

Anchor Carehomes Limited

Oakwood Grange

Inspection report

Oakwood Road
Royston
Barnsley
South Yorkshire
S71 4EZ

Tel: 01226709077
Website: www.anchor.org.uk

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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:

Oakwood Grange is a care home that provides accommodation and personal for up to 60 people. At the time of this inspection there were 51 people using the service.

People's experience of using this service:

- A new manager had recently started working at the service. Staff spoke positively about the new manager and said they were supportive and approachable;
- The service had improved since the last inspection and was no longer in breach of regulation 15. The home was safe, clean and well-maintained.
- People who used the service and their relatives told us they had confidence in the management team and they could raise any concerns, which would be responded to. They also had the opportunity to attend regular meetings about the service to provide feedback and ideas for improvement. Relevant stakeholders were asked for feedback about the service in order to drive improvements.
- People told us staff were kind and caring. They were positive about how they were treated by staff. People told us they were in control of their day to day routines and staff supported them to remain independent.
- People felt safe whilst residing at Oakwood Grange. They had access to other community health professionals as required. Staff supported them safely with their medicines. We made a recommendation about the management of topical creams to ensure these are stored and disposed of appropriately;
- Staff knew about people's likes and dislikes and knew information about people's backgrounds. They used this knowledge to care for people in the way they wanted. The service was committed to supporting people at the end stages of their life and worked in partnership with external professionals. We made a recommendation about the content and detail of people's end of life care plans;
- Staff received a range of training and people thought staff had the right skills and experience to care for them effectively. Staff were empowered to identify and manage their own training commitments through regular supervision and appraisals with the management team.
- People were positive about the quality of the food. People were provided with a range of food options that met their nutritional requirements.
- Risks to people receiving care at Oakwood Grange were assessed and kept under review. People's needs were assessed and support plans were developed to guide staff in how to care for each person.
- People were offered a range of activities which took place both in the home and in the community. The provider was in the process of implementing a new system to record people's social activity to help staff

plan activities in a person-centred way;

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 21 March 2018).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

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

Oakwood Grange

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was completed 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 Expert by Experience had experience in caring for older people and people living with dementia.

Service and service type:

Oakwood Grange is a 'care home'. People in care homes receive accommodation and personal care. The Care Quality Commission (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 this inspection we reviewed the information we held about the service, such as any feedback we had received since the last inspection and information we had received from the provider. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at the service. We used the feedback from these organisations to plan our inspection.

During this inspection we spoke with four people living at the service and seven of their relatives. We spoke with nine members of staff and three visiting health and social care professionals.

We looked at four people's care records in detail. We looked at three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.



Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection

- During the last inspection we identified checks to people's mobility and lifting equipment were not carried out in accordance with current legal requirements and showerheads were not routinely cleaned. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; premises and equipment.
- At this inspection we found the service had made sufficient improvements and was no longer in breach of Regulation 15.
- People's mobility and lifting equipment was checked at appropriate intervals to ensure it was safe to use and robust cleaning schedules ensured all areas of the service were properly cleaned, including showering equipment.
- The service employed a maintenance person who carried out regular and thorough checks of the premises and equipment, which were recorded. Where issues or repairs had been identified these were followed up in a timely manner. The maintenance person told us the provider supported them to make improvements to the service as was necessary to ensure the building and equipment were safe and well-maintained. The maintenance person told us, "I take pride in my work, knowing when I go home people are still safe".
- During our checks of the environment we found the service was very clean, which was also reflected in the feedback we received from people and their relatives at inspection. In the service's 2018 resident and relative satisfaction survey all 60 respondents said the service was clean and tidy and people were safe and secure.
- Staff completed training in infection control. Staff had access to personal protective equipment such as gloves and aprons to help prevent and control the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from any form of abuse or poor treatment.
- The manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- Staff were clear on the service's whistleblowing policy and procedures and felt confident raising concerns should they need to.

Assessing risk, safety monitoring and management

- Risks to people were identified by individual risk assessments and appropriate risk management plans were incorporated in to care plans. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.
- People who used the service all said they felt safe living at Oakwood Grange. Comments included, "They got me a frame to walk with to make sure I am safe, I didn't have one at home", "I feel safe in lots of ways, I fell out of bed at home, that doesn't happen here" and "I am very safe here, I was not safe at home and it made my family nervous". A visiting relative said, "I know she is safe because they do everything to make sure she is. She has an alarm mat in her bedroom that's great".
- Staff were familiar with and followed the risk management plans.
- The service had systems in place to ensure people were evacuated safely in the event of a fire. Everyone living at the service had a personal emergency evacuation plan (PEEP) in place, which identified what support they required to evacuate them safely. The maintenance person was fire safety trained and carried out regular checks to the environment. The service had a fire risk assessment in place. However, this lacked detail and did not contain a clear evacuation strategy for the building. We discussed this concern with the manager who assured us the service's fire risk assessment would be reviewed.

