

Ardale (Oakham) Limited

Oakham 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

About the service

Oakham Grange is a care home with nursing. Accommodation is over three floors. All rooms are en-suite and there are a range of accessible communal areas and outside areas. The service can accommodate up to 60 people, some of whom are living with dementia. At the time of our inspection 38 people were using the service.

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

At the time of our visit some people were isolating due to a COVID-19 outbreak so our ability to speak with people was limited. We did observe some people interacting with staff. Interactions were positive and respectful. People were comfortable and chatted to staff in a relaxed manner and were confident asking staff when they needed anything.

Staff knew people well and understood their responsibilities to protect people from harm and abuse. Risks were assessed and managed so that people's freedom and human rights were upheld. Accidents and incidents and any environmental risks were analysed and discussed at safety meeting so that risk was reduced as much as possible.

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's medicines were managed in a safe way by staff who had training and were assessed as competent. The service was very clean and hygienic, and staff followed Infection control policies and procedures to reduce the risk of infections.

There were enough staff with the right skills and experience to meet people's needs. Staff were kind and caring and motivated to achieve good outcomes for people. People were supported to follow their hobbies and interests and to maintain relationships with the people important to them. Staff were flexible in their approach so care and support was person centred.

There was a clear management and support structure in place, people and staff were consulted and listened to. Quality monitoring and governance was effective in driving improvements and identifying risks. Staff worked with partner agencies so people received all the care and support they required.

This service was registered with us on 27 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Oakham 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakham Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with 13 members of staff including the registered manager, nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), head of quality and compliance, head house keeper, chef, activities coordinator, qualified nurse and care workers. We used the 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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff had training and knew how to recognise the signs of abuse. A staff member told us, "I can read subtle differences, so I am alert to safeguarding issues."
- We were given examples of where staff and managers had taken swift action to report suspected abuse and to prevent it happening.
- Systems and processes supported people to stay safe., staff were empowered to challenge any practice which did not promote this.

Assessing risk, safety monitoring and management

- Risks were assessed and managed. For example, risk of falling and risk of developing a pressure sore was assessed and a care plan was put in place where risk was identified.
- Accidents and incidents were reported and analysed for patterns or trends. Action was taken to reduce further risk such as the use of motion sensors to alert staff when people were moving around.
- Staff understood people's needs and knew the things which may upset or distress people. For example, one person did not like a noisy environment so staff made sure they were provided with other options when activities were taking place which may be noisy.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. We observed staff spending time with people and responding to their requests promptly. Staff were present in the communal lounge at all times.
- A staffing tool was reviewed daily to ensure staffing numbers were safe. If staffing numbers fell below the required number action was taken such as managers becoming part of the team to provide care and support.
- Staff were recruited safely. Pre employment checks were carried out to ensure as far as possible only staff with the right skills and experience were employed.

Using medicines safely

- People received their medicines in the right way and at the right time.
- Staff responsible for managing people's medicines had training and were assessed as competent.
- Medicines were stored correctly, and records were up to date and accurate. An electronic system of administration recording was used. This system alerted staff of any missed doses or if staff tried to give the medicine at the wrong time. Recent action had been taken in response to missed medicines to make sure the risk of this happening again was reduced.

- There were clear protocols in place for medicines prescribed on an as required basis. This meant they would only be given as prescribed. Medicines prescribed for distressed behaviour which caused people to be drowsy were only given as a last resort after other interventions were tried first.
- People could manage their own medicines if they preferred to and a risk assessment was carried out.

Preventing and controlling infection

- The premises were clean and hygienic throughout.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was following government guidance about visiting in care homes.

Learning lessons when things go wrong

- Lessons were learned when things went wrong and improvements were made. For example, a staff member's bracelet had fallen off and was found. This was flagged as a near miss. This resulted in managers revisiting the uniform policy to make sure staff wore the correct uniform and people were protected from avoidable harm.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before moving in. Assessments were thorough and included all aspects of care and support needs and protected characteristics within the Equality Act 2010. This meant people had their individual needs met in the way they preferred.

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training. Staff we spoke with were very positive about the standard of training provided. A staff member said, "Its one of the best inductions I've had across four other jobs."
- Staff were knowledgeable and knew how to meet people's needs. Staff said they were supported by their managers.
- Compliance for staff mandatory training was above 80% and action was being taken to improve this further. Staff were able to request further changes in areas they were less confident about and this was provided.

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

- We observed people enjoying a lunchtime meal in the communal dining room. The meals provided looked well presented and appetising. Staff supported people with their meal in a sensitive way.
- There were enough staff to support people, so the mealtime experience was unhurried, relaxed and sociable.
- All care and catering staff were knowledgeable about people's eating and drinking needs. They knew about people's individual dietary needs, likes and dislikes. Staff supported people to choose what they would like to eat and drink.
- Risk of malnutrition was assessed, and action was taken when risk was identified.

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

- Appropriate referrals were made to healthcare professionals such as GP's and dieticians when this was required.
- Qualified nurses were on duty or on call at all times. Nurses were aware of and used tools to support quicker identification of ill health and deteriorating health. This also supported more effective communication with healthcare professionals in these events.

