People were supported to manage their health conditions and had access to health professionals when required. One person told us, "If I want to see a GP or chiropodist I can." One relative told us, "[Person] suffers with pain a lot. They always get them seen by the doctor very quickly and they include me in changes and keep me well informed."

However, on occasion recommendations from other professionals had not been actioned. For example, one person had been assessed in June 2016 by a health professional who recommended they were referred for a nursing assessment. We could not see a referral had been made on their care record. We asked the deputy manager about this and they told us they did not think this had been completed but it would be done now.

Good

Is the service caring?

Our findings

People told us staff were kind to them and caring. One person told us, "The girls are lovely, it is lovely to be here and everyone is kind. I like to talk to people, and you can, I like it here." Another person told us, "The staff know me and always have time for me, they are respectful. I always have my hair done and the girls do my nails."

One relative told us, "The ladies 'on the ground' are lovely. I think the staff are kind and caring, there are no issues." They told us there was often friendly banter with people, who liked this. Comments from other relatives included, "The staff are good. They sometimes dance with you," "The staff here are lovely. You can tell [Person] likes them," and "The staff always seem polite and I have never seen anything untoward."

We observed staff supporting people with kindness during our visit, being respectful and encouraging to people. We witnessed a consistently caring team who displayed a warm and compassionate attitude to people. Staff greeted people when they entered rooms and spoke to people respectfully. Staff asked people questions and gave them time to respond. Staff bent down when people were seated so they were at their height which made it easier to hold a conversation. Staff explained how they were going to help people and offered them reassurance. For example, "I will walk alongside you, I am here, don't panic." People were not rushed. Staff told people they looked nice, "I love those trousers you are wearing, the colour suits you." This sparked a conversation about people's favourite colours. The atmosphere within the home was relaxed and buoyant, with lots of laughter particularly during the morning activities.

Staff told us about working at the home. Comments included, "Very homely, fantastic place" and, "I love working here."

There were occasions where knowledge of the person and their preferences were displayed. For example, one staff member shared a conversation with a person about their family members and this prompted their memory and names of their grandchildren.

People made choices about how they spent their day. One person told us, "I just get up when I want and go to bed when I want. I came into here of my own accord, so I know what I like." One relative told us, "If [Person] wants to stay up they can, I have found them up watching TV when I have called in late." We saw staff offer people choices, for example, where they would like to sit or visual choices such as which DVD to watch.

People were encouraged to be independent. One relative told us, "[Person] is supported with things that they need help with, but they encourage their independence too." One member of staff explained how they encouraged a person to retain their independence. They said, "[Person] can walk, but they get anxious at times. We encourage them to their Zimmer frame and walk behind them with the wheelchair just in case they need to sit down." We saw staff doing this. Staff encouraged people when walking. We heard staff say, "Only a few more steps, you can do it," and "Don't worry, I am here, right beside you." The person smiled when the staff member said this.

People's rooms were individualised, contained their own personal items and people were encouraged to make these comfortable to suit their needs and preferences.
People were encouraged to keep in touch with their families and there were no restrictions on visiting times. One relative told us, "They set us up a private dining experience on a Sunday so that we can have lunch together as a couple in private." Another relative told us, "I find the staff caring and kind. They have all been very supportive to me as well, as I found it difficult when [Person] first came here. The staff have helped me too." Other comments included, "I have called in as late as 10pm at night and always been welcomed," and, "I am pretty happy, they are welcoming to me, I come quite a bit."

Most staff supported people with privacy and dignity. One person told us, "They are very kind and gentle. They have been really good and always take time with me. They always knock my door. Yesterday we went into the garden which was nice." One relative told us, "With regard to respect, they are one hundred per cent respectful."

One relative told us, "[Person] is always treated respectfully when I am here. There was one occasion when I came where one lady who was doing the medication was a little abrupt, but that is the only time." Another relative told us in the past there had been an issue involving some staff at night who had been disrespectful, but this had been resolved.

We observed staff knocked people's bedroom doors before entering and waited for them to pass in corridors. Before lunch staff discreetly asked a person if they needed to use the bathroom, ensuring their dignity and privacy. One person was sitting in a chair with their legs exposed. A member of staff helped the person to pull their skirt down to cover their legs. We asked the staff member why they had done this and they told us, "Well I wouldn't want people seeing my legs, it's not very dignified."

