

Ultima Care Centres (No 1) Limited

Ormesby Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ormesby Grange Care Home is a residential nursing home providing personal and nursing care to older people and people living with a dementia. It accommodates up to 116 people across three units in one purpose-built building. There were 48 people using the service when we visited.

People's experience of using this service and what we found

People and relatives spoke positively about the care and support provided by staff. People were treated with dignity and respect.

Medicines were managed safely. Risks to people were assessed and addressed. Staffing levels were monitored to ensure people received safe support.

People received effective help with eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received regular training, supervision and appraisal.

People were supported to access activities they enjoyed. Staff provided person-centred care and were knowledgeable about how to communicate with people effectively.

Staff spoke positively about the leadership of the registered manager, and the service's culture and values. Feedback was sought and acted on. The service worked in effective partnership with external professionals and agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 8 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ormesby Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector, specialist advisor nurse and specialist advisor pharmacist carried out this inspection.

Service and service type

Ormesby Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with three people who used the service and two relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with an external professional who was visiting the service.

We spoke with 11 members of staff, including the registered manager, clinical, care, kitchen and maintenance staff. We reviewed a range of records. This included five people's care records and 30 medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Medicine administration records were completed accurately and without unexplained gaps.
- Medicines were safely and securely stored.
- Staff received training to ensure they had the knowledge and skills needed to manage medicines safely.

Assessing risk, safety monitoring and management

- Risks were assessed and plans put in place to manage them. These were regularly reviewed to ensure people were safe.
- Regular tests of the premises and equipment took place to ensure they were safe to use. Required safety certificates were in place.
- Systems were in place to keep people safe in emergencies. The provider had a contingency plan to manage people's care in situations where the service was disrupted.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had.
- Where issues had been raised, records showed they were appropriately investigated and reported to safeguarding authorities.

Preventing and controlling infection

- The provider had effective infection control systems. Staff received infection control training and made appropriate use of gloves and aprons.
- The service was clean and tidy. Domestic staff told us they had all the resources needed to ensure this.

Learning lessons when things go wrong

- Accidents and incidents were monitored to see if improvements could be made to keep people safe. Records showed how lessons had been learned and shared with staff.

Staffing and recruitment

- Staffing levels were monitored to ensure people received safe care.
- People, relatives and staff spoke positively about staffing levels at the service. One person said, "There's always someone around to have a natter with."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included seeking written references and Disclosure and Barring Service checks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we saw people on one of the units had a poor dining experience. There was a delay in some people receiving meals, which were not always hot.

At this inspection improvements had been made to people's dining experience.

- People received effective support with eating and drinking. Menus reflected people's dietary needs and preferences. These included any specialist diets people had.
- Mealtimes were well organised, and people received their food promptly.
- People and relatives spoke positively about food at the service. One person said, "The food here is good."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure appropriate records on people's mental capacity and best interest decisions were in place.

At this inspection improvements had been made to records on people's capacity and best interest decisions.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA and applied these when supporting people. This included giving people as much involvement in making decisions as possible.
- Where people lacked capacity to make decisions for themselves, best interest decisions were taken and appropriately recorded.
- DoLS were appropriately applied for and monitored.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they started using the service to ensure it was appropriate for them. These involved people, relatives and external professionals.
- Staff worked with external professionals to ensure people received effective support. One external professional told us, "Staff knowledge of people here is incredible."
- Systems were in place to ensure people received effective support if they had to transfer from the service, for example into hospital.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills needed to support people. One member of staff said, "We get updates regularly."
- Newly recruited staff completed the provider's induction process before supporting people. This included meeting people and reviewing policies and procedures.
- Staff were supported with supervisions and appraisals. One member of staff told us, "We get a chance to raise anything we want to, it's not just a one-sided thing."

Adapting service, design, decoration to meet people's needs

- The premises were adapted for the comfort and convenience of people living there. Appropriate signage and decoration was in place to help people navigate around the building.
- People's rooms were customised to reflect their own tastes and preferences. A relative told us, "They decorated her room for her here, did everything for us. The handyman was so helpful."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. We observed numerous examples of kind and caring support being delivered.
- People spoke positively about the support staff delivered. One person said, "They care in here. The staff care."
- Relatives told us staff were caring and kind. One relative said, "The most important thing is the staff and the care, I can't speak highly enough of it."
- People were valued as individuals and supported to live as full a life as possible. This included maintaining relationships and social networks of importance to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff respected people's choices and protected their privacy when delivering support.
- Staff had close and friendly but professional relationships with the people they supported.
- People were supported to maintain and increase their independence. This included supporting people to safely access local amenities and services on their own.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. Where people were unable to do this, relatives were encouraged to help make their voices heard.
- Feedback was sought and acted on. This included informal chats with staff and feedback questionnaires.
- People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we saw people were not effectively supported to take part in activities they enjoyed. At this inspection improvements had been made to activities provision.

- People were supported to access activities based on their hobbies and preferences. These were regularly reviewed to ensure people were engaged and interested in them.
- During the inspection we saw staff encouraging people to take part in their activities, but respecting their choices if they declined. Activity packs were available for people who preferred spending time in their rooms.
- We received positive feedback on activities at the service. A relative said, "They really seem to try."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans described appropriate methods of communication to help ensure their voice was heard, for example by using picture boards. We saw staff communicating effectively with people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support based on their assessed needs and preferences. Care plans reinforced the need to involve people in decisions about their care and to promote their independence.
- People were involved in planning and reviewing their care. A relative told us, "We were involved in doing the care plan and setting across [named person's] preferences."
- Systems were in place to ensure updates on people were handed over to staff at the beginning and end of shifts. We spoke with the registered manager about how records of handovers could be improved, and they said changes would be made.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. This included reviewing whether improvements were needed and sending outcomes to those involved.

End of life care and support

- Systems were in place to provide end of life care. End of life care plans were in place where needed.
- The service had received numerous compliments from relatives of people who had received end of life care. These praised staff for their kindness and compassion.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff spoke positively about the leadership provided by the registered manager and the improvements they had made at the service. One member of staff said, "It's (the service) miles better at the minute."
- The registered manager and provider monitored and improved standards using a range of quality assurance audits. Action was taken where these identified issues.
- The provider and registered manager had submitted required notifications in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives and staff said the service had a positive and open culture. One member of staff told us, "I think it's friendly. Management are approachable. It's nice and a lovely bunch of people."
- People said they were happy living at the service, and relatives said they achieved good outcomes there.
- The registered manager and staff had good communication with people and relatives. A relative told us, "I'm given regular updates on things."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were encouraged to share their views on the service, and said they felt involved.
- Meetings and feedback questionnaires were used to obtain feedback from people, relatives and staff. Updates were given on any issues raised.

Continuous learning and improving care; Working in partnership with others

- The service had effective partnerships with external professionals and agencies to monitor and promote people's health and wellbeing. One external professional said, "The staff are excellent."
- Staff accessed external training and resources to ensure they were familiar with the latest guidance and best practice.