

Morris Care Limited

Oldbury Grange Nursing Home

Inspection report

Oldbury Grange
Oldbury
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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

Oldbury Grange Nursing Home is a care home that provides accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 69 people and 56 were living in the home at our inspection.

This inspection was carried out on 13 November 2018 and was unannounced. At the time of our inspection there was not a registered manager in post. However, a manager was in post and has applied to the commission for registration. 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. The manager was not present during the inspection. A registered manager from another Morris Care Ltd service was covering whilst they were absent.

At the last inspection 18 November 2015, the service was rated, 'Good'. At this inspection the service remained 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received the medicines they needed safely and staff understood their responsibilities about keeping people safe.

People felt safe at the home and there were enough staff on duty.

The provider had systems, processes and practices to safeguard people from abuse. People were supported by staff to stay safe while their freedom was promoted.

Risks were identified and managed well. Incidents and accidents were analysed to inform practice and make improvements to the service.

The provider completed background checks before new staff were appointed.

The home was clean and fresh and there were arrangements in place to prevent and control infection.

People were provided with enough to eat and drink to maintain a balanced diet.

People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives and to maintain their independence. Staff supported them in the least restrictive ways possible.

Staff were kind and caring. People's dignity and independence were promoted always and care was taken to ensure people lived in a kind, caring, family atmosphere.

People's consent and choice on how their care was managed was central to how the service was run and what was provided for people. This created a sense of ownership and people considered they were part of the running of the home.

People had been supported to access activities so they did not feel socially isolated. Information was provided to people in an accessible manner.

The staff recognised the importance of promoting equality and diversity. People's concerns and complaints were listened to and responded to so their quality of care was improved.

There was a positive culture in the service that was focused upon achieving good outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continues to be safe.	Good ●
Is the service effective? The service continues to be effective.	Good ●
Is the service caring? The service continues to be caring.	Good ●
Is the service responsive? The service continues to be responsive.	Good ●
Is the service well-led? The service continues to be well led.	Good ●

Oldbury Grange Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 November 2018 and was unannounced and was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The manager was not available at the time of the inspection visit and the visiting manager, who was the registered manager of another Morris Care Ltd service, provided all the information we needed.

Before the inspection we reviewed information that we held about the service. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke to 11 people who use the service and three relatives. We spoke with eight members of staff and the visiting manager. We looked at a range of documents including care records for four people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training as well as various meeting minutes.

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.

Is the service safe?

Our findings

At our previous inspection we found no concerns in the safety of the service and rated it as good. At this inspection we found this domain remained good.

One person told us, "I try to do as much for myself as I can but I know I can ask for help if I am a bit unsteady. I must use my frame for my safety which I do because my hip is a bit unpredictable. Yes, I feel very safe here and I have no worries or concerns at all." Another said, "I am looked after very well here I go out which I enjoy, I have my walker to keep me from falling and the staff make sure we are all safe. The place is secure in a nice way, you are not restricted or made to do what you don't want to." A relative told us, "As a family we are more than happy and pleased with all aspects of (person's) care here. It is first class and we know that they are safe and secure, not at risk and (person) is happy." A comment card read, 'When (person) was with you, they were clean, tidy, warm, fed and safe.' The provider continued to ensure people were living in a safe environment.

People continued to be supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. These staff knew how to escalate concerns to the manager or to external organisations such as the local authority.

Risks to individuals continued to be assessed. Staff showed patience in ensuring people remained independent for as long as possible and the risk around this was well managed. We observed people being moved with the hoist and this was done with great care and attention, with the person being relaxed and happy. Incidents and accidents were recorded and monitored. A staff member told us that team meetings included discussions about their practice and how learning from mistakes could lead to improved care. They explained, "We have regular staff meetings and we discuss where we can learn and improve our care for people."

People we spoke with told us when they needed support from staff that they were always available. There were enough staff to meet the needs of people who used the service. The PIR informed us that staffing levels were based on the dependency of the people who used the service. Staff said they felt there were enough staff to meet the needs of people.

The provider continued to ensure staff appointed were fit and safe to support people. Before staff were employed checks were carried out through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Staff continued to ensure people were administered their medications safely. This included ensuring those who chose to manage their own medicines were safe to do so and that they administered their own medicines safely. Medicines were received, stored and disposed of safely. All the people we spoke with told us that staff gave them their medicines as prescribed.

Staff followed safe protocols, for example, they completed stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer them.