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

- The service was designed and furnished to a high standard and met people's needs.
- There was a variety of communal spaces and garden areas so people could socialise with friends and family or spend quieter times.
- Appropriate signage was in place to support people with dementia to orientate themselves.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found staff understood and followed this legislation. Best interest decisions were made after consultation with appropriate others such as family members and healthcare professionals. The least restrictive methods were used when people's liberty was deprived.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were treated with kindness and respect. Staff spent time with people chatting or doing activities the person enjoyed. There was a 'resident of the day' system in place to make sure each person was given individual attention.
- Staff gave us examples of how they made people feel they mattered. They knew people well and knew about the things that were important to them.
- Staff were skilled at communicating with people living with dementia. They made every effort to understand the person's experience. For example, staff knew what people liked and what they found distressing. They made sure as far as possible people were protected from situations, they may find distressing and were quick to provide reassurance where this was required. A staff member said "Having empathy, that's important, getting to know people as individuals. Knowing their needs as no two people are the same. I enjoy their company especially on Avocet (an area within the service). We have a lot of fun."

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

- Staff knew people well and ensured people were offered choices about their care and support.
- Resident experience surveys were used to monitor and improve the service. For example, changes were made to the menu following the last food survey in response to people's feedback.
- Managers carried out observations to ensure people living with dementia were given choices and involved in their care and support decisions.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. Staff had training and gave us examples of how they protected people's privacy and promoted dignity.
- Staff supported people to be as independent as they could be. Some people were not able to maintain their own safety, so staff provided additional monitoring and supervision discreetly. This meant people could continue doing the things they enjoyed without restriction.
- People's relatives were made to feel welcome. There was a variety of quiet areas people could use to spend time with their visitors. However, because of the COVID-19 pandemic, there was a booking system for visitors so the number of visitors in communal areas was limited. Private social media was used so people could stay in touch with their friends and families and send each other individual newsletters about the things they had been doing.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People were involved in planning the care and support they wanted. Each person had a care plan in place which detailed their individual preferences. Staff were flexible so as to meet people's needs and changing preferences.
- Care plans were reflective of people's physical, emotional and social care needs. People's equality and diversity needs were considered and met. Staff gave us examples of how they respected people's protected characteristics under the Equality Act 2010.

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 able to follow their interests and hobbies. There was a range of activities on offer and staff were employed to support individual and group activities. Some people enjoyed gardening and were planting trays ready for planning in the garden,
- There was a cinema room and a sensory room. Music and movement, Tai Chi sessions and art classes were taking place. There was a visiting therapy dog. People were able to access the gardens and go for walks. There was an accessible vehicle so people could go out and visit shops and places of interest.
- People were supported to maintain relationships with their friends and families. Skype and face time were used when face to face visiting could not take place.
- People were supported to follow their chosen religion.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the accessible information standard. Communication care plans were in place for each person setting out the most effective way for staff to communicate with people. Staff knew how to communicate with people, they used visual cues as well as speech and body language.
- There was a hearing loop system installed for people using hearing aids.
- Technology was used to support communication such as iPad and Alexa systems.
- An interpreter system was available. Documents were available in large print and easy read formats.

Improving care quality in response to complaints or concerns

- The provider and staff took complaints seriously and used them as an opportunity to learn and improve. We were given examples of action taken in response to a complaint. This included improving communication and information sharing with family members.
- People were provided with information about how to complain and who to contact. This included how to contact other organisations and advocacy services if not satisfied with how complaints were handled.

End of life care and support

- People's preferences about end of life care were used to develop a care plan so these advanced decisions could be respected by staff. 'Respect' forms were in place so people's resuscitation status was known to staff.
- There were qualified nurses available at all times. Some of whom had considerable end of life care experience. External palliative care services such as LOROS and Macmillan nurses could also be contacted if required.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The culture at the service was person centred. Managers and staff were motivated to achieve good outcomes for people and were proud of what they achieved.
- Staff were supported and said they could approach their managers and were listened to. One care staff member said "I cannot fault any staff members or management. If I need any support, I can go to anyone and would not feel uncomfortable." Another said, ""I feel it's a good place to work. Everyone is friendly and helpful. It couldn't be better."

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 provider understood their responsibilities to be open and honest and to apologise when things went wrong. Staff were encouraged to report all incidents no matter how small. These were then reviewed by managers and action was taken where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure including a registered manager, deputy manager and head of quality and compliance. Audits and checks were carried out to monitor the quality of the service and identify any risks. Staff were aware of their individual and collective responsibilities.
- A reporting system was in place and key information was submitted by heads of departments and specialist leads so this could be analysed. Clinical governance and health and safety meetings took place so action could be taken and address any risk. For example, an increase in falls had been identified along with the time of day these were occurring and this resulted in a staffing review.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved and consulted about care and support provided. Resident experience surveys were used and changes were made accordingly. For example, a communication survey resulted in improvements made to call back times and the development of a key worker system.
- People and staff were encouraged to give feedback during meeting and were advised how to report concerns or activate the whilst blowing policy should they need to. The results of surveys were displayed

around the service along with any action taken to make improvements.

- Observations of staff practice and interactions with people living with dementia were carried out so people's experience could be monitored, and any negative interactions identified and addressed.

Continuous learning and improving care

- An improvement plan was in place. Areas for improvement had been identified along with action to be taken and by whom. For example, safeguarding reporting and staff response to fire drills were being developed and improved.
- The provider consulted with external organisations to support policy development and best practice. For example they had consulted with an organisations for their expertise regarding minority groups to make sure minority groups would be supported living at the service.

Working in partnership with others

- Staff worked in partnership with key organisations such as the local authority and safeguarding teams. They were open and transparent so that people received joined up care and support.
- Appropriate healthcare professionals such as speech and language therapists, physiotherapists and mental health teams were consulted to support people where this was required.