

Anchor Carehomes Limited

Oakwood Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Oakwood Grange on 9 and 25 January 2018.

Oakwood Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Oakwood Grange is registered to provide residential accommodation for older people, including those with dementia, for up to 60 people. Oakwood Grange accommodates people over two floors with lift access. On day one of our inspection there were 56 people living at Oakwood Grange. On day two this had increased to 59.

At the time of our inspection the manager was registered with the CQC and they were present on both days of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we found breaches of the regulations concerning the premises and consent to care. At this inspection we found some improvements had been made, although we identified concerns regarding cleaning of showerheads and thorough examinations of slings used for moving and handling transfers.

Records of mental capacity assessments, Deprivation of Liberty Safeguards (DoLS) and Power of Attorney had improved since our last inspection, although we recommend the registered provider look at further developing decision specific mental capacity assessments. Staff were aware of the importance of gaining consent to care and knew what to do if people refused care. We saw people being offered choice in their daily routines.

Staff told us the registered manager was approachable and listened to their concerns. Quality management systems were in place and found to be mostly effective, although concerns relating to ongoing maintenance had not been identified.

We looked at the management of medicines which included storage and administration and found this was mostly well managed. However, records relating to the use of topical creams required improvement.

People and relatives provided mixed feedback about staffing levels. The registered provider had calculated the number of staffing hours required to meet people's needs and this was reviewed on a monthly basis. Rotas showed shifts had the number of staff identified through the registered provider's dependency tool. However, not all day shifts had two team leaders which the registered manager was addressing through a recruitment process.

Risks to individuals had been identified and assessed and people told us they felt safe living at this service.

Staff had received safeguarding training and knew how to identify types of abuse and how to report this. Personal emergency evacuation plans were in place. These were updated in response to our feedback regarding adding the number of staff required to assist people. Recruitment processes were found to be safely managed.

People gave us mixed feedback about the quality of meals provided. One person reported they had not received their breakfast a few days prior to our inspection. On day one of our inspection the breakfast service ran late which meant people may not have had time to regain their appetite in time for lunch.

People were supported to access healthcare in a timely way and visiting health professionals were complimentary about Oakwood Grange and the staff.

Assistive equipment was in place to support people to maintain their independence, although limited evidence of meeting the accessible information standard was available at the time of our inspection.

Care plans were found to be person-centred and contained sufficient guidance for staff to follow. People's religious and cultural needs were taken into account when care plans were written. Care plans were reviewed on a regular basis. We observed warm interactions between people and staff during our inspection and found people and their relatives were complimentary about staff. Staff were able to describe how they maintained people's privacy and dignity and people told us this happened in practice.

One family told us they had been restricted in visiting their family member due to an infection control outbreak at this service. The registered manager had taken appropriate action in response to this matter. Responses to complaints were not always submitted within timescales identified by the registered provider, although we found evidence of investigations and responses.

Activities were taking place at the time of our inspection. We saw records of activities which showed people's involvement and external entertainers visited.

People told us they felt safe living at the home and said they were supported by suitably skilled staff. Staff receiving training and formal support through regular supervision, although we saw the recording of this needed to emphasise training needs and personal development.

We found a single breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this 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?

People told us they felt safe. Staff were able to identify types of abuse and knew to report this. Staffing levels were sufficient to meet people's needs, although two team leaders were not on always on day shifts.

Medicines were mostly well managed, although topical creams required more robust recording.

Individual risks to people had been appropriately assessed, although maintenance of showerheads and slings had not been carried out.

Requires Improvement 

Is the service effective?

The service was not always effective.

Improvements had been made in the recording of mental capacity assessments, Deprivation of Liberty Safeguards and Power of Attorney.

People were supported by staff to access healthcare. People had a mixed mealtime experience. Adaptions had been made to the home to make it dementia friendly.

Staff received ongoing support through a programme of supervision and training, although supervision records required strengthening.

Requires Improvement 

Is the service caring?

The service was caring.

People, relatives and visiting health professionals spoke positively about the quality of care people received. Staff were seen to be warm in their interactions with people.

