

Osmaston Grange Care Home Limited

Osmaston Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 12 October 2016. Repeated breaches of legal requirements were found in respect of Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This meant the provider had continuously failed to ensure environmental cleanliness and hygiene and the effective management and oversight of the service; to ensure the quality and safety of people's care. We subsequently issued the provider with warning notices for the breaches, which told them they were required to become compliant and by when. At our comprehensive inspection we also found breaches of Regulations 11 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This meant people were not fully protected from the risk of unsafe or ineffective care; because the provider's arrangements for staffing and to obtain people's consent or appropriate authorisation for their care were insufficient.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to breaches. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Osmaston Grange on our website at www.cqc.org.uk.

At this inspection we found sufficient improvements were made to rectify the breaches we found at our last comprehensive inspection.

Osmaston Grange provides accommodation for up to 80 older people who require nursing or personal care. This includes some people living with dementia. At the time of our inspection, there were 60 people receiving care at the service. A new manager was appointed at the home in October 2016. At the time of this inspection, their registration application to manage the regulated care and treatment activities carried on at this location, were submitted to us and subsequently approved. A registered manager is a person who has registered with the Care Quality Commission. They are responsible for the day to day management of the regulated activity of personal care at the service. Like providers, as a registered person they have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is managed and run.

Considerable improvements were made or in progress in relation to environmental cleanliness; hygiene and repair. This helped to reduce the risk of infection to people through cross contamination in a way that met with nationally recognised guidance concerned with cleanliness, infection prevention and control.

Staffing arrangements were better managed, sufficient and subject to ongoing management review. This helped to ensure people received safe and effective care. Staff were visible; they acted promptly and provided people's care in a safe and timely manner when required.

People and relatives were more confident of people's safety at the service and staff understood how to keep

people safe there. Staff were managed, informed and supported to understand and act when required to minimise known risks to people's safety. Related safety and reporting procedures and revised management checks, together with staff training and care planning improvements; helped to protect people from the risk of harm or abuse.

Revised staff training and knowledge checks, related care planning and management monitoring improvements; helped to ensure that staff understood and followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care.

Effective arrangements were in place to recognise and address staff training needs. Training was prioritised alongside identified service and care planning improvements either made or in progress. However, staff training and care planning improvements were not sufficiently embedded to continuously ensure this.

People and relatives were pleased with the standard of care provided by staff at the service and related improvements for their consultation and involvement.

People, relatives and most staff were confident in the management of the home. Staff morale and understanding of their role and responsibilities for people's care, was considerably improved. Although lesser so in one unit of the home where people were living with dementia. Management planning and related staffing arrangements helped to fully ensure this.

Significant improvements were made to the quality and safety of people's care through revised management and staffing arrangements. Further improvements to fully embed this were either planned or in progress with reasonable timescales identified for achievement.

Management arrangements for ongoing service monitoring and improvement planning were comprehensive and took better account of known and emerging risk indicators for people's care. This helped to ensure people received safe, effective care that was subject to regular review and included improved consultation with people and their relatives.

Recent and past improvements to the quality and safety of people's care were not always proactively ensured by the provider; often prompted by external agencies concerned with people's care at Osmaston Grange. Continued and sustained care and service improvements were not yet demonstrated by the provider.

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 was safer. Improvements to staff planning, recruitment and deployment were sufficient for people's care and safety needs to be met. Considerable improvements were made in relation to environmental cleanliness, hygiene and repair at the service. Targeted improvements either planned or in progress helped to further ensure this.

Requires Improvement ●

Is the service effective?

The service was more effective. Staff training and care planning improvements made helped to ensure people received effective care that was provided in line with legislation and guidance in relation to consent. Related improvements either planned or in progress, were not sufficiently embedded to continuously ensure this.

Requires Improvement ●

Is the service well-led?

The service was well-led because the manager's arrangements for service monitoring and care improvement helped to ensure the quality and safety of people's care. Continued and sustained care and service improvements were not yet demonstrated by the provider.

