Ogwell Grange Limited

Ogwell Grange Residential Care Home

Inspection report

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Date of inspection visit: 26 and 27 October 2015
Date of publication: 17/12/2015

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

Overall summary

Ogwell Grange provides personal care for a maximum of twenty people. Nursing care is not provided. People access health services through the local community health teams.

The home had a registered manager. 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.

This inspection took place on 26 and 27 October 2015 and the first day was unannounced. There were 20 people living in the home at the time of the inspection.

Summary of findings

People had a range of needs including those who were physically frail and those who were living with dementia. The service was last inspected in October 2014 and was compliant with the regulations relevant at the time.

Since the previous inspection two concerns had been raised with the local authority's safeguarding team over the welfare of people living in the home. The first related to a delay in the home contacting the community nursing team for advice. The second was received shortly before this inspection and raised concerns about how people with restricted mobility were supported and whether staff had the equipment they needed to assist people safely. The safeguarding team confirmed an occupational therapist would be visiting the home to discuss people's needs and provide safe practice guidance for staff.

People and their relatives told us they saw their GP and or the community nursing service promptly when they needed to. The health care professionals we spoke with prior to and following this inspection confirmed people's needs were being met. However, they felt the home needed to seek advice more promptly regarding people's moving and transferring needs and the necessary equipment to keep people and staff safe.

During this inspection we found improvements were required in the way the home manages people's medicines. Some changes had been made to people's medication administration records (MAR). The date these changes had been made and the GP who made the changes had not been identified on the MAR, although some changes had been recorded in people's care notes. Ssome medicines no longer in use had not been disposed of.

Staff were knowledgeable about the people they supported. People were able to express their views and were involved in making decisions about their care and support. However, people's care plans did not contain the same level of detail as described by staff. The plans did not record what the person could do for themselves and how staff should assist them.

People told us they felt safe living at the home. For people who were not able to tell us, we observed how staff interacted with them. We saw people enjoying physical contact from staff and they were smiling and taking hold of staff's hands, indicating they felt safe in the staff's company. People and their relatives told us staff were skilled to meet people's needs and spoke positively about the care and support provided. They told us the staff were always kind and caring. One person said "I've been here for five years and it's very nice. I love it here." One relative said, "this is the best care home" and another said "I can't find fault, it's excellent." People told us staff treated them with respect and dignity when providing personal care. Throughout our observations there were positive interactions between staff and people. Staff demonstrated empathy and compassion for the people they supported. They told us they enjoyed working at the home. One staff member said, "it means so much to me to care for people well, to see them smile."

There were enough staff on duty to meet people's needs. We saw staff sitting and talking to people and supporting them to be involved in activities. Staff told us they were very well supported in their role and they received regular training as well as supervision and appraisals of their work performance. Robust recruitment practices ensured, as far as possible, only suitable staff were employed at the home. Newly employed staff members were required to work alongside experienced staff and to undertake induction training until they and the registered manager felt they were competent to work unsupervised.

Staff were knowledgeable about safeguarding people from abuse and had an understanding of people's rights under the Mental Capacity Act 2005. Staff knew how and to whom to report any concerns they may have. Where accidents and incidents had taken place, the registered manager reviewed how these had come about to ensure risks were minimised. Some people's freedom to leave the home was restricted to maintain their safety. Where this was the case, the home had made application to the local authority to do this legally.

People told us they enjoyed the meals provided by the home and they could have drinks and snacks whenever they wished. People who were at risk of not eating enough to maintain their health had been referred to their GP and advice sought from a dietician. Their daily food intake was monitored and they were reviewed regularly.

People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visiting times were not restricted; people were welcome at any time. One person told us, "my daughter can come at any time, and she is always

Summary of findings

offered a meal." Relatives told us "we're here every day, it's a good home." A newsletter kept relatives informed of events in the home and people had access to a computer to keep in touch with family and friends using Skype and Facetime.

People enjoyed a range of social activities. During our visit we saw people enjoying an exercise session and music sessions where they were encouraged to play musical instruments, to sing and to dance.

