Barchester Healthcare Homes Limited

Oak Grange

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

The inspection was unannounced and took place on the 29 March 2016. The service had a manager who had been registered with the CQC since February 2016.

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.

Oak Grange provides care and support to up 70 people with varying levels of need. The service is split into four units which offer support to people with nursing, and residential needs. The service also provides support to some people living with dementia. At the time of the inspection there were 67 people living within the service.

At the last inspection in April 2014 we asked the registered provider to make improvements around the call bell system, and keeping risk assessments up-to-date. At this inspection we found that action had been taken to address these issues.

There were sufficient numbers of staff to meet the needs of people who used the service. The registered manager had recently employed new staff to address a staff shortage. The registered manager had also identified an issue with staff absences and was working to address this through the use of supervision and disciplinary procedures.

People were protected from the risk of abuse. Staff had undertaken training in safeguarding and knew the different types of abuse, and how to go about reporting their concerns. Staff were aware that there was a whistleblowing policy in place, and had access to the registered provider's safeguarding policy and procedure.

People were supported to take their medication as prescribed. The system in place for administering medication was safe and helped to reduce drug administration errors. Medicines were stored offices which were kept locked when not in use. We looked at a sample of people's medication and found that the correct quantity was being administered.

Staff had been supported to access training that enabled them to carry out their role effectively. Staff had undertaken training in areas such as infection control, manual handling and the Mental Capacity Act 2005. They had also been supported to access further qualification such as the qualifications credit framework (QCF) at various levels. New staff undertook a period of induction which gave them the opportunity to develop the necessary skills, and ensured that they were suited to the role.

Staff were skilled in their approach to people living with dementia. We saw examples where staff provided

high quality care that promoted people's independence and dignity. Staff treated people with kindness and there were examples which made it apparent that a good rapport had been developed between people and staff. During meal times we found that staff in one of the units spent time talking to people, whereas in another unit there was little social interaction. We discussed our experiences with the registered manager so that she could act upon this.

People told us that they enjoyed the food, and were provided with different options. People with special dietary requirements were provided with appropriate choices and received the correct level of support. Kitchen staff maintained a record of those people who required special diets, and provided the correct quantity to each unit.

Care records were personalised and contained information around a person's likes, dislikes and preferred daily routines. These also contained up-to-date information around what level of support people required and how staff should meet people's needs. Staff had a good understanding of those people they were supporting, and we saw that some staff had taken it upon themselves to do further research in an effort to better understand the people's needs.

There were a range of activities on offer which people told us they enjoyed. These included one-to-one sessions, group activities and days out. There was also a cinema room which was used on a regular basis to show films.

The registered manager and registered provider both completed audits of the service to help maintain standards. These focussed on areas such as accidents and incidents, the environment, and care records. Where issues were identified an action plan was drawn up and these were rectified. We identified that the registered provider had not reported all notifiable incidents to the CQC and we referred them to the guidance.

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 able to call staff when they required assistance and there were sufficient numbers of staff in place to meet people's needs.

Staff had undertaken training in safeguarding and were aware of how to report any concerns they may have. Risk assessments were in place to guide staff how to keep people safe.

People were supported to take their medication as prescribed.

Is the service effective?

Good

The service was effective.

Staff had completed training that was needed to undertake their role. There was an induction process in place for new members of staff to help them develop the necessary skills.

The registered manager had made applications to the local authority for those people who required deprivation of liberty safeguards (DoLS), in line with legislation.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect during interventions.

Staff and people using the service had developed a good rapport which helped ensure people were comfortable.

Information was available to people on how to access support from an advocate, should they need this support.

Is the service responsive?

Good

The service was responsive.

Care records were personalised, and provided detailed information around the support that people required.

People told us that they felt that their complaints and concerns would be listened to. A record of complaints was maintained which showed that the registered manager had responded appropriately to these.

Is the service well-led?

Good

The service was well led.

The registered provider had informed us of most incidents that had occurred within the service; however there were some incidents which had not been reported to us in line with the guidance

People felt that the service was well led and that the registered manager was approachable.

