

Osmaston Grange Care Home Limited

Osmaston Grange

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Osmaston Grange is registered to provide personal care, nursing care and accommodation for up to 80 people across two buildings. At the time of the inspection only one of the two buildings were open, and provided accommodation and residential care to people either on a permanent basis or for short-term care, as required. Nursing care is no longer provided at Osmaston Grange. The provider has requested that nursing care is removed from their registration. On the day of our visit 18 people were using the service.

People's experience of using this service:

The provider had not ensured there was enough staff available at meal times, to provide the support some people needed to eat their meal in a timely way.

People were supported by staff who understood their role in protecting them from the risk of harm and safeguarding referrals were made. The risk to people of acquiring an infection were minimised by the infection control procedures in place. Individual and environmental risks were assessed and managed well and people were supported in a safe way to take their prescribed medicine. People were supported by staff who had undergone the appropriate safety checks before they commenced employment.

The meal choices available suited people's preferences and drinks were available to people throughout the day. Assessments were completed when people were unable to make specific decisions regarding their care. This ensured people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. People and their representatives were involved in their care to enable them to receive support in their preferred way. People had access to healthcare services and received coordinated support, to ensure their preferences and needs were met.

Opportunities to take part in social activities were provided to promote well-being and people were supported according to their preferences. People were enabled to maintain their cultural and faith needs and were treated with consideration and respect by the staff team. People were supported to maintain relationships with their family and friends and were able to give their views about the quality of care provided, and raise any concerns about the service.

There were systems in place to monitor the quality of the service. The registered manager was passionate about continuous improvement and was working with the provider to achieve this.

More information is in the full report below.

Rating at last inspection: Requires Improvement (report published 8 September 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, although some further improvements were needed, we saw that significant improvements have been made.

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?

Requires Improvement ●

The service was not always 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.

Osmaston 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector, an inspection manager and an expert by experience conducted the inspection over one day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Osmaston Grange is a care home. People in care homes receive accommodation and nursing or personal care. 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 when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider and they provided us with feedback. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service and four people's visitors to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home. We spoke with six members of staff including the cook, housekeeping staff,

senior care staff and care staff. We spent time with the registered manager, nominated individual and provider during the inspection. A Nominated Individual has responsibility for supervising the way that the service is managed. We reviewed a range of records. This included accident and incident records, three people's care records and medicine records. We also looked at three staff recruitment files.

We asked the registered manager to email their staff training records, audits and their service improvement plan, so that we could see how the provider monitored the service to drive improvements and ensured staff were kept up to date with training. The registered manager sent these to us within the required timeframe. We reviewed this information as part of the inspection process.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Preventing and controlling infection

At the last inspection in July 2018 the provider had failed to ensure that people were protected from the risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection regarding the prevention and control of infection and the provider was no longer in breach of Regulation 12.

- Improvements had been made to ensure effective systems were in place to manage the prevention and control of infection.
- Housekeeping staff confirmed they had cleaning schedules to follow and this included deep cleaning people's rooms on a rotational basis. They told us of the improvements that had been made. This included checks undertaken to people's mattresses and confirmed that mattresses were replaced promptly when this was needed. One told us, "The manager has made all the difference. The cleaning schedules are more detailed and the communication is much better. The manager works with us. They will check the mattresses when they do their audits."
- The registered manager undertook checks and audits on a regular basis to ensure standards of cleanliness were maintained.
- We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons.
- The home had been rated three stars by the food standards agency in March 2018. This means the hygiene standards of the kitchen, at the time of inspection was considered 'generally satisfactory'. The registered manager told us of the actions that had been taken to address the improvements required. The food standards agency is responsible for protecting public health in relation to food. Kitchen staff wore personal protective equipment and practices were in place to ensure hygiene standards were maintained.

Systems and processes to safeguard people from the risk of abuse.

