

# Barchester Healthcare Homes Limited

## Oak Grange

### Inspection report

14 Mollington Grange  
Parkgate Road, Mollington  
Chester  
Cheshire  
CH1 6NP

Tel: 01244439839  
Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
23 November 2021  
26 November 2021

Date of publication:  
13 December 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oak Grange is a care home providing nursing and personal care and specialises in providing care to people living with dementia. The service can support up to 70 people, at the time of inspection they supported 54 people.

### People's experience of using this service and what we found

We received mixed opinions about staffing levels from relatives. Staff identified increased care needs on one unit and felt staffing needed to be increased. The registered manager took appropriate actions and assured us that staffing levels were increased and felt this was an oversight due to changes in dependencies on the unit not being highlighted.

Staff treated people with kindness, compassion and dignity. People and their families confirmed they were involved in choices and decisions regarding their care and support.

People's diverse needs were catered for. Care plans were person centred and reflected the needs of each person. Staff were trained in end of life care and received regular training necessary for their role.

Relatives confirmed communication from staff was good and they were always kept up to date regarding their family member.

Complaints were investigated and responded to in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests the policies and systems in the service supported this practice. People were supported to eat, and drink where needed

There were detailed audits and regular quality checks in place, complete with action plans. The registered manager understood their role and responsibilities and had reported all notifiable incidents to CQC.

### Rating at last inspection

This service was last inspected 11 February 2021 and the report published 1 March 2021. This was a targeted inspection and was not rated. The previous inspection 1 May 2019 was published 8 July 2019 and rated good in safe and requires improvement in well led and rated good overall.

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the 'safe' key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Oak 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This service is a care home.

This inspection was carried out by two inspectors, one medicines management team inspector and an Expert by Experience. (An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.)

The 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.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority for feedback about the service. We used all this information to plan our inspection and formulate our 'planning tool'.

#### What we did during our inspection

During the inspection, we spoke with five people using the service and nine family members about their experience of care on the telephone. We also spoke with the registered manager and gathered information from three members of staff.

We looked at three people's care records and a selection of other records including quality monitoring records, recruitment and training records for all staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. This key question remains good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medication processes and appropriate systems were in place and people received their medications safely.
- Thickening powder used to stop aspiration and choking was not always stored and recorded correctly. The manager assured us that this would be rectified immediately after the inspection.
- Staff knew people well and met their medicines support with safe management procedures.
- Staff administering medicines had been assessed as competent to do so.

### Staffing and recruitment

- Staff identified a shortfall in their staffing levels on one unit which was addressed on the day of inspection. Senior staff advised this was due to dependencies not being updated and raised as a need for review. We were assured the registered manager took appropriate actions to increase staffing levels to accommodate the changing dependency levels.
- There were mixed responses from relatives regarding their opinions about staffing levels. Some people felt that staff numbers were low at night and at weekends.
- Staff recruitment procedures were safely managed, all required pre-employment checks were completed. Staffing was managed by the registered manager with ongoing recruitment in place for current vacancies

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

- People's needs were safely managed. Safeguarding referrals had been appropriately made by the registered manager and investigated where appropriate.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff had developed detailed risk assessments in place for people. People we spoke with said they felt safe using the service.
- Relatives told us they felt their family member was safe and well managed. They told us, "They (staff) make sure her buzzer is nearby and they've fitted a pressure mat to alert the staff", "Safe and settled" and "It's the best place. They are in the late stage of vascular dementia and is so well looked after. The staff make sure they are wearing socks and shoes so that they do not slip."

### Preventing and controlling infection

- Infection control procedures were well managed. Staff had received training around COVID-19 as well as additional preventing and controlling infection training and had access to relevant guidance and information.

- Staff partook in routine COVID-19 testing and most had been vaccinated.
- People told us that staff wore appropriate PPE when carrying out hygiene and personal care duties and had good hand washing techniques to minimise the spread of infection.

# 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

At the last inspection this key question was rated as good. This key question remains good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff updated well-being charts and records to show support with general needs such as fluid, diet, positional changes, safety and comfort checks. The registered manager took action during the inspection to ensure all staff correctly updated fluid balance and diet charts to help provide accurate records of people's needs.
- People told us they liked the food. One relative told us, "The food is beautiful. Really nicely presented."
- Where needed, there was detailed information recorded for staff to follow which described the level of support each person required. This varied from staff making available different dietary requests and providing correct diets as identified within nutritional assessments.

Staff support: induction, training, skills and experience

- People and their relatives were positive about the staff and told us, "Absolutely. The staff are well trained. The way they (staff) handle [our relative] is so good" and "The regular staff know what they're doing."
- Staff were well trained and had completed training courses to enable them to fulfil their role.
- People we spoke with confirmed the staff had good skills, knowledge and experience to help support people with their needs.

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

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.
- Capacity assessments had been undertaken as part of the assessment process and this was documented



in people's care plans, including, what choices they could make, and where they required additional support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs and choices were assessed and detailed in their care plans. One relative told us, "I do think the home aspires to help those with disabilities."
- There was pre-assessment information available in people's care plans to determine their care and support needs.
- The registered manager shared plans with us regarding the ongoing refurbishment and maintenance of the service which will update most areas of the building.

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

- People were supported by staff to access healthcare services and seek out support if they needed it.
- There was information recorded in people's care records to show staff had contacted health care professionals and GP's on people's behalf when they felt unwell or required further advice and support.

# 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.

At the last inspection this key question was rated as good. This key question remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans reflected people's choices and their diverse needs emphasising details in how to support people including with their health conditions, well-being and mental health.
- People made the following comments about the caring nature of the staff, "Oh very kind and caring and respectful too" and "The staff are such thoughtful and kind people."
- Care plans were written in a way which focused on promoting people's dignity and independence.
- We observed positive interactions between staff and people they supported, showing caring and supportive comments throughout the day.

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

- People had signed their own care plans where they were able to. For some people, family has signed on their behalf if they were legally allowed to do so.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. This key question remains good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to contact their relatives and friends and supported with arrangements for safe visiting during the pandemic.
- People told us staff support them on appointments if they needed to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information, such as the service user guide, was available in different formats to support people's understanding. Some people's care plans were also written in a way which they could understand.

Improving care quality in response to complaints or concerns

- There was a detailed complaints procedure where complaints were recorded and responded to.
- Everyone we spoke with said they knew how to complain.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Each person's care plan was written in a way which was meaningful for them. Information was recorded about people's likes, dislikes, what food they liked, how they liked to spend their day.
  - Staff had undergone training in end of life care.
  - People's preferences regarding end of life wishes were discussed with them as part of their care plan.
- There was no one being supported with end of life care at 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.

At the last inspection this key question was rated as requires improvement. This key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Continuous learning and improving care

- The registered manager and registered provider had ensured people's views and opinions of the service was sought and obtained.
- People, relatives and staff were positive about the management and fully supported their developments of the service. Relatives told us they would recommend the home
- The registered manager shared development plans to show the commitment to ongoing investment to maintain and refurb the service.

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

- People and their relatives told us, "(Manager's first name) is brilliant. If ever I see her she always asks how I am and if I need anything."
- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
- When referrals to other services were needed, such as the GP, we saw these referrals were made in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities around Duty of Candour legislation.
- Staff were clear of their roles and responsibilities. All incidents and accidents had been promptly reported to CQC. Records showed that action was taken to help mitigate re-occurrence and how learning had been implemented in the service especially when someone had sustained a fall.