Quality monitoring audits were carried out by both the registered manager and the registered provider, to help ensure that the quality of the service was maintained.

Oak Grange

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.

The inspection was unannounced and took place on the 29 March 2016.

The inspection was undertaken by two adult social care inspectors. Prior to the inspection we contacted the local authority safeguarding and quality monitoring teams, neither of which raised any concerns about the service. We also contacted Healthwatch who did not raise any concerns about the service. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided.

During the inspection we looked at ten people's care records, along with the records completed around their day-to-day care. We spoke with seven people using the service, and five people's relatives and friends. We also completed a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine members of staff including the registered manager, and looked at the recruitment files for four members of staff. We also looked at records relating to the management and running of the service, and made observations around the interior and exterior of the building and grounds.

Good

Is the service safe?

Our findings

People told us that they felt safe within the service. Their comments included; "I feel perfectly safe here" and, "I've no worries about my wellbeing". People's relatives also commented, "Yes my [relative] is safe here", "Oh yes they're safe".

At the last inspection in April 2014 we found that there were issues with the call bell system, and that risk assessments were not always kept up-to-date. We found that the registered person had not protected people against the risk and this was a breach of Regulation 9 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that improvements had been made and the regulations were met.

Concerns with the call bell system had meant that people had been placed at risk of their care and support not being provided in a timely manner. The registered provider subsequently installed a new call bell system that was suitable for people who used the service. This meant that people could summon assistance in a timely manner. Where people were unable to use the call bell there was a risk assessment in place around this, and regular observations were completed throughout the day to ensure people remained safe.

Previously a person's safety was put at risk because care records were not sufficiently detailed or up to date to guide staff in providing care and support. We looked at people's risk assessments and saw that these were now being kept up-to-date. Risk assessments were in place to support people with managing risks to themselves. These were personalised and tailored to meet the needs of the individual and provided a detailed outline around how staff should work to minimise risks, for example there was a risk of one person becoming agitated. Their risk assessment detailed effective distraction techniques, for example the use of a soft teddy and speaking slowly and calmly. In another example one person was at risk of sun burn as they liked to sit outside a lot during the summer. The risk assessment outlined how staff needed to ensure sun cream was applied when appropriate

People told us that were enough staff available, one person commented; "Yes there's enough staff". One person's relatives commented, "They were very short staffed at first. There does seem an indication this is improving. It's safe here, but if staffing levels fell again I wouldn't be sure".
The registered manager told us that prior to her starting with the service there had been issues with staffing levels, and since coming into post she has been working to remedy this issue by recruiting new staff. The registered provider had a dependency tool in place to gauge how many staff were required to meet the needs of people who used the service. This tool also contrasted the required number of staff, with the actual number of staff each day, and indicated that the majority of the time staffing levels were in line with the required number.

Some staff commented that sickness and absence had been having an impact on staffing levels. We followed this up with the registered manager, who showed us evidence that this was being addressed as part of staff supervision and disciplinary procedures had been instigated where appropriate.

Accidents and incidents records were maintained in people's individual care records which included the time of the incident, any resulting injuries and any action taken to minimise the risk. Where injuries had been sustained, a photograph had been taken and a body map completed. These were routinely reviewed by staff to monitor the healing process. Where people could not consent to having their photograph taken, a decision had been made in their best interests and recorded appropriately. Records indicated that appropriate action had been taken to seek support from health professionals where required.

We looked at the recruitment records for four members of staff and found that these were robust enough to maintain people's safety. Staff had been required to complete an application form which included details around their qualifications and employment, also had a check from the disclosure and barring service (DBS).Staff had been required to provide two references, one of which was from a previous employer, which helped the registered manager make decisions around their suitability, based on their conduct in their previous job.

People were protected from the risk of abuse. Staff had completed safeguarding training and were aware of the different kinds of abuse and the signs that may indicate that abuse is taking place. Their comments included; "Abuse can include emotional or physical abuse" and "People may behave out of the ordinary." They may have bruising or unexplained marks". Staff were also aware of how to go out reporting their concerns and were aware that there was a whistleblowing policy in place. Their comments included; "I would go to the manager or the safeguarding team", "There's a whistleblowing hotline we can call, or I could go to the CQC". Whistleblowing allows staff to report concerns internally or externally without fear of reprisals.