- The registered manager had made referrals to the local authority safeguarding team to protect people from the risk of abuse.
- People told us they felt safe with the support they received from the staff. One person said, "The staff are all very nice and I feel very safe with all of them." Another person told us, "All of the staff are very good. I have no reason not to feel safe. They are very helpful to me."
- Staff understood their responsibilities to report any concerns and had a good understanding of the

safeguarding procedure to follow. One staff member told us, "I would report to the manager or senior and they would make the referral. I do know we can ring the local authority ourselves if we needed to, but I am confident the manager would report any concerns if we raised them."

Using medicines safely.

- Medicines were stored securely and only accessible to staff who administered them.
- People confirmed they received their medicine on time and were supported to take them as needed.
- The registered manager completed monthly audits to check medicines were managed safely and that people were receiving their medicine as prescribed. These audits included checking three different people's medicine records, each month against the balance of medicines in stock. We saw that where improvements were identified by the registered manager these were addressed.

Staffing and recruitment.

- Overall, we saw sufficient staff were available to ensure people's safety. The views of people and their relatives regarding the staffing levels were generally positive and people and their relatives confirmed that the staff met their needs. However, we identified that the deployment of staff at meal times required improvement. This is reported on in more detail under the Effective section.
- Staff had been recruited safely to ensure they were suitable to work with people.

Assessing risk, safety monitoring and management.

- Staff understood where people required support to reduce the risk of avoidable harm and risk assessments were in place to guide staff. For example, regarding people's hydration, nutrition and skin care needs. These assessments had been reviewed each month or sooner when the support needs of the person changed.
- Staff had a good understanding of people's needs and preferences and responded well to support people when they experienced periods of distress or anxiety.
- The environment was well maintained and equipment was serviced as needed to ensure it was safe for use. Emergency plans were in place to ensure people were supported in the event of an emergency.

Learning lessons when things go wrong.

- When something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. For example, care plans and risk assessments were reviewed and amended to ensure people were supported to keep safe.
- The registered manager undertook a daily walk around the home, this enabled them to address any improvements they identified promptly.

Is the service effective?

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

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).

At the last inspection we saw that when people did not have the capacity to consent to their care, capacity assessments had been completed but some were not decision specific. At this inspection improvements had been made.

- We saw that there were clear and detailed capacity assessments for each decision. Best interest decisions were also in place and showed the people that had been involved in these decisions, such as the person's family and health professionals involved in the person's care. These linked to the areas within the care plan to support how the person's care needs should be met.
- Some people had DoLS authorisations in place. We saw the appropriate information had been recorded and shared with staff.
- Staff were knowledgeable about how to support people with decisions and the principles of least restrictive practice.

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

- There was not enough staff available to support people at meal times. Where people required physical prompts to eat their meals these were not always provided in a timely way, as the staff availability in the dining area was limited. This impacted on the amount of food some people ate and on the temperature of their meal when staff support became available. For example, we saw four people were not able to access their lunch time meal independently. This was either because they needed help with cutting it up, or they needed encouragement to eat it. We saw one person was eating their main course with a spoon and their dessert with a knife. The staff available in the dining room at that time were busy serving the meals to people.

- There was not enough staff to support people who were unable eat independently and needed their meal to be fed to them. We saw one member of staff supporting two people at the same time to eat their lunch. This was not dignified.
- We saw that people were provided with drinks throughout the day. Where people needed adapted cups, to enable them to drink independently these were provided.
- Choices were available and we saw people's dietary needs and preferences had been catered for and their nutritional needs monitored. When concerns had been identified health care professional had been consulted.

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

- The home was attractively decorated and assistive technology was in place and used to support people as needed. For example, call bells and sensor mats.
- The design of the building enabled access for people that used wheelchairs and people could walk around with or without staff support as needed.
- Sufficient private spaces were available for people to speak with their visitors if they wished to.
- Equipment such as hoists were available for people to move safely.

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

- People's needs had been assessed and reviewed on a regular basis. Their identified goals were clearly recorded to ensure staff understood the outcomes that were to be achieved.
- People were supported to make choices to promote their wellbeing.
- We saw that guidance was in place to support staff with knowledge about people's specific health conditions.

