Morris Care Limited

Oldbury Grange Nursing Home

Inspection report

Oldbury Grange
Oldbury
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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 carried out on 18 November 2015 and was unannounced. At our previous inspection on 6 August 2013 we found that the provider was meeting the Regulations we assessed them against.

Oldbury Grange Nursing Home provides accommodation and personal care with nursing for up to 63 older people, some of who maybe living with dementia. There were 48 people living in the home on the day of our visit. There is a registered manager in post. At this inspection an interim manager was covering their absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home felt safe and secure with staff to support them. People had been assessed before moving to the home so they agreed what they needed help with. Care records contained details of people's preferences, interests, likes and dislikes.

Staff understood and worked within the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure people's safety and protect their human rights.

Staffing levels and the skill mix of staff were sufficient to meet the people's needs and to keep them safe. Staff recruitment was thorough with required checks completed prior to staff commencing work.

People had regular routine access to visiting health and social care professionals where necessary. Staff responded to people's changing health needs and sought the appropriate guidance or care by healthcare professionals. Medication was stored and administered safely.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available between meals to ensure people received enough to eat and drink.

People were encouraged and supported to maintain relationships with their friends and family members. Relatives and visitors were always made welcome into the home.

The care records gave staff direction to provide effective care. People were confident that their care was provided in the way they wanted. People knew about their care plan and that staff kept formal records of changes to their care.

Dedicated staff provided group and individual activities and there were opportunities for social stimulation from visiting entertainers. These were well publicised around the home.

A number of audits were in place to monitor quality. The provider acted on any shortfalls identified. Records documented the outcomes in order for staff to reflect and learn from them as part of the overall drive to improve the service.

The provider had an annual survey in place to obtain the views of people who received a service including their relatives. The interim manager spoke to people individually on a daily basis seeking their views about their care. People and their families had the opportunity to attend family meetings so they could share their point of view about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff on duty to meet people's needs.

The provider had procedures in place to protect people from the risks of harm and abuse. Staff had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments of risks to people were undertaken. Written plans were in place to manage these risks.

There was a safe system in place for the management of people's medicines.

Is the service effective?

Good

The service was effective.

People who lived at the home were supported by trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place to protect people's rights.

Staff identified the risks associated with poor drinking and eating and provided a nutritious and balanced diet.

The provider ensured people were able to access specialist support and guidance when needed.

Is the service caring?

Good

The service was caring.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff provided support to people in a kind and dignified way.

Staff were patient when they interacted with people and their

wishes and privacy were respected.

Is the service responsive?

Good

The service was responsive.

People knew of their care records and that staff updated them.

Staff had an understanding of how to respond to people's changing needs.

There was a varied programme of activities in place so people were not socially isolated.

Is the service well-led?

Good

The service was well led.

The provider understood their legal responsibilities for meeting the requirements of the law.

The provider regularly reviewed the health, safety and welfare of people who lived at the home.

The management team were open and approachable and demonstrated a good knowledge of the people they cared for.

Oldbury Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit was carried out by two inspectors on 18 November 2015 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted commissioners of care and healthcare professionals for their views.

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.

We spoke with ten people who lived at the care home, nine members of staff, the interim manager and the Chief Operating Officer. We reviewed five people's care records, four recruitment records, management quality reports and medication systems.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Everyone we spoke with said that they trusted staff to care for them without harming them. One person said, "I know the staff are reliable and they wouldn't hurt me", another said "I know what abuse is and staff here are not like that". People said they would know who to speak with if they felt concerned for themselves or others. One said, "I would go to the manager if I was worried".

Staff told us they received ongoing training and information to help them identify how abuse could occur in a care home so as to help them keep people safe. Staff spoken with were knowledgeable on how to identify and report abuse and confirmed they would do so without hesitation. One staff member said, "I am aware of different forms of abuse and would report any concerns to my supervisor. I would also 'whistle blow' if I saw things were not done correctly". The provider had worked openly with the local authority and Police recently to ensure that an alleged abuse issue had been handled correctly. We received a full report from the provider. It detailed actions they had taken to remedy any shortfalls in service arising from the outcome of the investigation. The provider had put measures in place to learn from the event to prevent the same issue occurring again. Staff described what they had learnt from the experience. A staff member told us, "I am aware of the safeguarding policy and the contact details of outside agencies to talk to whose responsibility it is for investigating abuse in care homes".

People considered their environment was safe. A person told us, "I had my room set out so I was able to walk around safely because of my operation". Risks were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. We saw people being assisted to move around the home with their walking aids. Care workers spoke reassuringly and kindly to people as they discreetly ensured they were safe. We were shown care records that detailed how staff assessed situations, monitored people and considered options of managing the situation. Staff also consulted professionals for their advice, for example, the dietician and tissue viability nurse.