On one occasion during the lunchtime meal we saw a staff member put a plastic apron on a person halfway through their meal. The person was not asked, and this was from behind, which startled the person. We saw the staff member leaning over to talk to people, whilst lying across the table. This did not support people with respect during their meal, or consider hygiene. We raised this with the supporting manager who agreed they would raise this with staff.

Staff told us people all had relatives or friends who could support them to make decisions if needed. Information was on display on a notice board for advocacy services should these be required. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with were positive about the care received and staff knew people they supported well. One person told us, "The staff are good. [Person] can be difficult at times, but they try with them and calm them down. The staff know me and always have time for me." One staff member told us about a person who became upset at times when going into the dining room, if people were walking behind them. Staff now took the person in last, and this reassured them.

People were assessed before coming to the home to ensure that their care and support needs could be met there. Information was obtained about people's family histories, likes and dislikes. Care records contained information about routines and preferences. We saw information about what was important to people. For example, one person did not like to be rushed and another person felt the cold and liked to wear a vest at all times. One person liked to mix their food together before they ate it. Staff told us they knew they did this because they thought they were preparing their family a meal.

Some care records documented how people preferred staff to support them to meet their needs. For example, staff were to talk to one person when they are close by their side, and we saw staff did do this. Other care records stated the names people preferred to be called, and we saw staff using these names. People's life history was documented along with any significant life events and this had been completed in conjunction with their family.

Although care records were 'person centred' and contained information which enabled staff to know people better, the care records we reviewed did not detail the level of support people required or how staff were to provide this support. Some information was missing or contradictory. For example, a form in relation to how people might wish to be cared for at the end of their lives was on care records, but the details were left blank. We saw some other information appeared to have been completed recently, however this was not always dated, so we were unsure if the information was current.

We observed one person eating their lunch and saw they had not eaten any of the main meal, however they ate two puddings. Later we saw the care record documented they had eaten half of their main meal. This recording was inaccurate and posed a risk the person would not be supported correctly.

Other records documenting what people had consumed were not completed correctly. They contained information such as 'half' and 'quarter' was eaten or drunk, but not the starting amounts. Records were not totalled or audited to see whether the person was consuming enough food or drink and staff did not know what the aim was for people each day to maintain their health.

One person was very unwell, cared for in bed and needed to be turned every four hours to protect their skin from damage. Staff knew this, however this was not recorded in their care record. The record had been reviewed in March 2016 and stated 'no risk'. Staff told us the person's skin was prone to damage, they had specialist equipment in place and a skin cream was applied when the skin was red. There no record of what

this cream was. Staff told us they required nursing care and we asked if they had received an assessment for this, however staff were unable to tell us. The person was receiving support from specialist nurses, however this was not recorded in their care record.

One person's record stated they were hoisted at all times, however this had not been reviewed since February 2016. Staff told us the person was no longer hoisted, however this was not reflected in their records. This person's record also stated they were receiving palliative care. However a staff member told us this was incorrect.

Another person could be 'resistant' to help from staff with their personal care. Staff told us they had dementia, but this was not recorded in their care records. The records stated 'person can become agitated during personal care routines. Explain what you are doing'. There had been an incident in July 2016 when the person hit out at a member of staff. There was no follow up information and it had not been explored as to why they had displayed this behaviour. There was no guidance for staff to follow to either try and manage this behaviour, or diffuse the situation. The person also refused medicines at times and there was no guidance for staff around this. The record stated the person required full assistance with personal care, yet contradicted this by stating they will wash their face with encouragement. Weights were being recorded monthly for this person up until April 2016 however there had been no recordings since. Staff did not know why this was and told us the person should be weighed monthly. Although staff knew people and could tell you about their care needs, incorrect information posed a risk people would not receive the correct care.

People's care records had not been reviewed regularly and were in the process of being updated by the deputy manager. They told us these should be updated usually every four weeks or as people's needs changed. We asked staff about the care records and one staff member told us, "I have had no training on how to write care plans, were just expected to get on with it."

Review meetings had not been taking place recently and the deputy manager told us they intended to start these again in the coming weeks. One relative told us, "We have been as a family to review meetings where we discuss [Person's] care and they let me know if anything has changed when I visit too."

There were some social activities to keep people occupied. One relative told us, "I think there is enough going on." Comments from people included, "We have people come and we do exercises. I join in if I want and I never feel that I am restricted and I always get my hair and nails done too." And "There could perhaps be more activities. There used to be an activities lady who was good."