Staff support: induction, training, skills and experience.

- We saw that new staff were supported with an induction and training programme and worked with experienced staff until their competency was assessed and they were able to work alone.
- Staff were provided with training for their role. One staff member told us, "The training is good we have on line and face to face. It depends what the subject is. If we want more training in a specific area the manager organises it for us. I have just asked for more in-depth training in dementia care."
- The registered manager told us that all staff had a competency book that supported them in their work and enabled the manager to monitor their conduct and the support they needed.
- The skill mix of staff on each shift ensured staff had the competency, skills and knowledge to meet people's needs.
- Staff confirmed and we saw that supervision was provided to them on a regular basis by the registered manager.
- Staff told us they felt supported by the manager. One member of staff said, "We can all see the difference since the manager has been in post. She is very supportive." Another member of staff told us, "The manager is a team player. She is supportive and works with us."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People had access to health professionals such as doctors, chiropodists, and district nurses.
- We saw that referrals had been made to a range of health and social care professionals when required to support people's changing health care needs.

- People told us they were supported to see a doctor if needed. One relative told us, "They're quick to call the GP if something's wrong. They keep me informed and tell me of any medication changes."
- A visiting professional said that they had seen some marked improvements since the registered manager had been in post. They told us, "Staff are more committed, more aware and knowledgeable. The communication is much better."

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; equality and diversity.

- At the last inspection we saw on the nursing unit staff were available to support people with care tasks but did not have the time to sit and talk to people. Since the last inspection the nursing unit had closed. Therefore, we are unable to report on this.
- We saw people were treated with kindness, for example one person said they felt cold and a member of staff fetched them a blanket. Comments regarding the staff were positive. One person told us, "I have found all of the staff really helpful and friendly towards me." A relative told us, "It's a very friendly and caring place. Another relative said, "They're caring, they're kind. If one of the residents get a bit anxious it's not long before someone goes to them."
- People's life history was recorded in a document called 'This is me'. This supported staff in getting to know people. Discussions with staff showed us that they knew people well which helped them to build positive relationships with people.
- Staff understood people's communication methods. We saw staff could communicate effectively. When people had difficulty expressing themselves, we saw the staff communicated with them through body language, touch and eye contact.
- Information regarding people's method of communication was recorded in their care plans. This included details about people's vision, hearing and any aids they used. One relative told us, "Since [Name] has been here, the staff have managed to encourage them to wear their hearing aids which is great."

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

- Staff supported and encouraged people to make decisions about their care. One person told us, "I have been involved from day one. In fact, I was involved in the decision to come here." Another person said, "I do as much as I can for myself and I decide when I want to go to bed and when I get up."
- Relatives confirmed they were consulted and involved in their family members care. One person told us, "We have reviews and in between those if there are any changes, I am consulted."

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy. One person said, "If you want to stay in your bedroom you can. The staff will check to make sure you're okay but you can have some privacy if you want it."
- Relatives confirmed that they were made to feel welcome by the staff team. We saw people could spend time with their visitors in private if they wished to.

- We saw staff knocked on people's door before they entered their bedrooms. When people were supported to use the bathroom, this was done discreetly and with consideration to the person.
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to those staff who required that information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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

- At the last inspection we found that people were not always provided with a good range of activities. At this inspection this had improved.
- There was an activity co-ordinator who planned things to do around individuals interests and hobbies. People told us they enjoyed the activities available. For example, baking, bowls, skittles, jigsaws, crosswords, puzzles and arts and crafts.
- At the last inspection there was a lack of information for people, to support them in finding their way around the home. At this inspection some signage was in place to help people identify areas of the home, such as the lounge and dining room. A board was in place in the lounge that told be the current day and date and provided information on what was happening that day. The registered manager told us that photographs would be taken of the meals; to provide picture menus to support people's understanding. This showed us that the registered manager was taking action to ensure they complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand
- People were supported by staff who knew them well and understood their preferences
- People were supported to practice their faith and maintain their beliefs.
- People had care plans which were personalised, detailed and regularly updated.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to. One relative told us, "We are confident in the manager as they sort things out." Another relative said, "The manager sorts out any issues and nips them in the bud." One person had provided written feedback to the registered manager that said, 'Thank you for preparing the signs for [Name's] wardrobe so promptly. I have to say staff are so attentive and this is really reassuring.'
- There was information in the entrance of the home to explain to people how to raise concerns.
- When complaints were received they had been reviewed in line with the provider's procedure.