Dementia 'champions' had introduced initiatives which improved the experience for people living with dementia.

Staff knew how to protect people's privacy and dignity and we saw this in practice.

Good 

Is the service responsive?

Good 

The service was responsive.

Care plans were person-centred and contained sufficient guidance for staff to follow.

A programme of activities was taking place which included external entertainers.

Complaints were managed appropriately, although on occasions responses fell outside the stated timescales.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Quality management systems were mostly effective, although these had not identified concerns regarding maintenance.

People and their families were given opportunities to provide feedback regarding the service they received and the registered manager responded to this.

Communication was effective through staff meetings. Links with a number of local groups had been made to support partnership working.

Oakwood Grange

Detailed findings

Background to this inspection

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

We carried out this inspection on 9 and 25 January 2018. Both days of our inspection were unannounced. On day one of our inspection the team consisted of two adult social care inspectors and two experts-by-experience who both had a background in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two of our inspection, one adult social care inspector was on site.

We spoke with 21 people who lived in the home as well as six relatives and two health professionals who were visiting at the time of our inspection. We also spoke with the district manager, registered manager, head of care and six members of staff. We observed care interactions in communal areas of the home. We spent some time looking at documents and records relating to people's care and the management of the service. We looked at six people's care plans.

Before the inspection, the registered provider had 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.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also reviewed information we had received from third parties and other agencies, including the safeguarding and commissioning teams of the local authority as well as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

Is the service safe?

Our findings

At our last inspection we identified a lack of action in response to a fire safety risk assessment which meant the registered provider breached the regulations. At this inspection we found actions relating to the updated fire safety risk assessment had been completed.

We looked at maintenance records and found showerheads were not being routinely cleaned. The staff member responsible for maintenance told us they believed domestic staff should have been undertaking this task. Guidance from the Health and Safety Executive (HSE) states these checks should be carried out quarterly. Following our inspection the registered manager sent us an action plan which showed all showerheads had been thoroughly cleaned and they confirmed this would continue to happen regularly.

On the first day of our inspection, we asked to see records of LOLER testing for slings which are required to be thoroughly examined every six months. At this time there was no evidence to show these checks had been carried out to ensure this equipment was safe to use to transfer people. We discussed this with the registered manager and on day two of our inspection we saw 15 slings had been thoroughly examined and certification was in place.

We concluded this was a breach of regulation 15 (Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Certification for electrical wiring and gas safety was found to be up to date. We found the premises were clean and there were no malodours present.

We found personal emergency evacuation plans were in place which gave staff information about the resources they would need to assist people in an emergency situation. However, this did not include the number of staff needed which we discussed with the registered manager who added this detail during the inspection.

Fire safety checks were routinely completed which included testing of extinguishers, emergency lighting, fire doors and alarm call points. We also saw evidence of three fire drills being carried out in November 2017. One staff member told us they had asked for more guidance around fire safety and they confirmed they received this support. We found they had sufficient knowledge of what to do in the event of a fire.

The care records we looked at showed risks to people's safety had been appropriately assessed. Where needed, steps had been put in place for staff to follow to assist them in maintaining people's safety, for example when someone required lifting using a hoist, two staff were always present. We observed staff were patient with people when encouraging them to mobilise around the home, enabling them to move at their own pace without rushing them. We saw that when an accident had happened, for example if someone fell, measures were put in place to reduce future risks. This meant risks to people's safety were reduced.

We asked staff whether thermometers were available for them to check water temperatures before people

bathed and found these were not available. However, care records showed water temperatures were being recorded before people showered. Following our inspection the registered manager confirmed receipt of a new stock of thermometers.

People we spoke with told us they felt safe living at this service. One person said, "Of course I do." Another person commented, "I feel safe, I don't (need to) lock the door."

Staff we spoke with had received safeguarding training and knew how to identify abuse and how they would report this. One staff member gave an example of how they would respond to a person telling them they had been harmed. They said, "I would listen to everything they tell me and report it to my manager." Staff we spoke with knew about whistleblowing and how to do this. 'Whistleblowing' is when a worker reports suspected wrongdoing in the workplace.