One person said, "The place is very well maintained and it's always nice and clean." The provider employed staff who were responsible for maintenance in the home. Health and safety records were completed and up to date. Arrangements were in place for servicing equipment and regular audits ensured that issues were identified and managed appropriately. All areas of the home that we observed were clean and hygienic. Staff had received training in the prevention and control of infection. We observed staff were using appropriate protective equipment such as gloves and aprons when dealing with personal care, food and drink.

Is the service effective?

Our findings

At our previous inspection we found no concerns in the effectiveness of the service and rated it as good. At this inspection we found this domain remained good.

One person told us, "The staff always ask you before helping you and always encourage you to be independent which I like." People had a pre-admission assessment prior to coming to live at the home. They were invited to have a trial period to assist them to make their decision. People we spoke with confirmed they took part in drawing up their care plan and confirmed the plan met their needs and wishes. Care plans we reviewed covered all areas of care and gave staff clear directions on how to manage people's needs and wishes.

A staff member told us, "I have recently completed my dementia training and it has taught me so much. Especially that the person is still in there, they just cannot reach out and communicate with us anymore. This has led to greater understanding and I have been able to share the learning with other members of the care team." The provider continued to ensure staff were trained to care for people and that they knew their needs well. People were supported by staff who had the skills and knowledge they needed to support them safely and appropriately. A member of staff had recently attended a three-day dementia care conference. They had returned with new ideas and was supported to explore these further within the service. For example, virtual reality in dementia care. New staff had a thorough induction and were appropriately trained thereafter.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had appropriate supervision from the senior staff and were given feedback on their performance. We saw records that confirmed this.

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 with appropriate legal authority. 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. We found that this was the case in those records we viewed.

We saw that people's ability to make decisions about their care and support was detailed in their care plans. Staff we spoke with understood the MCA and their role in relation to this. This meant if a person was at risk

of losing their capacity to make decisions staff would know how to support the person well.

The provider continued to support people to eat and drink enough. People told us there was always a sufficient supply of food they wanted to eat. One person said, "The food is always good and I enjoy it." We observed lunch and saw meals were served in the dining room from a hot trolley. Staff commented that they could now deliver a more personalised choice and portion of food at the point of serving. The meals were previously pre-plated in the kitchen, then taken to the table. Drinks and snacks were freely available during the day.

Care plans included guidance for staff in how to support people with eating and drinking. Speech and Language Therapist (SALT) advice for a person included the need for thickened fluids and pureed food and we observed that staff were aware of this and followed the care plan. The pureed food was pleasantly presented. It had been piped and moulded to resemble solid food. The person's weight was regularly monitored. This showed that staff were following the person's eating and drinking care plan and risks were being effectively managed.

The provider worked well with other organisations to deliver care. For example, they recently worked collaboratively with the Dementia Home Treatment Team to improve their dementia care service.

The provider continued to ensure people were supported with their day to day healthcare and were assisted, where needed, to attend routine health appointments and health checks. During the inspection a few people had to go for appointments and were escorted by a staff member. People continued to have access to health and social care professionals. These included opticians and chiropodists and a dentist had visited on the day of inspection.

We saw the decoration of the home was to a satisfactory standard. There was clear signage around the home which would help people living with dementia orientate themselves around the home, for example signs to indicate where lounge and dining areas were and where people could access toilets and bathrooms. Pictures displayed on walls were homely and nostalgic.

Is the service caring?

Our findings

At our previous inspection we had found no concerns in this domain and rated it as good. At this inspection we found it remained good.

A relative commented, "The care is really first class, everything is catered for and (person) is so well cared for at all times. They are always clean and well-presented, there is never any odour. All of the staff are very caring." A comment from a thank you card said, 'The care and compassion showed to (person) and the family throughout their stay was of great comfort to us all. We were made to feel welcome and the team displayed great warmth and understanding and helped us through a difficult time.' The service continued to be inclusive and to provide person centred care. People told us they were happy with the service. They all said it was a home from home and staff created a family like atmosphere. They told us they were consulted on how the service was run to ensure continuity of care.

One person said, "I am doing very well here thank you. Every one of them is so kind, very kind and helpful and nothing is ever too much trouble for any one here. If I need anything I am helped or it is done for me. I have a lovely room and I am well cared for by kind people and I am very happy and so is my family." Staff continued to be caring and kind and it was clear they knew the people they were caring for, what their needs were and how they liked their needs and wishes to be met. Staff created a relaxed atmosphere that allowed people to be themselves and live as they wished. People knew about their care planning and assured us it revolved around their needs and wishes. We saw people were consulted with in a respectful way throughout our visit.

