

Oldfield Residential Care Ltd

# Bower Grange Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 October 2016 and was unannounced.

The provider of Bower Grange Residential Home is registered to provide accommodation and personal care for up to 36 people. At the time of this inspection 35 people lived at the home.

The service was last inspected on 30 May 2013 and was meeting the requirements of the law.

There was a registered manager in post who was present for our inspection. 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.

People felt safe living at the home because there were enough staff to help them when they needed support. The provider had completed employment checks to ensure new staff were suitable and safe to work with the people living at the home. Staff were aware of the risks associated with people's health and knew how to reduce the risk of harm or injury to them. Staff knew how to identify any signs of abuse and were clear who to report concerns to.

People were supported to take their medicines when they needed them. Medicines were stored safely and accurate records were maintained. Staff received regular competency assessment checks to ensure the ongoing safe management of medicine.

Staff received training opportunities that ensured they had the skills to care for people's individual needs. Staff received regular support and guidance from the registered manager to enable them to carry out the roles expected of them. People were encouraged and supported to make decisions about their care and treatment. Staff sought people's consent before supporting them and respected their wishes when they declined support. Where people were unable to make decisions for themselves decisions were made in their best interest to protect their human rights.

People were given choice about what they wanted to eat and drink. People's nutritional needs were routinely assessed, monitored and reviewed. Where people required help to eat and drink they were supported in a kind and patient manner. People were able to see health care professionals as and when required. Staff monitored people's health and made referrals to other health care professionals as required.

People found staff friendly, kind and caring. Staff communicated well with people and involved them in decisions about their care and treatment. People were treated with dignity and respect and staff promoted their independence. People received individualised care from staff who knew them well and were able to respond quickly to changes in their needs. People were able to spend their time as they wished and had

access to a wide range of pastimes.

People and their relatives were aware of the provider's complaints process and were confident that any concerns would be listened to and acted upon.

There was a positive and inclusive culture in the service. The registered manager worked with the staff team to ensure people's needs and wishes were met. People and their relatives found staff and the registered manager approachable and welcoming. The provider encouraged feedback from people and their relatives and completed a range of checks to monitor the quality of the service. They used the information gathered to drive improvements in the service.

## 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.

People were safe because staff understood how to reduce the risk of harm and abuse. There were systems in place to make sure staffing levels were maintained in order to meet people's needs safely. People's medicines were made available to them and they were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were supported and received training which enabled them to meet people's needs effectively and in the least restrictive way. People's choices and rights to make their own decisions were promoted. Staff followed the principles of the Mental Capacity Act 2015 to ensure specific decisions for people who were unable to make decisions were made in people's best interests. People were supported to have enough food and drink. Staff understood people's health and nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and polite. Staff knew people's likes and dislikes and promoted people's individuality. We saw that people's privacy and dignity was respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs. Staff supported people to enjoy pastimes which were meaningful to them. People and their relatives knew how to raise concerns and make a complaint if they needed to.

### Is the service well-led?

Good ●

The service was well led. The provider had a registered manager in place who was open and transparent in the management of the home. People, relatives and staff had confidence that the service people received were well managed.

# Bower 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 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 10 October 2016 and was unannounced.

The inspection team consisted of two inspectors, one inspection manager and one 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During our inspection we spent time with people in the communal areas of the home. We spoke with 12 people who used the service and three of their relatives to get their views of the care and support provided to their family members. We spoke with six care staff, the registered manager and the deputy manager. We also spoke with two external health and social care professionals who supported the service. We looked at the care records of four people who used the service. We also looked at a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

# Is the service safe?

## Our findings

People told us, and we saw, that they felt safe and supported by the staff team. One person said, "I feel you are cared for and that makes you feel safe." One relative we spoke with said, "I now feel that I can go home and not worry about [Person's name] because the staff keep them safe and are always happy to help." They also told us, "I would know if [Person's name] felt unsafe because they would tell me."