People and relatives said the home was well managed and the registered manager and staff were very approachable. They said they were aware how to make a complaint and all felt they would have no problem raising any issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The home was safe.

Changes to people's medicines were not properly recorded. Some medicines no longer in use had not been disposed of.

There was a delay in obtaining equipment to assist someone with restricted mobility. Although people's manual handling plans required more detail about how they should be supported, staff knew how to assist people safely.

Other risks to people's health and welfare were identified and staff were provided with guidance to ensure people were protected.

People told us they felt safe. People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

Is the service effective?

Good

The service was effective.

People's rights were respected. Mental capacity assessments had been carried out although some needed more clarity about the decision under review. Where people lacked capacity to make an informed decision, staff acted in their best interests.

Where people had their liberty restricted to maintain their safety, the necessary legal process had been followed.

People had regular access to healthcare professionals and people's health was being monitored.

Staff had completed training to ensure they understood, and were able to meet, people's care needs.

Is the service caring?

Good

The home was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans required more detail about what people could do for themselves and how staff should assist them.

Staff knew people well. They knew their preferences and how to support them.

People were supported to take part in a variety of leisure and social activities.

People were confident that should they have a complaint, it would be listened to and acted on.

Summary of findings

Is the service well-led?

Good

The home was well-led.

People, their relatives and staff said the home was well managed and the registered manger was approachable.

Staff worked well as a team to make sure people got the assistance and support they needed.

The registered manager and provider carried out regular audits in order to monitor the quality of the care and support provided in the home.

Ogwell Grange Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 October 2015 and the first day was unannounced. One social care inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our visit, we spoke with or spent time with all 20 people living in the home. We used a range of different methods to help us understand people's experience, including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the deputy manager, eight staff, including catering and housekeeping staff, and five relatives. The registered provider was available on the first day of the inspection, and by telephone on the second day. The registered manager was not present during the inspection but was available by telephone on both days. Both were spoken with following the inspection. Prior to the inspection we spoke with a health care professional who had regular contact with the home and following the inspection, the occupational therapist who had visited the home in response to the concern raised.

We looked at four care plans, medication records, staff files, audits and records relating to the management of the service.

Good

Is the service safe?

Our findings

Prior to our inspection, a concern had been raised with the local authority's safeguarding team. This related to how people with restricted mobility were assisted with moving and transferring and whether staff had the equipment they needed to support people safely. As a result an occupational therapist was due to visit the home to discuss people's needs and offer advice following this inspection.

Risks to people's safety in relation to their mobility had been assessed and we saw the home had sought guidance in January 2015 from a physiotherapist for one person. However, the risk management plans which guided staff about how to support people safely were not detailed. For example, one person's plan said, "2 carers to mobilise using handling belt" but there was no further explanation of what the person could do for themselves, such as sit themselves up in bed or move to the side of the bed. Another person's plan said, "none weight bearing, needs assistance of 2 carers when transferring. Use handling belt and transfer board. Use hoist when required." There was no further guidance for staff about how to do this safely, such as how to position the transfer board or what size sling to use.

We spoke with staff about these two people's care needs. Staff were able to describe in detail how both people needed to be supported. They confirmed one person now required the use of a hoist as they were no longer able to transfer using the transfer board. They said, however, they were unable to use the hoist as this person's bed did not allow the hoist to go under it and this meant the person had to stay in bed. They also said this person's bed was not adjustable which meant they had to bend down to assist them with their personal care. We discussed this person's needs with the deputy manager, and the registered manager following the inspection, and both accepted the home had been slow in responding to this person's changing needs. They confirmed they were able to obtain any equipment they needed and felt staff had "managed" when this person was no longer able to participate in their own moving and transferring. The deputy manager confirmed the home was providing an adjustable bed and a pressure relieving mattress, which we were told were in place the day following the inspection. The occupational therapist visited the home following the inspection and confirmed this person had a height adjustable bed and staff were using the hoist safely. They had advised the registered manager about seeking advice promptly when reviewing the equipment needed to care for people safely. The registered manager said they would be appointing a member of staff as a "mobility champion" to review how people were supported and to ensure this was done safely. They would also identify whether any additional equipment was required.