One person said, "They have to help me shower now and I am never made to feel awkward or embarrassed and you can have a bath or shower whenever you want one. I am treated with courtesy here and great friendliness." People's needs and wishes continued to be at the heart of the service. Staff we spoke with and our observations showed they understood the values in relation to respecting privacy and dignity and treating people as individuals.

We saw staff and people joked together and enjoyed each other's company. Everyone we spoke with was happy with all aspects of the service. Everyone felt they were treated with the upmost respect and their dignity was always upheld. One staff member said to a person. "Would you like to join us for lunch?" When the person was seated they then said, "May I pop this tabard on you to keep your clothes clean during lunch?" This showed that staff were aware of talking respectfully to people who were living with dementia.

Is the service responsive?

Our findings

At our previous inspection we had found no concerns in the responsiveness of the service and rated it as good. At this inspection we found this domain remained good.

People's needs continued to be assessed and planned prior to them moving into the service and continuously reviewed with the person. People continued to be invited to visit to the service prior to deciding if it was the right place for them. We saw that people's care plans contained information about people's health needs and guided staff in how to support them.

One relative told us, "This place is marvellous for (person). They are happy and enjoy the company of the staff and other residents. It is great because there is always something going on and always someone to talk to. (Person) is treated like the individual they are here." Staff knew about people's needs. Some people could have discussions about their past with staff and staff absorbed this and knew the people well. This had been transferred to records of their life history so that staff knew about the person's life and their achievements.

People were supported to follow their interests and live an active and fulfilling life as possible. People had the opportunity to take part in an activity when they chose to. For example, mums and young babies came in for a play session. The videos of the people interacting with the mums and babies showed the positive impact this activity had on people. Activities were recorded on the iPad to be played back later for people to enjoy. There were daily activities inside the service for those able to participate and for those who were cared for in their room. People were supported to follow their religious beliefs.

People knew what to do if they had any concerns and were aware of the complaints procedure, which was on display in the service. People felt assured their concerns would be responded to. We viewed the service's complaints records and saw that issues had been dealt with and resolved for the person.

We read comments in thank you cards such as, '(Person) couldn't have had better care than what they had with you. We are all thankful that in the last year of (person's) life, they were made comfortable and had people around them,' and 'A constant high standard of care. Everyone I came across made that last week so much easier and I knew when I left in the evening that (person) would continue to receive the best of care.' We saw people had been involved in discussions about their care and support at the end of their life. Their wishes had been recorded in detail in their care records to ensure staff would know what to do when the time came.

The provider had changed a small lounge into a 'Namaste' room. This is a multi-sensory facility that people with advanced dementia can use with staff. This showed that the provider was committed to enhancing the quality of care for people with dementia, especially in the later stages of life.

The provider complied with the Accessible Information Standard. This standard was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. We saw

people were encouraged to communicate in ways which suited them. Staff made sure people has access to their hearing aids and glasses.

Is the service well-led?

Our findings

At our previous inspection we had found no concerns in the leadership of the service and rated it as good. At this inspection we found this domain remained good.

The service continued to put people, their needs and wishes at the centre of the service. They assured they captured those wishes in a variety of ways, such as, day to day contact, meetings and questionnaires. During this inspection we experienced positivity from all the people and staff we spoke with. All felt supported and felt their views were sought, listened to and responded to.

The manager was not available on the day of our inspection visit. The visiting manager was clear about their responsibilities and CQC had been notified of significant events in the service.

People continued to be supported by a team of staff who were part of an open and inclusive leadership. We observed staff and they looked relaxed, happy and were organised in their work. Staff felt they could speak to the manager and be open about new ideas they would like to be considered. They were aware of the whistleblowing procedure and said they would use this if the need arose.

The quality of the service continued to be monitored. We saw there were audits carried out on all aspects of how the service recognised and met people's needs and wishes and how they were kept safe and as independent as possible. These included audits on how medicines were administered, recorded and stored and how people were kept safe from the spread of infection.

The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as the dementia home treatment team and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service. All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions. Comments included, "The team have been very responsive to the comments made and they have been more than keen to work with us to address any issues. We are confident that the changes that have been made and the ones in progress, as well as our improved lines of communication, will prove to be very beneficial to the people who live at Oldbury Grange."

Senior operational management visited the service on a scheduled frequency as part of their quality monitoring activity. Incorporated in this visit were discussions with people who used the service, relatives, staff and external professionals about their experience. Feedback was provided to the manager and an improvement action plan agreed on the same day. This meant that the openness of such conversations ensured a constant evolution and improvement at the home.

It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.

The provider was aware of their responsibilities under the Duty of Candour. This was referred to within their complaints policy. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with people's care and treatment.