On the day of our visit one person was holding an exercise to music class. We saw several people joining in and enjoying this. An aroma therapist visited every two weeks, and a singer. One staff member was the activities co-ordinator, however they had been assisting with care recently. The deputy manager told us, "[Activities co-ordinator] does a lot with people."

We saw staff sitting and chatting with people. DVD's of musicals were shown in the afternoon and some people sat in the garden. One staff member told us, "We try to do activities in the afternoons." There is a vintage show every six weeks. People enjoy that," and "We sing songs and play games with people." The deputy manager told us that more than half the people at the home were living with dementia, however we saw no activities specifically for people with dementia.

An activities record was completed to show what people had joined in with and what they enjoyed doing, however we were unsure how this information was used to review activities. One person's activity record documented they had participated in a variety of activities which they said they liked to do, such as dancing

and singing.

For one person cared for in bed, the activities record showed seven entries between April and July 2016, however these were all 'listening to the radio'. Staff told us they 'popped in' throughout the day. This person did not leave their room and a staff member told us, "[Person] has not come out for months." The deputy manager told us this person enjoyed seeing the aromatherapist, staff sat with them and they enjoyed listening to music.

We looked at how complaints were managed by the provider. One person told us, "You can talk to someone if you have any concerns. I did raise an issue. I just tell the office if I have any issues. I haven't been asked my opinions or attended any meetings." Another person told us, "If I had a worry I would see the nurse in charge. I haven't needed to as I am happy here."

Relatives told us, "I don't think there is anything to complain about. The management are approachable, if you complain. They make time for you," and, "If I had any complaints I would go to the office. We have had some welfare meetings about [Person] and we did have an issue with their washing, but after we spoke to them it has improved." Another relative told us, "I am unsure how to formally complain, as I have never had to make a complaint."

A copy of the complaints procedure was displayed, however we were unable to see the complaints file, so we were unsure whether they had been recorded and responded to, to people's satisfaction. The deputy manager told us, "Nobody knows where they are." We were aware that some complaints had been made.

Compliments had been recorded and we saw one in May 2016 saying, 'Thank you for all your hard work. You did a good job looking after Mum'. Also April 2016, 'Thanks for all your kindness, just wonderful.'

Requires Improvement

Is the service well-led?

Our findings

We received mixed views about the management of the home. One relative told us, "When [Person] moved in, things were lovely, it was well-led, homely and caring. The changes have had a detrimental effect, there has been no consistent management. There have been issues like lost clothing and inconsistent activities. We have pulled them up about this." They went on to say that there had also been an increase in charges over the last few months and they felt this should have been discussed with them further.

Other relatives told us they had concerns. One relative told us their family member had been unwell and not eating, and the staff had phoned the family to ask them what they wanted them to do, such as call an ambulance. The relative told us they felt the staff should know what to do, and this had concerned them.

Some relatives told us because of the changes in management they did not always know who to raise concerns with. One relative told us, "Before I knew who to deal with (if there was a problem). Since there has been no manager, there has not been anyone around to talk to. There needs to be an improvement in communication." They went on to say, "I hope we have turned a corner now." They told us they were hopeful the home was improving.

People at the home did not have an opportunity to meet and discuss any issues or concerns they had. However, the supporting manager told us that meetings for people and their families were being introduced.

Due to the recent changes in management team there had been a lack of overall governance of the service. Systems were not established, and were not being operated effectively to assess, monitor and improve the quality and safety of the service to benefit the people who lived at the home. Audits and checks of the service had not been carried out by the management team to ensure staff were working to policies and procedures. However, this was something the deputy manager intended to now start to do. The deputy manager told us, "I have not done any audits," and went on to say, "There has been no care plan auditing but I will do this." They went on to say, "When we get sorted, we will do a system including seniors where one person is head of an area, such as care plans."

Care records were not always accurate and contained conflicting, missing or out of date information which posed a risk people could receive the incorrect care. Reviews of care were not being carried out. Some referrals had not been made to other professionals when they had been required to ensure people received the correct care. Risk assessments had not always been completed, so it was not clear how staff could reduce the risks to people's care and keep them safe. Some DoLS authorisations had expired. Medicines were not being audited to ensure they were being given safely. Accidents and incidents had been recorded, however as these had not been analysed, this did not identify any possible trends or ways to prevent these reoccurring. We were unable to see whether complaints had been recorded and responded to, to people's satisfaction.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014. Good governance.