Checks had been carried out to ensure that the environment and equipment being used in the day-to-day running of the service was safe. Records indicated that hoists and the lifts were serviced on a routine basis, and that call bells were checked to ensure that they were in working order. Water temperatures were being monitored on a weekly basis to ensure that they were at a safe temperature, and a legionella check had been carried out to ensure that the water supply remained free of harmful bacteria.

The service presented as clean and tidy throughout, and smelled fresh. "One person said "It's OK here. It's nice, and it's clean". Another person told us "They keep the place lovely and clean. It's well-kept and they look after their reputation". We saw examples where staff used personal protective equipment (PPE) when serving food, or in preparation for supporting people with their personal care needs. Prior to meals being served we also observed staff washing their hands to prevent the spread of infection.

People were supported to take their medication safely. Staff used an electronic medication administration record (eMAR), which had been provided by the pharmacy, to document where medication had been given. During medication rounds the electronic system displayed the medicine that needed to be administered, along with the details of the person and a photograph. Staff then used the touch display or keyboard to indicate that this medication had been given. Where PRN ('as required') medication was administered, the system would not allow this to be administered again until an appropriate amount of time had lapsed. This helped to make sure that people did not receive overdoses inadvertently.

People's medicines, including any controlled drugs were stored securely. Fridge temperatures were monitored on a daily basis to ensure that they kept medication at the correct temperature, to prevent it from losing its effectiveness.

Good

Is the service effective?

Our findings

People told us that staff were well trained and good at their job, one person commented; "They certainly seem competent". People's relatives also spoke highly of staff, their comments included; "Staff seemed skilled enough", and "They manage my [relative's] needs well".

Staff had received the training required to carry out their role effectively, for example records indicated that training had been undertaken in areas such as health and safety, fire training and moving and handling. Staff commented that they felt training opportunities were good, and one member of staff gave an example where they had been given time away from work to access external training. Aside from mandatory training, staff were also being supported to complete the care certificate. The care certificate sets minimum standards which care staff are expected to meet. Staff had also been supported to gain national vocation qualifications (NVQ) at various different levels.

New staff were required to undertake an induction, which included a period of shadowing more experienced members of staff as well as completing mandatory training. During the induction new staff met periodically with their line manager to discuss their progress and development, which gave the registered provider and the staff member the opportunity to determine their suitability for the role.

Records indicated that staff received supervision on a routine basis. Supervision enabled staff to discuss any development opportunities or concerns they may have. This also allowed the registered manager the opportunity to address any disciplinary issues and ensure that these were being appropriately addressed. Staff received appraisals on an annual basis which allowed staff to set goals for the year ahead. Team meetings were held routinely within each of the different units and were used to inform staff of any updates, and discuss any changes to people's needs. Staff also told us that meetings would also be held in response to a particular concern, or if management needed to pass an update to staff.

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. The application procedures for this in care homes 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, and found that they were. The registered manager was aware of those circumstances where an application needed to be made to the local authority to deprive someone of the liberty. We saw that applications for those people that required a DoLS had been made, and were awaiting authorisation.

Staff had received training in the MCA, and were aware of their roles and responsibilities in relation to this. Some staff had also taken it upon themselves to do some further research outside of working hours, and had an in-depth knowledge of the MCA. Staff told us that they understood that "people have the right to refuse" care and explained how they would not force someone to do something they did not wish to although they might return later to see if they had changed their mind.

People's care records contained information around their mental and emotional wellbeing, and gave an indication of the level of support staff needed to provide, for example, if they needed to anticipate people's needs and wishes. There were examples where mental capacity assessments had been completed, for example around the use of covert medication; however there were circumstances where mental capacity assessments should have been completed, but had not been, for example around the use of bedrails. We raised specific examples with the registered manager, who confirmed that this had been rectified following the inspection.