Throughout the inspection we saw staff assisting people to stand up from and sit down into chairs with the use of a handling belt and this was done safely. Staff were able to describe to us how to safely assist people with moving and transferring. The home used equipment such as sensory mats and a door alarm as safety measures for some people who were at risk of falling if they walked without staff support. This enabled staff to attend to them promptly to reduce the risk they may fall.

Other risks to people's well-being were assessed and included the risk of developing a pressure ulcer and the risk of not eating enough to maintain their health. Staff were provided with information about what actions to take to reduce the risk to people, such as attending promptly to people's continence needs and what action to take should there appear to be a change in a person's care needs. Where people were at risk of not eating enough the home had sought guidance and were monitoring people's food intake and weight closely. For example, one person had recently lost weight and staff said they did not appear to wish to eat. Records showed the home had sought advice from a dentist to ensure they did not have a sore mouth to prevent them from eating, as well as a dietician regarding nutritional intake. The person was now provided with high calorie, soft foods, and had gained weight.

Where accidents had taken place, the registered manager reviewed how these had come about to reduce the risk of reoccurrence. Each person had a personal emergency evacuation plan that provided staff and the emergency services with information about how to safely evacuate people to a place of safety in the event of a fire.

Medicines were stored securely in the office and only staff who had received training administered medicines. Each person was identified with a photograph and the medicines they were prescribed, with a description of their use, was clearly recorded in the medicines administration records (MAR).

Good

Is the service safe?

Some of the MARs contained handwritten changes. Handwritten changes are permitted to MARs if the change occurs during the period the MAR is in use. However, the date on which the change had occurred, the name of the staff member making the change and the name of the doctor ordering the change must be recorded onto the MAR. None of the changes to the MARs had this information recorded. The deputy manager was able to show us when a change for two people had been requested by the GP as this had been recorded on the record of their GP visits. Some pain relief medicines had originally been prescribed as 'when needed' and these had been changed for a lesser dose to be administered at regular intervals during the day: the "as required" instruction had been crossed out. The date when the changes to these people's medicines had been made could not be found.

The date some external creams had been started had not been recorded. It was not possible from the date the medicine was dispensed from the pharmacy whether the medicine was still safe to use as some were required to be disposed of 28 days after opening. We found some medicines no longer in use had not been disposed of and were still stored in the medicine trolley.

The pharmacist providing medicines to the home was due to review medicine practices on 12 November 2015. Their previous review in November 2014 identified the home's practices were safe. Following the inspection, the registered provider gave us a copy of the pharmacist's report dated 12 November 2015, which confirmed the home's practices were safe.

People told us they felt safe living at the home. One person said "yes, I do" and another said "yes, it's lovely here" when asked if they felt safe living at Ogwell Grange. For people who were not able to tell us, we observed how staff interacted with them. We saw people smiling and taking hold of staff's hands when talking to them, indicating they felt safe in their company. Relatives confirmed they were confident their relation received safe care and support.

Staff told us they had received training in safeguarding vulnerable adults and we saw certificates in their training files confirming this had taken place in July 2015. Staff told us they wanted everybody at the home to feel safe and well cared for and they would not tolerate people being poorly treated. They knew how and to whom they should report concerns. They said they knew any concerns would be dealt with promptly by the registered provider. The policy and procedure to follow, if staff suspected someone was at risk of abuse, was available in the office. The telephone numbers for the registered provider, the local authority and the Care Quality Commission were available for staff.

Recruitment practices ensured, as far as possible, only suitable staff were employed at the home. We looked at three staff files, all of which held the required pre-employment documentation including Disclosure and Barring checks. People living at the home, their relatives and the staff told us they felt there were sufficient staff on duty to meet people's care needs. Staff were visible throughout the inspection and call bells were answered quickly. People told us they did not have to wait long when calling for assistance. One person said, "the girls are excellent, I have everything I need."