Requires Improvement ●

Osmaston Grange

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 12 October 2016. Repeated breaches of legal requirements were found in respect of Regulations 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This meant the provider had continuously failed to ensure environmental cleanliness and hygiene and the effective management and oversight of the service; to ensure the quality and safety of people's care. We subsequently issued the provider with warning notices for the breaches, which told them they were required to become compliant and by when. At our comprehensive inspection we also found breaches of Regulations 11 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This meant people were not fully protected from the risk of unsafe or ineffective care; because the provider's arrangements for staffing and to obtain people's consent or appropriate authorisation for their care were insufficient.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to breaches. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Osmaston Grange on our website at www.cqc.org.uk

This focused inspection was unannounced on 27 February, carried out by an inspector, a specialist advisor in the care of people living with dementia and an expert by experience. The expert by experience had personal experience of caring for an older person. An announced inspection visit was carried out on the 3 March 2017 by a single inspector.

Before this inspection we spoke with local authority care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We spoke with six people who received care and five people's relatives. We also spoke with 13 care staff, the deputy manager/clinical nurse lead, the registered manager and the provider. We looked at nine people's care records and other records relating to how the service was managed. For example, staff deployment and training records, cleaning schedules and the provider's checks of quality and safety.

Is the service safe?

Our findings

At our last inspection in October 2016 we found the provider's arrangements for staffing, cleanliness and hygiene at the service were not sufficient to ensure that people received safe care and treatment. This was a breach of Regulation 18 and a repeated breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice to the provider for the repeated breach of Regulation 12, which told them they were required to become compliant with this and by when. Following that inspection the provider told us about their action to address this. At this inspection, we found that improvements made were sufficient to rectify the breaches.

Several people and relatives commented positively on recent improvements made in relation to the replacement of some furnishings, fittings and environmental cleanliness at the service. Two people made specific reference to the 'high standard' of environmental cleanliness; particularly their own rooms, they said were kept, "Spotlessly clean."

We found considerable improvements were made in relation to environmental cleanliness and hygiene. The environment, equipment and furnishings were visibly clean, fresh and free from malodours. Improvements were either made or planned from a timely refurbishment plan; to replace furnishings and environmental fittings where required for cleanliness and hygiene purposes. For example, we saw dining tables, floor coverings, communal lounge chairs and a kitchen sink were renewed. This meant they provided smooth, cleanable surfaces, which did not easily harbour dirt and germs; thereby reducing the risk of infection to people through cross contamination.

Cleaning schedules, related product use and staffing arrangements were revised via staff consultation. This helped to ensure improved arrangements for ongoing environmental hygiene and cleanliness at the service; which staff responsible for understood and followed. Ongoing management checks instigated by the registered manager also helped ensure this. Targeted improvements were either, planned or in progress following external health care commissioners recommendations concerned with the prevention and control of infection. For example, in relation to waste disposal measures and for the total refurbishment of identified bathroom and toilet facilities on the personal care unit. This helped to ensure cleanliness and hygiene at the service.

Staffing arrangements helped to ensure people's safe care at the service. People, relatives and staff told us they felt the service was safe. Many commented positively about 'extra staffing' provision since our last inspection. One relative said there was a 'welcome increase in staffing.' One person said, "I can honestly say the home has got better recently." People and relatives said, staff were visible, available and responded promptly when people needed assistance. One person confirmed they were always assisted by two staff to support them to move safely when needed, as instructed in their written care plan.

Throughout our inspection we observed that staff were visible and available when people needed assistance. Staff acted promptly to provide people's care in a safe and timely manner when required. For example, supporting people to move, eat and drink and take their medicines. The atmosphere in all units of

the home was calm and comfortable. Staff were observant and provided people's care when needed in a calm, positive and unhurried manner. A relative told us their loved one was, "Perfectly safe," and went on to explain how staff checked the person's skin and helped them to move regularly to help prevent skin soreness. Another relative said, "There's enough staff – people are as safe as they can be." Another told us improved staffing arrangements helped to ensure a person's safety, who was known to be at risk of falls from their health condition.

Staff we spoke with were all confident that staff recruitment, deployment, sickness and absence was better managed. The majority of staff were happy with staffing arrangements, which they felt were sufficient to provide people's care. Two staff who provided care in one unit of the home, where 14 people were living dementia; felt there should be consistently four staff throughout the day, instead of the three care staff usually provided. Staff there told us people were safe, but two deployed to work on the dementia care unit felt an additional care staff member during the day would enable them to spend more 'quality' time with people. They also explained that the dishwasher located in kitchen on this unit, had not been working for some time. This meant staff time spent hand washing pots from people's meals and drinks; detracted their time with people receiving care.