We looked at safeguarding records and saw appropriate action had taken place in response to allegations of abuse and records relating to this were clear. The registered provider had an effective disciplinary process which meant steps had been taken to protect people from the risk of receiving unsafe care.

People we spoke with gave us mixed feedback regarding staffing levels. One person said, "I know they'll come straight away if I need them, they're good". Another person told us, "They're short staffed because I can tell by the numbers." A visiting health professional told us, "Sometimes I don't think there is enough staff."

A person who chose to stay in their own room showed us they had access to a call bell. They told us all they needed to do was press for assistance and staff came. One relative said when people needed the toilet the staff always responded straight away. The registered manager told us the system to measure call bell response times had been reported as faulty. They told us they carried out spot checks and noted it typically took between two and two and a half minutes for staff to respond to people using their call bell to request assistance. On the second day of our inspection a call bell was sounded at 09:07 and was answered at 09:17. At this time the registered manager was present with us and aware of this.

The registered manager reviewed staffing levels on a monthly basis using a tool which considered people's dependency levels. We looked at staff rotas for a two week period relating to day shifts and a four week period for night shifts. We saw both shifts were routinely covered with the numbers of staff needed as described by the registered manager and shown in their dependency tool. However, due to staff vacancies we saw day shifts were not always covered with two team leaders which we discussed with the registered manager who said this was due to staff vacancies which they were actively recruiting to.

One staff member said, "I think there could be more." Another staff member told us they felt there were not enough staff members on the first floor where people's dependency levels were higher. We discussed deployment of staff with the registered manager who told us they would review this.

We looked at the management of topical creams and found the recording was not always robust. For example, several topical medication administration records (TMARs) did not contain highlighted areas to show staff where to apply the cream. TMARs for prescribed items which had been discontinued were still on file. We spoke with the registered manager about this who showed us medicine audits had already identified this concern. They said team leaders would complete a daily checklist to ensure topical creams had been administered and recorded correctly. The registered provider's PIR stated 'Team leaders are to be given more training and supervisions around leading an effective team which will then ensure that our service is safer'.

We observed staff administer medicines and saw they were patient and ensured people had the time they needed to take all of their medicines. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs). These were used to record when people took or declined their medicines and showed the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP.

There were processes in place to protect people when 'as required' (PRN) medicines were administered. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff observing these when they administered PRN medicines.

Medicines were stored securely in lockable trolleys and a refrigerator within a locked room. The temperature of storage areas and refrigerators was monitored daily and records showed they were within an acceptable range. This ensured medicines remained effective. Monthly audits and regular observations were carried out by members of the management team to ensure medicines were being managed safely and to identify any action required. Staff responsible for the administration of medicines had received this training and also had their competency checked.

We looked at the registered provider's response to a medication error which had occurred prior to our inspection. We saw appropriate action had been taken as additional training and a medication competency check had taken place to ensure the staff member responsible was safely able to administer medicines. At a staff meeting in May 2017, staff carried out an exercise where they dealt with 'niggles' which relatives might experience to give them perspective of being a family member. These examples meant the registered provider looked for opportunities for lessons to be learned in to response to specific incidents.

Recruitment and selection processes were in place to ensure suitable staff were employed. We looked at the recruitment procedures followed for three members of staff and found before staff were employed references were taken from the last employer and checks were made with the Disclosure and Barring Service. The DBS is a national agency that holds information about criminal records which helps employers make safer recruitment decisions.

Is the service effective?

Our findings

At our last inspection there was a lack of evidence of mental capacity assessments as well as a lack of clarity around arrangements for recording power of attorney. Applications to lawfully restrict people of their liberty had not been submitted to the local authority and best interest decisions were not recorded. At this inspection we saw some improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

We saw mental capacity assessments for people which related to consent to care and treatment were in place. Where people did not have the capacity to consent to the administration of medicines we did not see mental capacity assessments for this. We discussed this with the registered manager and district manager and following our inspection they confirmed they had put these in place. We saw evidence of best interest decisions which related to people living at Oakwood Grange and where possible, family members and other representatives had been involved in these decisions.