We saw staff sitting and talking to people and people being assisted unhurriedly. This indicated there were enough staff on duty to meet people's needs. At the time of our inspection, in addition to the deputy manager there were four care staff and a general assistant who attended to bed making and laundry, as well as catering and housekeeping staff. During the afternoon there were four care staff on duty. The deputy manager confirmed that overnight there was one waking and one part sleeping staff who assisted the waking night staff with people's care needs as necessary.

The home was clean, tidy and free from offensive odours. Gloves, aprons and hand wash gel were available throughout the home. A member of staff responsible for maintenance was on site during the inspection and they confirmed they undertook repairs and redecoration as needed. The Environmental Health Department had inspected the home in July 2014 and awarded a food hygiene rating of '5', the highest rating achievable, indicating the cleanliness of the kitchen and the food preparation practices were very good. We found the kitchen and food storage areas to be clean and tidy.

Good

Is the service effective?

Our findings

Many of the people living at Ogwell Grange were living with dementia which could affect their ability to make decisions about their care and treatment. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If people are not able to make a decision, a best interest decision involving people who know the person well and health and social care professionals, where relevant, needs to be made.

The care files contained a number of documents relating to people's ability to make decisions and what was considered to be in their best interests. Some of these assessments were several years old but had been reviewed annually. For example, one person was at risk of falling if they walked unaided and the assessment identified they were not aware of the risk of falling. The best interest decision included a discussion with this person's family to place a sensor mat by their chair to alert staff to their movements. Other documents were more recent and involved the person's family, GP and other professionals involved in their care, but they did not identify the decision the assessment had been undertaken for. We discussed these assessments with the deputy manager at the time of the inspection and the registered manager following the inspection, and they confirmed they would amend the documents to reflect the decision under review.

One person's medicine administration record instructed staff to crush their tablets and staff said this was because they were sometimes reluctant to take medicines. Records showed the GP had instructed the staff to do this as the medicines were required to maintain the person's health and it was identified as being in the person's best interests to continue to take them. However, although the GP had felt the person did not have the capacity to understand the importance of taking these medicines, a capacity assessment had not been recorded. Following the inspection, the registered manager confirmed the records relating to this would be reviewed and the assessment recorded.

Staff told us they had received training in the MCA and understood the principle of people being able to make their own decisions and choices. They said they supported people to be as independent as possible.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect people's rights to their freedom and liberty and require authorisation from the local authority to restrict liberty should that be necessary to keep people safe. The home used a keypad lock to prevent some people from leaving the home as it was unsafe for them to do so without someone with them. We saw applications to the local authority's DoLS team had been made to authorise these restrictions, although these had yet to be authorised.

Since the previous inspection, a concern had been raised with the local authority's safeguarding team about a delay in seeking advice from a health care professional in regard to a person's skin care. We looked at how the home contacted health care professionals. We saw care files contained records of referrals to GPs, community nurses and other health care specialists such as physiotherapists or the community mental health team. People and their relatives told us they saw their GP promptly if they needed to do so. Following the inspection, the healthcare professionals we spoke with confirmed people's care needs were being met. With regard to the safeguarding concern, the registered manager confirmed there had been a delay in contacting a health care professional. They said the home now alerted the community nursing team more promptly.

People and their relatives told us staff were skilled to meet people's needs and spoke positively about the care and support provided. One person told us "I'm very well looked after" and another said, "I've been here for five years and it's very nice. I love it here." Relatives also told us they were very happy with the care and support their relations received. One relative said "this is the best care home" and another said "I can't find fault, it's excellent."

Staff told us they were very well supported in their role. They said they were provided with training to enable them to meet people's needs, such as caring for people with dementia, safe moving and handling, first aid and fire safety. All staff had either achieved or were working towards a qualification in health and social care. Certificates of recent training were seen in staff files and a staff training matrix identified the training each member of

Good

Is the service effective?

staff had undertaken and when updates were due. The deputy manager confirmed further training had been arranged for caring for people with dementia in November 2015.