Staff we spoke with had a good understanding of how to keep people safe. They were able to tell us who they would report any concerns to and were confident that any allegations of abuse would be investigated by the registered manager. Staff were also able to tell us which external organisations they could report concerns to, such as the local authority and the Care Quality Commission (CQC). Staff told us that they had received training in how to keep people safe from abuse and how to avoid discrimination towards people. They were able to tell us about the different types of abuse they may come across.

Staff were able to tell us how they supported people to ensure risks to their wellbeing and safety were reduced. One staff member told us, "We have access to people's risk assessments in the care plans but we also assess people's risks all the time. We want to help them to be safe but not prevent them doing things that they want to do." We saw people using mobility aids, such as walking frames as they moved around the home environment. Staff were seen to support each person to use the aids well. For example, one person was supported by a staff member to walk. We saw the staff member spoke kindly and encouraged the person to use their walking frame correctly. The person was smiling in response and chatting happily which indicated that they felt safe and comfortable with the staff member. The staff also told us that they were involved in the recording of accidents and incidents in the home. One staff member said, "We complete the accident forms and make sure the manager knows as soon as possible."

We saw that fire risk assessments were in place in the form of posters near fire points. This enabled staff to be able to access the information quickly.

People and relatives told us, and we saw, that there was enough staff to meet people's needs. One person told us, "The staff always help when I ask. I do not have to wait". One relative told us, "There is plenty of staff. They are all happy and kind. Nothing is too much trouble." The staff we spoke with confirmed that the staffing levels enabled them to support people well. The staff told us that they worked as a team and covered any shifts to ensure continuity for people. The registered manager told us how they assessed people's individual needs to ensure staff had the time to provide the required care for people. The registered manager and deputy manager covered 24 hours on call so there was always support for the staff teams if required. The service had a stable staff team and did not have many changes.

The provider had taken steps to protect people from staff who may not be suitable to support them. Before staff were employed the provider carried out checks to determine if staff were of good character, took up references from previous employers and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of their recruitment process.

People we spoke with said that they got their medicines when they needed them. We saw that the provider had correct processes in place to ensure good practice. These included regular training for staff who administered people's medicines. Senior staff regularly audited people's medicines. We also saw there were effective arrangements in place for the ordering, recording, storing and disposing of medicines. This included written consent from people for the disposal of their medicines. The staff member said that the medicines were the property of the person so should not be disposed of without their permission. Medicines were seen to be dispensed in a safe and correct manner by the staff member. This included checking of the medicine administration record (MAR) sheets and assisting the persons to take the medicines with water and at their own pace.

## Is the service effective?

### Our findings

People told us that the staff team were knowledgeable about how to look after them. One person commented, "The staff are very caring and know what they are doing." We found that staff knew people's individual needs and understood the care and support people required. They said they felt supported in their roles and received a range of training to ensure they had the skills to provide care effectively. For example, one staff member told us that they had received new moving and handling training. This training gave them new information which had influenced the support they provided. They said, "Since the training, we have tried different methods to improve [person's name] moving because they have very painful joints. It has been a success."

The provider was a member of the local partnership in care training organisation. This meant that they were able to access a lot of training for staff. In addition, they were provided with any new updates or information about care practices and legislation. The manager and deputy manager worked with staff when providing care for people. This helped them to monitor staff practices and identify any problems. All staff told us that they had one to one supervisions every three months and a yearly appraisal. Staff also confirmed that they could approach the registered manager and deputy manager at any time if they wished to. One staff member said, "The manager has an open door policy. They are never too busy to support us in anything, even if we have personal problems. They always listen."

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 interest and as least restrictive as possible. Staff demonstrated that they had received training and understood the principles of the Mental Capacity Act 2005 (MCA) in general. They were clear about the need for people to make as many decisions as possible and they told us that they presumed people had capacity to make decisions. We heard staff explaining to people what their choices were, and waited for their responses. We saw that people reacted positively and made their own decisions about where they sat and what they did. One person told us that they were able to do what they want, when they want. Where people did not have capacity the registered manager had made sure decisions were made on people's behalf. The process involved people who knew the person well, such as close family and the GP. We saw that those decisions were in the person's best interests. For example, some people received their medicines covertly. This meant that medicines were crushed and given with food. We saw that this action had been discussed with the GP and that the correct best interests processes had been followed.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager was aware of their responsibilities with regard to the DoLS and showed



us the documents held for people where they had applied for a DoLS to be put in place. We saw that the DoLS applications in place were appropriate for each person's requirements.