We looked at a central log of authorised DoLS and saw this was well managed. All authorisations were in date and where they were due to expire, the registered manager had submitted renewal applications to the local authority. Since our last inspection, the registered provider had contacted relatives to establish where they held lasting power of attorney for their family members health and welfare as well as finances. We saw clear records for this.

We recommend the registered manager and district manager look at further developing decision specific mental capacity assessments.

Staff we spoke with demonstrated their understanding of the importance of assuming people had capacity and ensuring people consented to care before this was provided. One staff member said, "If they've got capacity, it's their decision. We can't make big decisions for people." Staff were also able to describe appropriate action they would take where people refused care. One staff member said they would try to encourage people and a second staff member said, "If it's a recurring thing, you'd have to report it."

During our inspection we saw staff routinely offered people choices. One person said, "They ask me what I'd like for dinners. The food's perfect." We overheard a staff member ask one person, "[Name] are you ready to go to your hairdresser appointment?" This meant people were offered choice and staff routinely asked for consent to provide care.

We spoke with people who gave us mixed feedback regarding the quality of the meals they received. Comments included, "Food is not always good, I could pick spots off them" and "It is always good here, we have good meals."

At breakfast time we observed people being offered hot and cold options. We were concerned some people were finishing their breakfast at 11.30am and lunch was served at 12.30pm. This meant people did not have enough time between meals to regain their appetite. However, on the second day of our inspection we saw there was adequate time between meals being served. One person told us they did not receive a breakfast the weekend before our inspection commenced. We discussed this with the registered manager who told us they would investigate this.

We observed the lunchtime experience on both floors and saw as people were seated at the dining tables staff introduced them to each other which considered the needs of people living with dementia. Staff used 'show plates' at mealtimes which meant people were able to see and smell the food on offer. This is helpful for people living with dementia who may find it difficult choosing from a menu as they may not be able to understand what is on offer. Staff told us they explained meal options for people living with sight loss to ensure they had access to this information. People who required assistance to eat their meals were well supported by staff who were discreet and respectful. On the first floor we saw lunch was nicely presented and the food served appeared appetising. However, there were no napkins and green paper towels were on the tables instead. We also saw there were no condiments on the tables. This meant there was a difference in practice between the two floors.

At the end of the mealtime staff asked people whether they had enjoyed what they had eaten. The registered manager said a food survey had just been sent out and they would be holding taster evenings for people to sample foods and express their preferences. This meant people were asked for feedback in order to influence menu choices.

One staff member told us, "We're prompting all the time for drinks." We saw drinks being served by staff and a 'snack station' for people to help themselves to drinks and snacks, including fresh fruit, was also available. Drinks were requested by various people during the morning and these were given.

We looked at weight records and found the majority of people maintained or gained weight. In instances where people had sustained weight loss, we could see action had been taken, although we identified one person who had lost weight and found a lack of action in response to this. The registered manager told us they would immediately contact the GP to request a referral to the dietician.

The majority of people we spoke with said staff were very good and they had the appropriate skills and knowledge to provide effective care.

Mandatory staff training was provided in areas such as safeguarding, health and safety, moving and handling, fire safety and dementia care. Training records we looked at showed high levels of completion which meant staff were given support to be able to carry out their jobs safely. We found six members of staff had completed dementia 'champion' training in 2017 with a further eight members of staff booked on this course for February 2018. A champion is regarded as a person who has a specialism in a specific area and

would be able to encourage best practice amongst the staff team. This meant staff received specialised training relevant to the needs of people living at the home.

We looked at supervision records and found these were task focused and did not contain evidence of discussions relating to staff training needs and personal development. However, a staff member we spoke with said they routinely discussed this as part of their supervision. We discussed recording of supervision with the registered manager and district manager who said they would include this detail in future records. We saw some evidence of staff appraisals. The registered manager told us all staff would receive an annual appraisal by March 2018.