Newly employed staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and had been assessed as competent to work alone. They were also enrolled to undertake the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff said they were supported by supervision and appraisal meetings during which they were encouraged to share their views on the running of the home and their personal development and training needs. Staff said they found these meetings useful and felt listened to. One staff member said they "can't think of anything" when asked what would make the home a better place to work.

People told us they enjoyed the meals provided by the home and they could have drinks and snacks whenever they wished. We saw people enjoying their lunchtime meals. The dining room had enough space for everyone, and the tables were tidily arranged with tablecloths and napkins. For people who needed support, adapted plates were available to enable people to eat as independently as possible. Some people required assistance to eat their meal and we saw staff sitting next to them, engaging them in conversation and assisting them unhurriedly. One person said "the food is lovely, very tasty" and another said "yes, the food is always nice." Relatives said they were also able to have meals when they visited. People's food preferences were known to staff and recorded in their care plans. We saw hot and cold drinks being offered to people throughout the day.

Good

Is the service caring?

Our findings

People spoke highly of the care they received. They told us the staff were always kind, caring and friendly: comments included “the girls are very kind, polite and very nice” and “it’s marvellous here.” A number of the staff had worked at the home for a long time and staff knew people really well. When staff came on duty we saw them greeting people with hugs and kisses and people were pleased to see them, holding their hands and smiling. People told us staff treated them with respect and dignity when providing personal care. Staff asked people beforehand for their consent to provide the care and we heard staff saying, “can I help you?” and “would you like?” People were clean, looked well cared for and well dressed. One person told us a member of staff had taken time over helping to wash and style their hair and they were very pleased. They said, “(name) always does my hair so beautifully.”

Relatives also told us they felt the staff were very kind and caring. One relative said “my mum is very happy here.” We reviewed the comments from the quality surveys sent by the home to people and their families in March 2015. These showed a high level of satisfaction with the care and support provided by the staff. For example, one comment was “all the staff are wonderful, they all smile, they are all lovely to my mum. I wouldn’t any her anywhere else.”

Staff provided a caring and relaxed environment. We observed staff being kind and respectful to people. They demonstrated empathy and compassion for the people they supported. They told us they enjoyed working at the home. One staff member said, “it’s like an extended family, with the residents, their families and ourselves” and another, “it means so much to me to care for people well, to see them smile.”

We saw staff spending time with people in the lounge and conservatory, chatting and reading to people and encouraging them to be involved in activities arranged during the morning and afternoon.

People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visiting times were not restricted; people were welcome at any time. One person told us, “my daughter can come at any time, and she is always offered a meal.” Relatives told us “we’re here every day, it’s a good home.” People and their families were encouraged to continue to celebrate important events. One relative told us they had recently held a birthday party in the dining room, where all their family had been able to attend and celebrate. The home had provided the party food.

When people moved in to the home they were invited to share with staff their wishes for their future care, including where and how they would like to be cared for at the end of their lives. This information was recorded in people’s care files. Staff were supported by the local hospice to care for people at the end of their lives to enable them to stay at Ogwell Grange if that was their wish.

Good

Is the service responsive?

Our findings

Each person had a care plan explaining their care needs. Assessments relating to people's physical and mental health identified the assistance people needed and included personal care, continence and skin care, mobility and dexterity, communication and emotional support. However, some of these care plans did not provide staff with specific information about how people should be supported. For example, the care plan for one person said they required the assistance of "one carer to assist in washing and showering", but the plan did not describe what the person was able to do for themselves and how the staff member should assist them. Their care plan went on to say they became "agitated at times" and displayed "occasional physical aggression", but it did not describe under what circumstances and how staff could support the person at these times. We asked staff to describe how they assisted this person, and they were able to provide more detail in how they supported this person to do as much for themselves as possible. They were also able to say why the person might become agitated and how they offered support at this time. Following the inspection, the registered manager agreed the care plans would be reviewed to ensure more detail was added.

People were able to express their views and were involved in making decisions about their care and support. Each month staff met with people and their relatives, if appropriate, to review how they had been during the month. This included whether they had participated in activities or spent time with family; had any GP or community nurse visits, and how well they had eaten. Their weight was recorded to identify any weight loss which might indicate people weren't eating enough to maintain their health. Care plans were updated with people's changing needs or in response to requests.