People living at the service told us that they enjoyed the meals. One person said, "I love the food. I get two bacon sandwiches every morning made just as I like them!" One relative said, "[Person's name] loves the food. They have always been choosy but never complains at all about the food." We also saw that people's specific dietary needs were clearly identified and meals were provided to support this. For example, people with swallowing difficulties were assessed by the Speech and Language Team (SaLT) and instruction for modification of food and drinks were followed. For instance, some people required softer food which was provided. We saw that people were supported to make choices of desired food from a long list of alternative meals. Meals were served by the catering staff which enabled the care staff to spend time supporting people. The organisation of the mealtime was well organised. This ensured that everyone, including people eating in their rooms, received their meal in a timely manner.

People and their relatives told us that they were able to see other health specialists when they needed them. These specialists included the SaLT, district nurses, tissue viability team, chiropodists, dentists and their own GP. One person told us that they had recently been poorly and the staff got the doctor. They said they were much better now. The staff monitored people's health and referred people to the GP at their weekly visits to the home. The GP also came to see people at the service if required at other times. Some people in the home were living with dementia. We saw that these people were supported by the memory clinic team. People were also supported by staff to attend hospital appointments as required.

## Is the service caring?

### Our findings

People told us that they felt that the staff were very caring and they were well looked after. One person said, "I am very happy here. The staff are lovely, very happy and helpful." Another person told us that they trusted the staff to look after them. They said, "The staff never let us down. They are very good." We saw staff supporting people by kindly chatting to them and involving them in what was happening. For example, staff took time to take around a trolley full of snacks and drinks. They chatted with each person about what they wanted to pick from the trolley. They then assisted them to access the chosen snack, such as, helping them peel their banana or open their crisps. This action showed patience and kindness which all the people reacted very positively to. Staff were seen to be very relaxed and happy when spending time with people. This had the effect of enhancing the well-being of the people being supported. One person said, "They (staff) are so happy all the time, they cheer me up." Another person commented, "If I want anything they will try and get it." We saw a very kind interaction between a person and staff member. The person was very uncomfortable in the dining room. The staff member who assisted the person encouraged them to move to their wheelchair. They said, "you can do it, just do it nice and gently." The person was then supported to their room.

We spoke with relatives who told us that the care provided was exemplary. One relative said, "[Person] has been here for two years and absolutely loves it. Nothing is too much trouble, the staff are always polite and happy." Another relative felt that their family member was thriving in the home. They said, "When we came here to look round, we knew straight away that this was the place for [family member] because it was so happy. [Person's name] has never looked back since they came here."

We observed that staff treated all people in a dignified and respectful way. We heard people being asked by staff what they would like to do and their choices being respected. We saw that the staff interacted with people in a very kind, gentle and happy manner. For example, when they spoke with people in the lounge they always knelt at the side of the person and made eye contact when chatting. The registered manager said that they encouraged the staff team to, "treat everyone with dignity and recognise each person as an individual." They also asked the staff to think about how they would like their mum to be treated when caring for people. People were supported to have privacy when they wished. For example, two people confirmed to us that they were supported to spend time in their own rooms. They said were enabled to have privacy and solitude if they wished. One of these people said, "I can be alone or I can have company. The staff help me to do what I want."

## Is the service responsive?

### Our findings

People who lived at the service told us they received the care and support they needed at the right time and to meet their individual needs. They confirmed that they were involved in deciding what they wanted to do. One person told us that the staff talked to them about how they wanted to be supported. They said, "I can have a shower whenever I want to. Some days I don't want one and that is OK as well." People we spoke with were unsure about the content of their care plans. However, no-one we spoke with expressed concerns about their care and support. Staff we spoke with had a good understanding of people's preferences, desired routines and care needs. Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said, "Handovers give us the information about changes to people's needs, as well as the care plans. But we would always make sure the resident is happy with what we are doing anyway." The registered manager told us that they were in the process of updating and improving the care plans for each person. We looked at plans in both formats and could see that the new format had improved the availability of information for staff.