The registered provider had arranged an informal chat with afternoon tea for people from the Barnsley dementia support service. We also saw Oakwood Grange had worked with the Salvation Army as part of an open day in June 2017 and this arrangement had continued. This demonstrated good examples of partnership working.

During our inspection we spoke with people and relatives as well as looking at care records, regarding access to healthcare. We found people's healthcare needs were being met by a number of professionals who regularly visited the home. A visiting health professional told us referrals made by staff to their service were always promptly made. They said, "There's always an understandable need (for making a referral)." A second health professional added staff were familiar with people's healthcare needs and said staff were good at following their guidance. Staff told us they worked with a number of health professionals, which included GPs, district nurses, chiropodists and dieticians. We saw confirmation of this in the care records we looked at. On the first day of our inspection one person had a fall at lunchtime. We saw staff responded appropriately which included contacting emergency services for an ambulance and provided reassurance to the person who had fallen.

On the floor for people living with dementia, we saw a number of adaptations had been made to the design and decoration of the service. We saw areas of the home had been themed, for example, an inside garden with a garden bench and a seaside theme. One part of the home had wallpaper which resembled the shop frontage for a post office. A washing line on one corridor meant people could hang up items of clothing. We saw a dementia friendly jigsaw and car cleaning kit which encouraged people living with dementia to maintain their hobbies and interests.

We saw people's rooms had their names on the door, room number and pictures to help them locate their room. The registered manager told us they wanted to have uniquely coloured doors for people's rooms which they expected to have completed by April 2018. Contrast of colour can help people living with dementia to have a better experience of navigating through their living environment. The registered manager also said they would have dementia friendly signage in place within the same timescale.

The registered provider made use of technology for some safety equipment, such as sensor mats. These can be effective at alerting staff to people's movements, which can help staff to keep people safe. Following our inspection the registered manager informed us an electronic 'tablet' was available with internet access so anyone wishing to access the internet or Skype would be able to do so. This meant people would be able to more easily maintain contact with family members who did not live locally.

Is the service caring?

Our findings

People we spoke with told us staff were kind and attentive to their care needs. People's comments included; "I only have to ask for anything and the staff fetch it", "I am being well looked after. They are looking after me. I can't complain", "The staff are good and take care of me", "The staff are all friendly and "They come in in the morning and ask if we are alright." One relative told us, "I come two or three times a week and can see staff chatting with people. They are keen to help ensure [relative] is settled and calm."

One person we spoke with told us staff had supported them to mobilise and use their zimmer frame independently which they had not been able to do for some time. They told us, "I've got my independence."

A visiting health professional told us, "Staff are always caring and cheerful. I never see people in here in any pain. People are well cared for." A second health professional said, "They're really nice with the people. They speak to them lovely."

We observed positive interactions between staff and people throughout our inspection. We overheard a member of staff knocking on the door before entering a person's room. They greeted the person saying, "Good morning [name], how are you, Sir? How are you feeling today?" During the morning we saw one person was greeted warmly as a staff member asked the person, "Would you like to sit at the table for a cup of tea and some breakfast?" Another staff member who responded to a person who had been to the hairdressers said, "Oh you look lovely." One staff member told us, "I strive to do my best."

Staff were heard to speak with people in a kindly, friendly manner at all times, they referred to people by name and demonstrated they were familiar with people's care needs and their preferences. We observed one person in a lounge area whose behaviour was challenging and saw staff act in a kindly and professional manner, they remained cheerful as they helped meet this person's needs. We observed a person being hoisted safely and saw staff explained what they were doing to provide reassurance to the person who was offered options of where to sit.

People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People's rooms were person-centred and we saw evidence of people being able to choose how they wanted their room furnished.

We spoke with a dementia champion who told us they had been involved in bringing in 'life dolls' for people living with dementia which helps to relieve distress and anxiety. When a person was having their lunch a staff member tenderly carried their 'baby' and placed it carefully in the moses basket and covered it up showing a great deal of respect for the persons feelings.

The dementia champion told us they had also put up a washing line on one corridor, so people could hang up clothes and noted people were enabled to participate in the running of the home to maintain their daily living skills. We saw one person who appeared confused was asked by staff if they wanted to help with washing up which they happily agreed to do. The registered manager told us people were encouraged to set

tables before mealtimes.