Safe recruitment and selection processes were in place to ensure that staff were suitable to care for people living in the service. We were shown how the provider kept records of recruited staff. Appropriate checks had been undertaken before they had started working. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references. Staff we spoke with told us that they had been interviewed before they started and that the process was thorough.

We had received a concern about staffing. The person felt that on occasions the supervision of people was lacking in the dementia care unit. We saw that the provider had consulted staff about their views on staffing in this area. A new dependency tool had been introduced so as to monitor the needs of people to ensure accurate staffing would be deployed. A staff member told us, "They (management) have recently increased staffing on the dementia unit to ensure people's needs were met". Staff were satisfied that they had been listened to and that the provider had acted on this to keep people safe

We completed a SOFI on the dementia care unit. We saw that throughout the day care staff and the activity worker sat and engaged with people to chat and read with them. These were warm friendly chats with

recognition by people who would smile and respond. A member of staff was always in the communal area of the unit.

People told us that staff were always busy but that they received the care they needed. "I always see staff about the home and I don't feel I am left alone for very long". We saw from health records that staff provided the clinical care people needed. Staff had time to observe people and report their interventions in the care records.

People were satisfied with the way the staff managed their medicines. People were protected by a safe system for the storage, administration and recording of medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. We saw that staff checked each person's medicines with their individual records before administering them so as to make sure people got the right medicines. We observed one staff member supporting a person with their medication. They remained patient and calm as it took quite a bit of time to get them to take them all. They went to get a napkin to wipe the person's mouth to retain their dignity. We saw that the nurse locked the medicines trolley when they went to support someone to take their tablets. Staff gave a clear account of when people would be likely to need 'as required' medicines. Information about this was available in the medicine record.

Good

Is the service effective?

Our findings

One person told us, "The staff understand my situation and have helped me a lot". Another said, "Staff ask me if it's alright to do my dressing. They don't just do it".

We heard people being asked for their consent before care and support were given. We observed staff asking people throughout the day before assisting them with tasks. Staff asked people where they would like to sit or eat and supported them to move about the home.

People were supported by staff who stated they had received training and supervision for their role. One staff member said, "I have had dementia care training. I got to know the different types of dementia. I found that helped me to know what approach to take when people are agitated and distressed and how to speak people". We were informed through the PIR that new staff members were required to complete an induction programme called the care certificate. Staff were not permitted to work alone until they had completed basic training such as manual handling. People received their care from a staff team who had the necessary skills and competencies to meet their needs. The PIR explained how the provider had introduced a different way for a new member of staff to start. They were introduced to people whilst being part of the activities in the home. This way they got to know people socially before they started their care work.

The provider was to introduce a dementia care philosophy. The interim manager stated they wanted to create a feeling of being 'at home'. The intention was to train and support staff to implement this and share the concept with families. This would provide care that wasn't task based but that was centred around best practice and the individual.

The 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were DoL authorisations in place for five people and we saw that their care plans guided staff in how to meet their needs.

People were supported to make decisions about their life. These decisions included Do Not Attempt Resuscitation (DNAR) and records showed that relevant people, such as relatives, legal representative and other professionals, had been involved. Staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They spoke to us very clearly about their understanding of them. Individual mental capacity assessments had been completed and decisions properly taken. Any restrictions in place for people were followed and reviews occurred. This ensured that people's rights were protected.

People told us they enjoyed the food and were given a good choice of meals and drinks every day. One person said," The food is wonderful, I'm not a great eater, but I love what I get here". Another said, "The stewards verbally tell me the menu and I make my choice". We observed that people were offered choice of when and where they ate their meals. Where required people were given assistance by staff. This was done in a discreet and patient way. One person chose to discard cutlery and eat with their hands. We saw that staff later helped clean their hands in a dignified way.

In other areas of the home we saw people were supported to have sufficient to eat and drink. People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals made to the GP and dietician as needed. The mealtime was unrushed and people were given plenty of time to enjoy their food. Menus were changed seasonally and people had been written to asking them for their views on menu options. We saw a letter that had been returned by a person with the choice of what they would like to be included in the menu. The catering team stated they would consider all views.

People told us their health care needs were well supported. One person said, "I see the GP when I need to. It's never a problem." We saw that staff monitored skin integrity very closely and used pressure relieving interventions. People's care records demonstrated that staff sought advice and support for people from relevant professionals. Care workers spoke of how they observed people's skin for any problems such as bruising or soreness. We saw that they wrote any issues in their daily notes. Nurses followed any issue up as required and wrote of their actions in the clinical notes they kept for individuals.

Good

Is the service caring?

Our findings

People spoke well of the care and support they received. One person told us, "This is a caring home and the staff are genuinely nice". People told us the staff helped them when needed. Other people told us they were happy and well supported by the staff team. Another person told us, "I spend my time where I like and the staff are respectful of that, they do care".