Discussions with the manager and staff told us that staffing arrangements were subject to ongoing review through staff consultation, which related records showed. This included additional care staff recruitment, which was almost completed and the introduction of a revised staffing tool. The staffing tool took account of people's care and dependency needs, which were regularly monitored and reviewed to help inform staffing number and skill mix requirements across the service. Recent interviews to appoint two dedicated activities staff were successful and due to commence. The registered provider confirmed they would take the action required to address the broken dishwasher.

People felt safe at the service and relatives felt people were safe there. They were also confident and knew how to raise any concerns about people's care or safety, if they needed to. Information about safeguarding people from harm or abuse and was openly displayed, which helped to inform this.

The manager told us about action they had taken since our last inspection; to ensure staff knew how to recognise and respond to the risk of harm or abuse of any person receiving care at the service. This included related staff training and knowledge checks. Further training was planned for staff from individual knowledge checks, which had identified this. Staff we spoke with understood how to recognise abuse and report or escalate any concerns about people's care and safety needs. This included if they witnessed or suspected the abuse of any person receiving care at the service.

Staff understood risks to people's safety from their health conditions, environment and the care actions required to mitigate this, which were mostly shown in their written care plans. For example, in relation to people's medicines, mobility, nutritional or behavioural care requirements. Staff told us about one person living with dementia who could sometimes behave in a way that was challenging to others because of their health condition. The person's care records showed an increase in this during February 2017. Separate incident reports were completed by staff when this occurred for care review and management monitoring purposes. Related care records also showed this resulted in a timely referral to relevant external health and social care professionals concerned with the person's care for further advice and review. Staff understood this and the person's care requirements but the person's care plan had not been updated to reflect this. The care plan was marked by the clinical nurse lead/ deputy manager as, 'Requires review.' However, there was no date identified on the plan for this to be completed, which could result in the provision of unsafe or inconsistent care from the delay.

Recorded management checks showed people's individual safety needs associated with their health condition and environment and their related care plan requirements were mostly up to date. Action was identified to fully ensure this, which included timescales for completion and the staff member responsible. Management records also showed that accidents and incidents were monitored and analysed for trends and patterns to help inform people's care requirements relating to their safety needs. This helped to ensure people's safety and protect them from the risk of harm and abuse.

Is the service effective?

Our findings

At our last inspection in October 2016 we found the provider's arrangements for staff training and obtaining people's consent or appropriate authorisation for their care did not always protect them from receiving ineffective care. These were breaches of Regulations 18 and 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider told us about their action to address this. At this inspection, we found that improvements made were sufficient to rectify the breaches.

At this inspection we checked whether staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff had received training and most understood the principles of the MCA. The manager had identified from knowledge checks with staff, that some needed further training to help fully ensure this. A related action plan showed this was planned with a reasonable timescale for completion.

People and relatives said they were consulted and involved in making decisions about the care provided. People said staff explained what they were doing and sought their permission before providing their care. During our inspection we observed where possible, staff sought people's consent to their care; they offered choices and explained what they were going to do before they provided people's care. People were not always able to consent to their care or make important decisions about their care and treatment because of their health conditions. Where required, most people's care plans showed an assessment of their mental capacity and any specific decisions about their care and treatment to be provided in their best interests, which staff understood. This included appropriate consultation with relatives to help inform people's care. However, three people's care plans did not consistently show this where required, which could result in them receiving ineffective care that did not meet with their known wishes, safety or best interests.

We discussed our findings with the manager and looked at their related improvement plan which showed the staged introduction of a standardised care planning format. This prioritised people's safety, health, consent needs and related care requirements and was almost completed. Action was identified to fully ensure this, which included timescales for completion and staff members responsible. Some people had others who were legally appointed to act or make important decisions on their behalf; in relation to their health and welfare and/or finances. Records showed this information was being rechecked by the manager to ensure it was accurate and up to date. This helped to ensure people's rights and best interests in their care.