During our inspection we saw staff knocking on people's doors and waiting to be invited in their room. Staff told us they protected people's privacy and dignity and ensured this was maintained by closing curtains, covering people where possible and locking doors when providing personal care. We looked at the door lock on one of the communal bathrooms on the first floor and saw this had been fitted on the outside of the door. This meant people passing the bathroom could unintentionally lock someone in the bathroom. This also meant privacy and dignity could not be ensured if people were being assisted to have a bath as the room could not be locked from the inside. Following our inspection the registered manager confirmed the lock had been fitted to the correct side of the door.

We saw feedback from a visiting professional which stated 'I would like to say that your care plans and risk assessments are excellent. The care plans are very person centred and informative. Also the work you are doing with people suffering dementia is a credit to you and your team. The staff are very friendly and show a lot of compassion and respect to the residents'.

Staff consistently told us they would recommend Oakwood Grange as a place to live. A visiting health professional told us they would use Oakwood Grange if their relative needed residential care.

We saw evidence of involvement of people and relatives in setting up life histories and recording of their preferences, such as dietary needs which meant they were involved in their care planning. Care plans were reviewed regularly, and if a person's needs changed between routine updates, their care planning records were updated to take account of these changes to ensure that their needs continued to be met.

Is the service responsive?

Our findings

Information about people's care needs were provided to staff in care plans. The registered manager ensured people's individual care and support needs were assessed before they moved to the home and each care plan we looked at had been developed from the assessment of the person's identified needs. We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidance for staff regarding how they wanted their personal care and support provided. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

Care plans contained a section titled 'My beliefs, religious and cultural needs' which meant where people held religious beliefs, this was recorded and staff could support people in this respect. We saw staff referring to the care plans and making notes in the care records during our inspection.

One relative told us the entertainment provided was good. They told us people went outside during the summer and we saw photographic evidence of this as well as people participating in arts and crafts sessions. We saw 'dementia dogs' had visited Oakwood Grange in November 2017. Dementia dogs are specially trained to show empathy to those around them.

The registered provider did not have an appointed activities coordinator as staff provided activities as part of their role. One staff member told us, "If there's anything happening, it's always offered (to people)." Another staff member said, "I'd like to have more time for activities." We saw an activities planner listed events such as sing-along, word association and reminiscence.

On the first day of our inspection, games were being played in the lounge with staff explaining the rules of snakes and ladders. In the afternoon an exercise session took place which was well attended. We looked at individual records relating to the provision of activities and found these showed what people had participated in and their level of enjoyment. During our inspection we saw evidence of staff spending time with people in their own rooms.

Oakwood Grange had a pub where people living at this service met to socialise and have an alcoholic or non-alcoholic drink.

People we spoke with told us they had no reason to make a complaint. One relative told us they knew they could approach the registered manager with any concerns. We saw information on how to complain was available within the service.

We looked at complaint records and saw these were managed satisfactorily, although on occasions the response times to complaints had fallen outside the 10 days stated within the registered provider's complaints policy. We found the majority of complaints had a full history concerning the nature of the complaint, how this was dealt with and an outcome.

We saw evidence in care plans which demonstrated people were consulted about their end of life wishes and it was noted where people preferred not to have these discussions.

We looked at how information was provided and shared with people. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand and any communication support they need.

We spoke with the registered manager about meeting the needs of a person who had communication difficulties. Following our inspection the registered manager contacted us to say they had looked at different methods and with the person's involvement they had downloaded an 'app' on the electronic tablet to assist with communication. They also said their care plan had been re-written and the information passed onto the staff through the daily handovers.

Is the service well-led?

Our findings

The home had a registered manager in post, who had been registered with the Care Quality Commission (CQC) to manage the home since July 2017.

The registered provider had a number of systems in place which demonstrated their oversight, although we found a lack of awareness regarding the cleaning of showerheads and thorough examinations of slings. The recording of supervisions needed to contain further detail regarding staff training and personal development. Mental capacity assessments relating to the administration of medicines were not in place at the time of our inspection. This meant we have rated this key area as requires improvement.