People were able to say how they wanted to spend their day. People's preferred routines were recorded in their care plans and also held in their rooms for staff to review easily. These included people's preferred times of waking and going to bed, their food preferences and their leisure interests. Information about people's past history and what was important to them was also recorded. This provided staff with valuable information about people's lives before moving into the home. It enabled them to join in conversations with people and to value their experiences.

One person said, "I'm very happy here. I've even lost a bit of weight I am so busy. There's lots to do here." One relative of someone who was not able to share their views with us, said their relation was very well cared for and staff were attentive to them to ensure they were involved in the activities.

Activities took place every morning and afternoon for those who wished to take part and included exercises, gardening, art and crafts, visiting animals, quizzes and music and dancing. People enjoyed an exercise session and different musical entertainment during the two days of our inspection. People were seen playing musical instruments and dancing to classical and rock and roll music. There was lots of excitement and laughter as people and staff danced together. For those people who chose not to be involved we saw staff sitting with them, looking through magazines and chatting. People told us they were involved in "helping out around the home", and described how they set the tables, folded towels and fed the birds. We saw two people assisted by a staff member take bird food out to the bird tables, and they told us this was something they really enjoyed. The home had a minibus to enable people to visit local places of interest and these trips were arranged at least twice a month. Arrangements had been made to meet people's individual religious needs. For example, people could either attend the local church or the communion service held in the home each week.

The home sent families a newsletter detailing the activities planned for the forthcoming month and also photographs of their relation enjoying the activities of the previous month. One relative told us the newsletter gave them a "good overview" to what was going on at the home. The home also used Skype and Facetime for people to keep in touch with their relatives and friends.

People were confident if they made a complaint this would be dealt with. None of the people we spoke with had needed to make a complaint. One person said, "if I did have any concerns I know it would be sorted out, they are a brilliant team." When we asked a relative could anything be better they said "no, I can't find fault". The registered manager kept a record of any complaints received. This included verbal concerns so any issues were dealt with quickly. We saw the home had received one complaint and the actions taken to investigate the matter were clearly recorded. The issue was also discussed at the following staff meeting.

Good

Is the service well-led?

Our findings

People and their relatives told us the home was well managed, and the registered manager was very approachable. One person told us “you have everything you need here” and a relative said, “this is a very good home.” The registered manager did not have regular residents’ meetings but met individually with people at the care plan reviews, as well as other times during the month, to consult with them about the care and support provided.

The registered provider's vision and values for the service were written in their mission statement and included in the care plans. These were to “improve the quality of life and the quality of care for people who live here.” Staff knew the vision and values for the service and this was reflected in their practice. The registered manager said they wanted people “to enjoy the rest of their lives here.” Annual surveys invited people and their relatives to comment upon the quality of the service provided at Ogwell Grange. Several of those received from relatives in March 2015 described the management of the home as “excellent.” One relative said, “we definitely feel Ogwell Grange is the right place for her to be living. She is so happy and contented.”

There was a positive and open atmosphere at the home. Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team. One staff member said, “we’re a great team”, and another said, “(the registered manger) tells us we are doing well.” They said they received a handover report each day and the senior member of staff on shift assigned duties to them dependent upon their experience, with less experienced staff working alongside more experienced staff. Senior staff on each shift had a checklist to use as a reminder to ensure all necessary tasks had been undertaken. The registered manager also undertook daily checks to ensure the home was clean, free from hazards and the care and catering staff had everything they needed. They undertook monthly reviews to ensure care plans had been reviewed. Records showed the registered provider met with the registered manager each week to discuss people’s well-being and identify any changes that need to be made, such as staffing levels or maintenance issues.

The registered provider and registered manager attended care conferences and forums with other providers to share good practice about caring for older people and those living with dementia. Ogwell Grange is one of three homes owned by Ogwell Grange Ltd, and the registered managers of all three homes meet regularly with the registered provider to learn from each other’s experiences.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.