Some people were unable to understand or formally consent to their care because of their health condition; but needed their care to be provided in a way that was necessary to keep them safe. Records showed that formal applications for this; known as a Deprivation of Liberty Safeguard (DoLS), were either submitted to or authorised by the relevant local authority. The manager also showed us revised staff handover forms, introduced through staff instruction, which included key information about people's individual mental capacity and DoLS status. This helped to ensure people received care in line with legislation and guidance in relation to consent.

People and relatives said they were pleased with the standard of care they received. They were also happy with the level of involvement and consultation with them to agree people's care. One person said, "The level of care is good; it's improved a lot lately." Another said, "Staff are very good; some are more skilled than others who are learning; I am happy with my care." A relative said; They keep me informed of changes." Some relatives commented specifically on the attention given by staff to ensure people were well cared and felt staff supported people well to take pride in their appearance. We observed that people were appropriately dressed in clean clothing, relaxed and well groomed.

Effective processes were in place to recognise and address staff training needs. Since our last inspection, the manager had undertaken a full review of staff knowledge, training needs and the quality and content of past training provision. This resulted in changes and improvements to training provision and planning, with revised training programmes. Most staff were particularly pleased about this. They commented positively and told us the training they needed to provide people's care, was either provided or planned with identified dates for completion identified; which related records showed. Training records and plans also showed that training was prioritised alongside identified service and care improvements; to ensure related staff knowledge requirements. For example, MCA, cleanliness and infection control, dementia, delirium and positive behaviour support. This was subject to ongoing management oversight, which helped to ensure effective training and care delivery.

The manager told us 85% of care staff were issued with the Care Certificate by the previous manager but found from their own checks that some staffs' knowledge did not match this. From this, the manager had rescheduled all staff who were required, to repeat relevant training for this. The Care Certificate identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care.

Is the service well-led?

Our findings

At our last inspection of the service in October 2016 we found the provider did not have effective systems and arrangements for the management and oversight of the service to ensure the quality and safety of people's care. This was a repeated breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice to the provider, which told them they were required to become compliant with the repeated breach and by when. At this inspection, we found that improvements made were sufficient to rectify the breach. However, continued and sustained care improvements were not proactively demonstrated by the provider. Recent and past improvements to the quality and safety of people's care were not always proactively ensured by the provider and were often prompted by external agencies concerned with people's care at Osmaston Grange. For example, ourselves, local fire authority and care commissioners.

Significant improvements were made to quality and safety of people's care. This included staffing and care improvements relating to people's safety and consent needs and for hygiene and environmental cleanliness at the service. Since their appointment in October 2016, the manager had introduced revised governance arrangements to regularly check the quality and safety of people's care at the service. Ongoing management checks, related management records and our inspection findings showed a comprehensive service improvement plan. This was prioritised against risk, to help ensure people received safe, effective care and ongoing service improvement. Further improvements needed were either planned or in progress with reasonable timescales identified for their achievement. For example, to enable people's safe access to well-maintained garden and courtyard areas of the home; to improve opportunities for people's occupation and leisure and to seek people's views and increase their involvement in their care.

People and relatives were confident in the management of the home, as were most, who confirmed the manager was visible and approachable. We received many positive comments from them, which included, "It's so much better; the manager has made a real difference;" "We've had meeting time options so you can come in an evening if you work; which is much better; there's a lot more consideration."

The majority of staff were confident in the management of the home and overall we found staff morale had improved considerably. We received a lot of positive comments from staff, which included, "There are a lot of changes, but all for the better; I actually feel valued;" and "There's more focus on improvement, training and communication." Staff providing care on the unit where people were living with dementia felt less supported and valued in relation to the manager's changes and improvements for people's care.

Similarly, staff showed greater understanding in relation to their roles and responsibilities for people's care and related safety needs. The manager told us this was 'work in progress,' through their policy review, staff instruction, training and monitoring. Revised management and policy arrangements were introduced by the manager; to help ensure accountability, timely communication and reporting in relation to people's care. For example, revised staffing structures were introduced and agreed with the provider. This included an established deputy/clinical nurse lead, head of care posts, additional care and cleaning staff hours; together with revised job descriptions, care handover and reporting procedures.

With the exception of one explained delay; the manager had sent us written notifications when required, to tell us about important events when they happened at the service. For example, in relation to a person's fall and injury.