The management team consisted of the deputy manager and the provider. The deputy manager had worked at the home for around four weeks and was currently the acting manager. They told us they had come into a very difficult situation when starting at the home.

Despite the recent changes in management there were some positive comments and people told us the deputy manager and senior staff were proactive and approachable. Comments included, "The senior staff are good. The manager has left but I do think it is pretty well run. I wouldn't want to go anywhere else as I like it here. I am happy," and "It is absolutely well run. There are lots of activities and I am very settled here."

Relatives were also positive overall. Comments included, "On the whole it does seem well run, visitors could be catered for better and perhaps offered a chair," and "They have lost their manager recently and I have to say that the staff have coped really well. They have done brilliantly. It has always appeared to be well run, except for needing more activities for residents."

Another relative told us, "I think it is well managed. They always answer the phone when I ring. I haven't been asked for feedback. [Person] is the new deputy manager and I know the other senior staff. The bedrooms could do with new carpets and a coat of paint, but that aside I think the care here is first class. What always stands out to me is that they are always offering drinks to the residents. They are excellent here."

The supporting manager told us there had been a difficult period at the service over the last six months. The supporting manager worked at another home and had initially been asked to support Olton Grange for four weeks in February 2016. They told us, "This spiralled and the four weeks was extended." They went on to say, "We have still been looking for the right person for the manager position." They told us that they have tried hard to improve the home and it had improved vastly.

Another supporting manager told us when they started supporting the home, paperwork had been found in different places and some was missing. They told us they had tried to put some foundations in place such as supporting the staff further and with training. However, this had been a learning curve for them and they had been 'fire fighting' to deal with the issues. Some staff had been unhappy with the changes they had made.

The general manager supporting the service told us, "Staff had no support, the communication was not happening and cascading to staff. The staff became none directed and we have done a lot of work here. I can assure you we are acting and have an action plan." They told us they had been supporting the home any way they could, however the home needed a full management team in place of a manager and deputy. The provider's committee member told us that it had been very difficult with all the recent events at the home. They told us, "I honestly believe it is improving."

Staff had mixed views about the management of the home and comments included, "There has been a difficult time at Olton Grange," and "The new deputy is lovely; they are a breath of fresh air." They told us about the recent issues, "Trustees haven't kept their eye on the ball and things have gone to pot," and "The staff at the [supporting home] came in and were quite military." However, staff could now see some changes had benefited people. They told us, "I would tell [Deputy manager] if I had any problems, they are approachable," and "I feel that things are getting better." The deputy manager told us they felt supported in their own role.

Staff had formal opportunities to meet at team meetings and in one to one meetings. One of the supporting

managers had started to complete one to one supervision meetings with staff and the deputy manager was now going to continue with these. There had been minimal records completed for these meetings previously. A staff meeting had been held in May 2016 where staff had been given an opportunity to discuss any issues and another meeting was being held at the end of July 2016. A meeting for kitchen staff had taken place the previous day.

One of the supporting managers had been completing some staff observations so they were able to feedback to staff any issues or concerns. The supporting manager told us any concerns about staff practice had also been addressed by the deputy manager.

Appraisal meetings gave staff the opportunity to review their roles, and look at their training needs and goals. These had also been completed by the supporting management team.

Questionnaires had been sent out in January 2016 to obtain some feedback about the service. Positive comments included, 'Staff are there when I need them.' We saw that issues had been raised which included concerns with the laundry and another person had asked to have a bigger room. We were unable to see what had been done in response to these comments. The deputy manager told us the issues raised about the laundry had been addressed and the person had moved into another bigger room, however this had not been recorded.

Relatives meetings took place, but had been infrequent and the minutes were unavailable. However, we were aware changes had been made in response to feedback. For example, some people had been struggling to pull themselves near enough to the dining table to eat. Adaptations had been made to the dining chairs to make this easier for people.

A visit had been received from the local authority commissioning team in December 2015 and they had made some recommendations that falls should be referred to the local authority safeguarding team and they identified that there were some contradictions in care plans.

The management team understood their responsibilities and the requirements of the provider's registration. They were able to tell us what notifications they were required to send us, such as changes in management, safeguarding and serious injuries. It is a legal requirement for the provider to display their ratings so that people are able to see these, and we saw these were displayed correctly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. Risks were not assessed and steps were not taken to do what is reasonably practicable to mitigate these risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively. The quality and safety of the service was not assessed or monitored. An accurate and complete record of each service user, their care and treatment was not maintained.