The relationships between people and the staff were friendly and relaxed. People looked comfortable in the presence of staff. Staff were sitting and engaging with people in the lounge and dining area or whilst assisting them to eat their food. One person chose to discard cutlery and eat with their hands. We saw that staff later helped clean their hands in a dignified way. Conversations were inclusive focused on the individual they were helping. For example, we heard one care worker gently remind a person about their tea - "Are you drinking this tea? I would drink it while it's still warm". We saw one care worker sitting and reading with a person and chatting to them. The person responded well and was engaged and smiling. There was lots of positive engagement and where people became anxious we saw that staff responded in an appropriate manner and diffused the situation.

People told us they liked the staff that supported them. Staff were aware of the individual triggers that may cause people anxiety and what assurances the person needed. They spoke politely about the people, describing their interests, likes, dislikes and their personal histories. One staff member described their approach to caring for people. They said "I give them choice. I open the closet and ask them what they want to wear today. If they don't choose I ask if they are happy with what I have chosen for them. It's their life, make them happy".

Where people chose to spend time in their bedrooms this was respected. Some people were cared for in bed. Staff were observed knocking on the person's door gently before going in to assist them.

We saw care and ancillary staff greet people in a way that showed they knew them well and had developed positive relationships. There were different communal areas within the home where people could entertain visitors privately as well as in their own bedrooms.

One person we spoke with told us that they found the manager very caring. "I am very impressed with this home; one of the senior management is always here and you can talk to them anytime".

Good

Is the service responsive?

Our findings

People told us that activities and social events were available to them. The range was clearly displayed on a notice board together with the monthly newsletter. One person said, "You can do as you please with your day. We do have arranged activities from entertainers but there is a lot arranged by the staff".

Several people had been sitting in the lounge up to lunchtime and after. The TV was on but people were not watching it. They told us they were not interested in the programme. Staff then turned this off so the atmosphere was more peaceful. We saw staff spend one-to-one time with individuals other than to assist with care or manage their requests for help. People told us they were supported to maintain contact with friends and family.

People told us they spoke about their care with staff. They were aware of written plans of care about them. We saw staff writing in care records after they had supported them that morning so that records were up to date as things happened. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The records were reviewed with people to ensure the care was still relevant to meet their needs.

People had a choice about who provided their personal care and whether staff were male or female. They were able to make choices and had as much control and independence as possible. People could choose where to eat their meals. Some people chose to eat their meal in the dining/lounge area whilst others chose to eat their meals in their room.

A copy of the complaints procedure was displayed in the entrance hall of the home. The procedure informed people of the escalation process should they not be happy with the way the provider had dealt with the issue. The service had received a few complaints since we last inspected. The provider recorded how they had dealt with the complaint and what the outcome had been. All but one had been resolved.

People said they would be happy to talk to the registered manager if they had any concerns but that they were not unhappy with the service. They all considered that action would be taken straight away.

The provider had received many compliments from supporters of people living in the home. We read comments such as; 'You have something special to offer your residents in terms of setting, comfort, provision of excellent services, good humour, patience, kindness and caring of all your staff which (person) received unconditionally,' and '(Person's) quality of life was not just restored but enhanced by the companionship of all of you who ministered the their every need'.

Good

Is the service well-led?

Our findings

People considered the service was well run. People commented that the management were willing to listen and were open about the way the service was run. A person said, "They always give us information about what's happening. The meetings are very good".

The staff said the management was very supportive, approachable and worked alongside them. The staff told us they were confident to report poor practice or any concerns, which would be addressed by the management immediately. Staff knew the policy on how to 'whistle blow'.

Communication between the management and staff was positive and respectful. People were aware of the management structure in the home and knew who to speak with if they were unhappy. Staff said that management were always visible in the home and were 'hands on' when they needed help.

The provider involved and respected everyone as individuals when gaining their views. This was done by formal survey once a year. In addition, regular family and resident meetings had been arranged. Any comments were reviewed with the person involved and their family. Staff told us the importance of recognising people as individuals.

We saw that regular audits of systems in the home were carried out by the management. Outcomes were recorded and any action plans developed to remedy shortfalls. The interim manager understood their responsibilities to notify CQC of incidents that occurred in the home.

Staff told us regular staff meetings took place enabling staff to voice their views about the care and the running of the home. The management stated they also held a weekly team brief including all departments. Staff said they found this helpful to keep up with any changes. The management had delegated responsibilities in relation to certain areas of the running of the home such as checks on medicines and infection control.

Staff received regular individual supervisions with the interim manager enabling them to discuss their performance and training needs. Annual appraisals would be completed with each member of staff. This enabled the interim manager to plan training needs for individual staff members.