People's care records contained details around whether they needed support with eating and drinking, and whether they required a special diet. During meal times we observed that people were able to choose from two different options. Where people did not like what was on offer, staff requested an alternative from the kitchen. In one of the units we observed a lot of positive interaction, with people encouraged and supported in a skilled an appropriate manner by staff. In another of the units, there was less interaction beyond serving the meal to people, and it was felt that the atmosphere could have been more sociable, and more encouragement given to people. We discussed our experiences with the registered manager so that she could raise these with staff.

The kitchen made and prepared food which was then taken to the different units on a kitchen trolley. Kitchen staff maintained a record of people's dietary requirements, so that appropriate options were available for the people in each unit. We spoke to kitchen staff who were able to tell us where this information was recorded.

People were supported to maintain their general health and wellbeing. People's care records indicated that they had been supported to access support from health and social care professionals where they had been unable to do this themselves. Examples were available where people had been supported to access paramedics in emergency situations, as well as their GP, social worker or other professionals.

The environment was tastefully decorated throughout. Two of the units which provided support to people living with dementia contained lots of pictures, and sensory objects to help stimulate and interest people. There was appropriate sign postage, for example toilet doors had a picture of a toilet to compensate for people having difficulty reading. There were terraced areas for each of the four units, which had been made secure and safe, and there was a spacious garden area for people to spend time in.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring, their comments included; "Staff are kind. They're all right", "It's fine here, the staff are very nice" and "Staff are nice. They're kind and respectful". One person's relative also commented; "We have no complaints about staff. They're very kind".

Staff approached people living with dementia skilfully. Where people became confused or anxious, staff would use effective distraction techniques to help relax them. For example one person was refusing to let staff support them to have a drink. Staff sat and spoke with this person, telling them that holding their cup would help warm their hands. This encouraged the person to hold the cup, and then reflexively start drinking from it. In another example we saw that one person's anxiety was being successfully managed using a doll which they liked to hold. During meal times one member of staff skilfully placed the doll close to the person and tied a napkin around its neck which helped keep the person relaxed.

During lunch time we saw that one person was trying to eat their food with a knife. Rather than intervening straight away, which would have likely resulted in the person becoming distressed, staff patiently suggested that the person use a fork, which they eventually did. This approach helped empower people, and prevent them from feeling that control had been taken from them.

Throughout the inspection there were examples where people and staff were laughing and joking with one another, which indicated that positive relationships had been developed. Staff spoke kindly towards people, and were respectful of their decisions, for example one person had fallen asleep on a chair in the corridor. Staff asked this person if they wanted help with going to bed, but left them to sleep when they indicated that they were comfortable.

One person commented; "Staff are respectful when they're helping me". Staff gave appropriate examples of how they would ensure that people's privacy and dignity was maintained. One member of staff commented, "After meal times I help people wipe around their mouths if they need to. During personal care I make sure that people are covered to help make them feel less vulnerable". We saw examples where staff ensured that doors were closed when attending to people's personal care

People's confidentiality was maintained. Records containing personal details were stored in offices on each of the different units which were kept locked when not in use.

People's relatives told us that they were made to feel welcome within the service. There was a tea and coffee station at the entrance to the building where people could help themselves, and there was also cake available. One person's relative commented; "There always tea, coffee and cake available. They're very welcoming".

We saw that staff had access to information about advocacy which they could provide to people who lived in the service. In two of the units we visited we saw the contact details for five different agencies proving paid advocacy in the units. The registered manager was aware of those circumstances where people may require

support from one of the local advocacy services.

Good

Is the service responsive?

Our findings

People told us that they received care and support that was well suited to their needs. One person commented; "Staff are respectful when they're helping me. They know I like to do my own thing, but sometimes I need help". Care records were kept up-to-date, and staff had a good understanding people needs and how they to support them.