We spoke with one relative who told us another relative of their family member had been prevented by staff from visiting due to an infection control outbreak. This was discussed with the registered manager who told us there had been a misunderstanding and that visitors should still have been able to enter the home during this time. They told us they had met with the person and a family member to apologise for this oversight.

Staff we spoke with told us the registered manager was approachable and listened to them. One staff member told us, "She is very approachable. She is trying so hard to get things in the right direction." Another staff member said, "I think she is respected. She is approachable." A third staff member told us, "I think it's loads better. Now I feel you can go to people (with concerns)." A visiting health professional said, "I get on great with [registered manager]. They are very helpful if I need them for anything." Another visiting health professional who commented on improvements at Oakwood Grange told us, "It's at its most efficient and cooperative."

We looked at a range of audits carried out which included medication, infection control, care plans and mattresses. Where actions were identified there was evidence to show these points had been followed up. We looked at the weight audit which showed weights were monitored from month to month with weight loss and gain recorded. This did not demonstrate trends and patterns in people's weight loss over a period of greater than one month. Following our inspection the registered manager confirmed a weight tracker had been created which monitored people's weights over a six month period. We saw a record of accidents and incidents which looked for themes and trends where people experienced, for example, more than one fall. This demonstrated action was taken in response to these events.

We looked at the registered provider's oversight of this service and saw internal inspections had been carried out which showed improvements had been made. A service action plan was in place which showed, for example, concerns we saw regarding the management of topical creams had already been identified in December 2017. The district manager also completed a monthly visit record which looked at a number of areas which included using the CQCs five key questions to measure the quality of the service provided.

Notifications had been sent by the registered manager to CQC as required by legislation. However, we found one incident relating to pressure care which had not been reported. Following our inspection the registered manager submitted this notification.

We saw a display in the entrance area which gave the results of a survey carried out in September 2017. We saw action had been taken in response to feedback. For example, people had asked for more entertainers and we saw feedback which stated 'We have had entertainers come during the evening and will plan more. In response to other feedback where people had asked for a fresh supply of books, a mobile library visited the home to provide new reading material.

We found a dementia awareness course had been held in 2017 for families of people living with dementia. This meant information was shared with families to help them understand how this condition can affect people. We spoke with the registered manager regarding other services in the local area which they engaged with and found they worked in partnership with, for example, local schools, brownies and the Salvation Army who visited regularly. We were also made aware of 'Spare Chair Sunday' which was a scheme inviting people from the local community who were at risk of loneliness to visit the home and have lunch and enjoy companionship.

We looked at the storage arrangements for care records and found these were not secure. Following our inspection the registered manager told us a memo had been displayed for all staff to remind them to lock the care plan cupboards. They also said they were looking into purchasing key pads to maintain security of this information.

We saw evidence of regular staff meetings which had been carried out throughout 2017. The registered manager told us there had been a culture of staff not attending, although this had been dealt with and we saw attendance had improved. A staff meeting held in January 2018 reflected the areas of discussion at a resident and relative meeting held earlier in the same week. This meant actions were communicated in the staff meeting and there was evidence of appropriate action being taken.

We attended a '10 at 10' meeting which was a daily weekday meeting for department heads to meet and discuss key issues which other staff need to be aware of. We found this was an effective communication tool. The meeting was held in the dining room to ensure there was enough space. The registered manager and department heads were careful to ensure there were no people or relatives present in the room at the time of the meeting which meant confidentiality was respected.

We saw examples of care support observation records which were spot checks carried out to check the quality of care provided by staff. These were detailed checks and when we spoke with a staff member, they confirmed they had received feedback regarding their performance following a spot check.

Where we found concerns during our inspection and fed this back to the district manager and area manager, we found they responded promptly and took action to put the appropriate measures in place.

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 15 HSCA RA Regulations 2014 Premises and equipment Cleaning of showerheads and thorough examinations of slings (LOLER) were not taking place.