End of life care and support

- People had plans in place for the end of their life. Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care. Some people who had been unwell had medicines in the home to manage their pain if they deteriorated, in line with their wishes.

- There was no-one receiving end of life care at the time of our inspection.

Is the service well-led?

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.

At the last inspection the service was rated Inadequate in this key question. This was because although we saw improvements had been made; we could not be confident that these improvements would be sustained. Prior to our previous inspection we had seen a continuous cycle of breaches and any improvements made had not always been sustained. At this inspection the improvements from the last inspection had been sustained and further developed to demonstrate a culture that promoted high quality, person centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At the last inspection effective systems were not always in place to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection. The systems in place had been developed. These were used to continuously monitor and improve the service and the provider was no longer in breach of Regulation 17 (1).

- Since the manager has been in post significant improvements had been made to the service and the quality of care provided. The manager is now registered with the Care Quality Commission and we have been assured by their ability to raise the standards of care provided to people.
- There were quality audits in place to measure the success of the service and to continue to develop it. For example, accident and incidents were analysed to enable the registered manager to identify any patterns or trends and put measures in place, to minimise the risk of reoccurrence. Staff training and support, infection control and health and safety were continuously reviewed. These audits were reviewed by the provider which showed that the provider had oversight of the service.
- We saw that the registered manager audited the meal time experience for people by observing the support people received from the staff. We saw a breakfast and lunch time audit had been done and the registered manager at the time of these audits, had not identified any concerns with the staff available to support people. Following our feedback of staff deployment at meal times, as reported under the Effective domain; the registered manager confirmed they would monitor and address this as required.
- Staff felt supported in their role and told us the registered manager promoted a high standard of care. One member of staff said, "I can definitely see the improvements since [registered manager] has been in post."

She is so supportive and helpful; she has a lot of knowledge and experience."

- Staff understood their roles and responsibilities and there were clear lines of delegation. We saw the registered manager was visible throughout the home and led the staff team by example.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- We saw that the previous rating was displayed in the home in line with our requirements.
- The care people received was regularly reviewed by the registered manager to ensure it met their individual needs and preferences.
- Staff knew who they would report any concerns to on a day to day basis and told us they would feel safe in doing this. One member of staff said, "I would go to [registered manager] I know she would listen and take any concerns seriously."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The views of people and their representatives were sought and the registered manager responded to any feedback received. For example, people had requested more activities, more exercise, more chocolate and a garden area and trips out. In response to this, the registered manager had increased the activity coordinators hours to 20 hours a week. A patio area had been created for people to access. A new menu was in place with more sweets and treats and more trips with an outdoor activity programme was put in place.
- Staff had regular team meetings and told us they felt comfortable expressing their views and felt involved in the development of the service. One member of staff told us, "The atmosphere here now is brilliant. The manager is professional and supportive to us, we all work together as a team to improve the service." Another member of staff said, "Everything is much better now, we are involved in improvements and I really enjoy coming to work."
- People and their relatives told us the home was managed well. One person said, "The manager is lovely and she works with the staff. She will always ask me how I am and has time for me." A relative told us they thought the home was well led. They said the manager was very good, very easy to talk to and confirmed they could say anything to her and she would try and help.
- There were positive relationships with local health and social care professionals to monitor and improve the care and support provided to people.
- The registered manager ensured relations with the local church and social groups were maintained to ensure people's diverse needs were met.