People each had a personalised care record which outlined to staff how they liked to be supported. These were written from the view point of the person, which allowed for care to be provided in a way that was designed around the needs and preferences of the person rather than the requirement of the service. Care records contained informed around personal care, mobility and any physical or health needs that the person may need support with. Staff were knowledgeable about people's needs and what they needed to do to support them. We spoke with one member of staff who told us that they, along with a colleague, had done independent research into one person's physical health condition to gain a better insight into how they might support them. This member of staff spoke knowledgably about the person, which accurately reflected information documented within the care record.

Care records also contained comprehensive daily notes which detailed what support had been provided through the day. Details around hospital visits were also maintained, and there was a section for correspondence with health and social care professionals, as well as a relative's communication record. Care records and risk assessments were updated on a monthly basis, or as and when any changes occurred. This helped ensure that information was up-to-date so that staff could provide the correct level of support.

Care records contained information about people's likes, dislikes and their preferred daily routine. For example, there was information around what foods people liked and disliked. One person's care record stated, "[Name] is a private person who does not like the company of others, and prefers to eat meals alone". Another person's record stated, "[Name] likes to sleep with two pillows, with the bed in an upright position".

There were a range of activities available to people. There was a cinema room which held regular film showings, and which people enjoyed attending. As part of an Easter theme, there were also eggs being hatched in an incubator located at the entrance to the building. The activities co-ordinators supported people to put together a memory book which included photographs from the activities undertaken each month. Arts classes were held each month, and musicians and singers also came into the service. People had been supported to go on trips out, for example to the garden centre, and there had been a celebration for Burns night and Chinese new year. There was a weekly planner in place outlining the activities for the week ahead.

People told us that they knew how to make a complaint, and would feel confident in doing so. One person commented, "If something is not right, not how you like it, just have a word with the staff and it will be put right". One person's relative also commented, "The staff and manager are very approachable and we don't have any qualms about complaining". The registered manager kept a record of comments and complaints

that had been made, which included any follow up action that had been taken to rectify the issues raised.

Good

Is the service well-led?

Our findings

The service had a manager who had been registered with the CQC since February 2016. People knew who the registered manager was, and told us that they would feel confident approaching her or another member of the staff team if they had any issues. People's relatives also told us that they knew who the registered manager was. One person's relative commented; "The manager is very approachable". People told us that they enjoyed living within the service and commented; "I think you will find this is a good home" and "If I had to choose between saying this home was good or not so good, I'd choose good".

The registered provider is required by law to notify the CQC of certain incidents that may occur within the service. Whilst our records indicated that we had been informed of some incidents, but not all incidents had not been reported. We spoke with the registered manager and a member of the registered provider's management team about this, and suggested that they refresh their knowledge of the guidance to providers on sending notifications.

Staff commented that they felt that management within the service were approachable and supportive. They spoke positively about the registered manager, their comments included; "The new manager seems to be dealing with some of the historic issues, like staffing" and, "She is very approachable". Staff also commented that they felt supported to progress, and told us that they felt able to make suggestions about the running of the service, for example more effective ways of caring for people. Staff also told us that they had been involved in discussions around the new décor throughout the service.

Policies and procedures were up-to-date and included safeguarding, whistleblowing, mental capacity and dealing with complaints, amongst others. There were appropriate examples where the registered manager had used the disciplinary procedure in line with the registered provider's policy, in an effort to maintain standards and address issues. Policies and procedures were kept in the main office and were accessible to staff.

There were systems in place for monitoring the quality of the service being provided. These included audits of care plans, accidents and incidents, and monitoring of people's weights. A medication audit was also completed monthly by each unit which was overseen by the service's clinical lead. A recent medication audit had been completed by the registered provider which had focussed on all four units within the service.

The registered provider had also completed an in-depth audit of the service which focussed on various different areas including people's dining experience, the environment and staff training. Audits completed by both the registered manager and the registered provider identified a list of actions that needed to be completed to remedy the issues identified. There was evidence to indicate that these actions were then followed up to make the required changes.

The registered provider sought feedback from both residents and relatives through an annual questionnaire, the results of which were available within the service, and had been published on the website. The results

from the 2015 survey showed that overall people were happy with the service provided. Residents and relatives meetings were also held, during which people were given the opportunity to make any comments or raise issues about the service.