Staff spoken with were able to tell us about people's individual interests, such as one person who loved flying and walking. We saw activities were displayed to in the reception area to inform people and visitors about what was happening. The staff had a programme of fund-raising activities planned which involved the people as well. The funds were then used to support other activities for the people in the home. People were happy to tell us about many pastimes they had enjoyed in the home. In addition, people were encouraged to go out into the community and maintain old friendships. Some people told us about their trips out to the 'Monday club' and then to the local pub for lunch afterwards. The entertainments programme included exercises to music, a memories song group and external entertainers. The people also enjoyed visits from people at the local church and the local schoolchildren came to sing and spend time with people. We saw staff spent meaningful time chatting with people during the course of the day. Relatives were able to visit any time and were encouraged to be involved in the day to day life of the home.

The provider had procedures in place for people and their families to make comments or complaints if they wished to. The complaints procedure was clearly visible in the reception area of the home. We asked people and their visitors if they knew how to complain. Two people told us that they would talk to the registered manager but they had never needed to complain. A visitor told us that they had never had a reason to complain but would discuss anything with the registered manager. They said that they were aware of the complaints procedure, but were confident the registered manager or deputy would sort anything out. The registered manager told us that they had received one complaint which had been dealt with in the correct manner. We saw 16 cards and letters to the staff which expressed thanks for the kindness, care and support provided to people who had lived at the home.

## Is the service well-led?

### Our findings

People who lived at the service, relatives and staff were very complimentary about the management team. One person said, "I know that [registered manager's name] will sort anything out for me. They are always checking that I am alright". We saw that the registered manager and deputy manager spent much time with people and their families. Conversations heard showed that people trusted the registered manager and deputy to care well for them.

During the inspection we saw that there was a positive and inclusive culture in the service. The staff and managers worked together as a team to ensure people's needs and wishes were met. Staff told us that they experienced very high levels of support from the registered manager and deputy manager. The registered manager talked with staff about the need to treat people how they wished to be treated themselves. They told us, "Our values are that everything is about and for the residents." The registered manager also told us that they were very proud of their staff team, and the two-way support in place. The staff members we spoke with told us that the manager led by example, and that they would not make them do something that they would not do themselves. One staff member told us, "We are encouraged to treat each person as if they were our own loved one. The manager also does this. It means that the residents are very well cared for". All staff spoken with felt that they were a part of a close knit and good team. One staff member said, "We care about each other as well as the residents. It is a very happy place to work. Staff told us that they knew what to do if they needed to use the provider's whistleblowing procedure and were confident that the manager would support them and deal with the issues brought forward. They also were able to tell us what to do if they could not go to the manager. The staff agreed, however, that this would be unlikely.

The provider supported the registered manager and deputy manager to increase their knowledge and gain confidence in their roles. They enabled them to access higher level management training. The deputy manager told us that this support had increased her confidence greatly. Members of the care team were encouraged to develop their skills and knowledge in order to gain promotion to a senior role. As a result, the staff felt they were supported and valued as team members.

The registered manager showed that they understood their legal responsibilities of their role. They were able to talk knowledgeably about aspects of the Health and Social Care Act 2014 and the CQC new standards. Statutory notifications had been sent to us as required. The managers kept up to date with new legislation and practices through the local care training partnership. This partnership was very proactive in informing providers and managers of new initiatives.

The provider had checks in place to monitor the quality of the service. These included the auditing of accidents and incidents, complaints and medicines in the home. The provider also sent out questionnaires. These asked for people's views on what the service did well and what they could improve. For example, people had been discussing the replacement of worn carpets in the feedback. We saw that the fabric of the building was looking tired, including the worn carpets. The registered manager confirmed that the provider had plans to refurbish the home.