Using medicines safely

- We found medicines were generally managed in a safe way and people received their medicines as prescribed.
- The service had arrangements in place for the safe storage and disposal of medicines. We recommend the service starts recording the date when people's topical cream have been opened so staff can follow manufacturer guidelines on when these need to be replaced or disposed of.
- Staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer medicines safely had been checked.
- We observed staff administering medicines to be patient and respectful when providing support to people to take their medicines.

Learning lessons when things go wrong; Staffing and recruitment

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence. The provider employed an external compliance team who also monitored incidents at the service and provided extra support to managers to ensure quality and safety standards were met.
- We saw lots of examples where lessons were learnt and the provider had responded to mitigate future risk and improve the standard of care people received. For example, in response to a concern raised about people's support waiting times the provider implemented a call-bell system so people were able to communicate more effectively with staff. The manager said the system allowed them to accurately monitor waiting times and this information was used to inform staffing arrangements at the service.
- Most people and their relatives we spoke with confirmed there were enough staff available to meet their needs and they were supported by a consistent team of staff. Comments included, "I feel safe because they always check me through the night" and "I know I am safe because there is always someone about". A relative said, "[Relative's name] is safe because there is always plenty of staff about to watch them".
- After the inspection the manager showed us evidence they had commenced a pilot scheme to optimise staffing at the service for busier times in the day.
- Staffing levels were based on the dependency of the people who used the service and reviewed by the manager as and when needed.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.



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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care.
- All staff were able to access their own training profile via the provider's online staff portal. Staff were empowered to identify their own training needs and enrol on training courses via the online portal as and when they deemed appropriate.
- The manager supported staff to monitor and identify their own training needs through regular supervision, appraisal and competency checks. The manager utilised a staff monitoring system which identified when individual training was due for renewal.
- New staff received a structured induction program and completed a period of shadowing with an experienced care worker before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.
- Staff spoke highly of the support and supervision they received.
- People were confident in the abilities of the staff.

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

- Our checks of the environment showed there was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. Technology and equipment was used effectively to meet people's care and support needs.
- The provider had considered the needs of people living with dementia when making decisions about the environment. Corridors were wide and well lit, hand rails were visible and accessible. We saw clear signage displayed around the service to help orientate people to key areas, such as bedrooms or bathrooms. Pictures of daily meals options were used to promote choice and independence. The service had plans in place to create a sensory room after the inspection.

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

- People were offered a choice of meals and all the food was homemade. People told us, "The food is always

nice and hot. We seem to be eating and drinking all day long" and "My dinners are lovely. I have plenty to drink all day". A relative told us, "The food looks good and she says it's always tasty. She lost weight in the other home but put it back on in here".

- People's care files contained information about their food likes, dislikes and any foods which should be avoided. The chef had detailed information about people's different dietary requirements. For example, who needed a pureed or diabetic diet.
- The service had systems in place to monitor people who were at risk of weight loss and in need of extra support with nutrition and hydration.
- During the inspection we identified some people's nutrition and hydration charts were not always an accurate and contemporaneous record of their daily intake. The manager told us this was because some staff recorded people's nutrition and hydration intake on their own notepad and transferred this to each person's chart towards the end of their shift. We discussed this concern with the manager who took immediate action and by day two of the inspection had ensured all staff were aware of correct record keeping procedures.

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

- People living at Oakwood Grange told us they made their own decisions and were in control of their care. We observed staff ask for people's consent before providing them with care.
- The Mental Capacity Act (MCA) 2005 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to such authorisations and when they were due to expire. The manager also made sure the service complied with any conditions attached to the authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- Where relatives had the appropriate legal authority they had been involved in the decision making process. Where this authority had not been in place the best interest decision making process had been used.

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

- People were positive about the care they received at Oakwood Grange.
- People's needs were assessed and care plans developed to provide guidance to staff, detailing what support people required with different aspects of their care.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.
- A visiting paramedic told us staff clearly knew people well and communicated effectively. One paramedic told us, "It is fantastic here, it is one of my favourite care services I visit (in the role of paramedic). There is always loads of staff, care files are written to a good standard and good communication at all levels. Staff

are really good here, really caring. Every time I have visited the service the patient has been well looked after by staff".

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

- The service worked and communicated with other agencies and staff to enable effective care and support.
- Staff involved people and where appropriate their relatives, to ensure people received effective health care support.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met. A visiting district nurse from a local community health team told us the service referred concerns appropriately and staff always followed professional advice.



Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- There was a caring culture amongst all staff. Staff took time to listen to people and interact with them so they received the support they needed. People commented, "I didn't want to come into a home, but I love it here now. I have no family so I was very lonely, but not now. Staff chat to me if they are not busy" and "It's lovely here, much better than the last place. My partner has been here for three and a half years, so when I needed to go into a home, the manager gave us two rooms, one as a sitting room and the other with twin beds so we could be together. They look after us very well, all of the staff are caring". Relatives commented, "They [staff] are caring, my [relative's name] didn't think they were in the other home, so they moved them to here, they really care. They love it here, really settled in", "It's lovely in here, they all care" and "They [staff] really do care, [relative] is turned and changed every 2 hours. Nothing is too much trouble".
- The provider told us equality and diversity was incorporated in all company policies and procedures and they did not discriminate against any individuals and maintain a non-judgemental approach, whilst promoting the right for individuals to exercise their human rights. All recruitment is done in line with the equal opportunities policy.
- The provider held lesbian, gay, bisexual and transgender (LGBT) forums, which were represented by people who used the service and staff.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in making decisions about their care. People's representatives were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes.
- People's choices in relation to their daily routines were listened to and respected by staff.
- People and relatives were supported to give feedback about the service.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy. They knocked on doors and called out before they entered people's bedrooms.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Throughout the inspection we observed staff treated people with dignity and respect.



Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.

- Care records were reviewed monthly or if people's needs changed.

- Staff understood the importance of providing personalised care. One staff member said, "You have to adapt to people and their conditions. You can't treat people the same just because they have the same condition".

- The service provided a stimulating program of activities, entertainment and outings to keep people occupied. During the inspection we saw people participate in cake making and aerobic dance classes, both were well attended. People were seen smiling and chatting with staff.

- The service did not have an appointed activities coordinator as staff provided activities as part of their role. The provider employed an area activity coordinator who visited care services in the local area, including Oakwood Grange. It was their role to support care staff to provide fresh and person-centred activities to people living at the home. We spoke to the area activity coordinator who told us they were in the process of implementing activity profiles for everyone at the service so people's interests and hobbies were known and activities they participated in could be recorded. This information would then help staff to identify which activities worked well with specific individuals so activities could be planned in a person-centred way. At the time of the inspection approximately half of people at the service had an activity profile, this work was still ongoing.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the manager or provider.

- The provider had systems in place to make sure any concerns or complaints were brought to their attention. This was because they were keen to rectify any issues and improve the quality of the service.

- The manager kept a record of any concerns received. We looked at recorded complaints for 2018 and 2019

and saw the manager had followed the provider's complaints policy and taken as much action as possible when a complaint had been received to resolve the issue raised.

End of life care and support

- People had end of life care plans in place. This is a key means of improving care for people and improves the likelihood of these wishes being known and respected at the end of their life. We recommend people's end of life care plans include more detail in regard to people's preferred priorities of care, such as managing physical symptoms, washing, dressing or eating and drinking.
- Checks to people's care records showed discussions held about their end of life preferences or priorities for care were recorded and their next of kin and other significant people had been involved as appropriate.
- The service worked in partnership with people's GPs, community based resources and palliative outreach teams to ensure people's health needs were met.



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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The service possessed a comprehensive set of quality assurance systems, which effectively monitored fundamental aspects of the service delivery. Information from the quality assurance systems, care plan audits and incidents were used to inform changes and improvements to the quality of care people received. For example, through regular checks to people's medicines the manager identified an increase in (non-serious) medicine related errors in 2018. They implemented an improvement plan, which included further training, support and assessment of staff competency to administer medicines. At this inspection we found these improvements had been embedded and medicines were now managed in a safe way.
- The provider carried out their own checks of the service and held regular governance meetings with the management team to ensure they had complete oversight of the service's performance, allowing them to respond to areas of risk and provide extra resources, where appropriate, to help the service continuously improve. For example, in response to the previous inspection outcome, we saw the provider had carried out mock inspections at Oakwood Grange. This meant potential issues were addressed before we came to inspect.
- The service was very well run; the manager demonstrated an open and positive approach to learning and understood some aspects of the service needed still needed improvement after this inspection. We have made two recommendations in this report about end of life care plans and the management of topical creams. We have also given feedback about nutrition and hydration records and the service's fire risk assessment.
- Despite these concerns the standard of care people received was good. Since the last inspection the service had made sufficient improvements to be no longer in breach of regulation 15 and each key area achieved a rating of good.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since we last inspected the service a new manager and deputy manager had been employed. Although the manager was new to the service they had worked for the provider for several years as a registered manager at another care service. The manager understood their legal responsibilities and said it was their intention to register with the CQC.
- Staff spoke very highly of the provider and the new management team. Comments included, "The leadership is much better now", "The manager is extra attentive when people are new", "The manager is good at knowing who does what" and "The manager is approachable and nice".
- Staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered.

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

- Meetings were held to discuss what people wanted from the service and these were responded to.
- The provider had quality assurance systems in place to obtain stakeholder feedback about the service. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services.
- The manager made themselves easily available to people using the service, relatives and staff.
- All staff felt communication was good and they were able to obtain updates and share their views via team meetings.

Working in partnership with others

- The manager had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.
- The service complied with visits from the Clinical Commissioning Group (CCG) and local authority.