

Osmaston Grange Care Home Limited

Osmaston Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This unannounced inspection took place on 11 July 2018. At the last inspection on 31 October and 16 November 2018, we placed the home in special measures and the overall rating was 'Inadequate'. This was because the provider has failed to address risks and sustain improvements since 2016. Between 2016 and 2017, Osmaston Grange has been rated 'Inadequate' twice. The inspection in October 2016 identified four regulatory breaches and the service was rated 'Inadequate' overall. Improvements were seen at the focused inspection in February 2017, but the provider failed to sustain these improvements and at the last inspection we identified five regulatory breaches and the quality of care had deteriorated.

Since the last inspection the provider has sent us a service improvement plan. At this inspection we saw that improvements had been made but further improvements were needed. As the nursing unit was in the process of closing we focused our inspection on the residential unit. However, we spent some time on the nursing unit and our observations and the records seen on this unit are reflected within the report.

We have taken this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service. However, the service remains inadequate in well led and we need to see continued and sustainable improvements

Osmaston Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the care was provided in two separate buildings across one floor. One building was used to support people with nursing and dementia needs. The other building provided residential care to people and some people were living with dementia. There were communal living and dining areas in both buildings.

Osmaston Grange is registered to provide accommodation and nursing care for up to 80 people. At the time of our inspection there was a total of 28 people living at the service. There were 10 people living on the nursing unit and 18 in the residential unit. The provider had decided to close the nursing and dementia unit and had served notice to people living in this building. At the time of the inspection the dementia unit had closed. Two people that had lived in the dementia unit were being supported by staff in the nursing unit until they moved.

The service had two acting managers, however neither were registered with us at the time of this inspection. 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.

Improvements had been made to the practices in place to monitor the service. However, these were not always effective. For example, the guidance in place for staff to check mattresses was not sufficient. This resulted in us identifying a soiled mattress that was in use.

Risks to the safety of people on the residential unit were managed well but improvements were needed on the nursing unit to ensure people were supported to keep safe.

Improvements were needed to ensure opportunities were provided for people to socialise and take part in activities of their choice. Improvements were needed to ensure information was provided to people in an accessible format that met their communication needs and cognitive ability.

Staff understood the importance of gaining people's verbal consent before supporting them and helped them to make their own decisions when required. Where people were unable to make decisions; assessments were in place for most people to demonstrate this and show how decisions were made in people's best interests. The acting manager was aware where further improvements were needed and was taking action to address this.

People were supported by staff that understood their responsibilities to report any concerns. People received support to take their medicines in a safe way. Sufficient numbers of staff were employed to meet people's needs and recruitment procedures checked staff's suitability to work with people.

Staff were clear about what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People received their medicine in a safe way and when they needed it. Recruitment checks were done before staff started working at the home to check they were suitable to support people.

There was enough staff to support people in a timely way. People felt safe and staff knew about people's support needs to enable the staff to provide this in a safe way. Staff felt supported by the management team and received the relevant training to ensure people's needs could be met.

People were supported to eat meals that met their dietary requirements and were supported to access healthcare professionals to maintain their health and wellbeing. Staff had the equipment needed to assist people safely and the adaptation of the home enabled easy access for people.

People liked the staff and their dignity and privacy was respected by the staff team. Visitors were made welcome by approachable and friendly staff. People and their representatives were involved in decisions related to the planning of their care.

People and their representatives were supported to raise any concerns they had and were supported to express their views and opinions about the service provided.

Staff, people that used the service and their representatives all felt that improvements had and were being made to improve the quality of care provided. However sustained care and service improvements have not yet been demonstrated by the provider

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe

The systems to manage infection control and hygiene standards were not always effective. To minimise the risk of injury to people, risk assessments were in place and updated as needed on the residential unit but improvements were needed on the nursing unit. People were supported by staff that understood their responsibilities to report any concerns. People received support to take their medicines in a safe way. Sufficient numbers of staff were employed to meet people's needs and recruitment procedures checked staff's suitability to work with people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Where needed assessments had not always been completed to demonstrate whether people could make certain decisions for themselves and how these had been made in their best interests. Care and support was not always planned to ensure best practice care. Staff had received training to meet individual needs. People made decisions about what they wanted to eat and drink. The management and staff team worked with health care professionals and people's health was monitored to ensure any changing needs were met. The adaptation of the home enabled easy access for people.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Accessible ways to communicate were not always available to people. Staff were kind and caring towards people and their privacy and dignity was valued and respected. People were supported to be as independent as possible. People's right to maintain relationships with people that were important to them was respected and promoted.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

People's care needs were met but improvements were needed to ensure they were provided with opportunities to participate in activities that were of interest to them. Improvements were needed to ensure information was provided in a format that met people's communication needs A complaints procedure was in place for people and their representatives. People and their representatives contributed to the assessment and development of their care plans.

Is the service well-led?

Inadequate 

The service was not well led

Although improvements had been made since the last inspection continued and sustained care and service improvements have not yet been demonstrated by the provider. The audits in place had not always been effective in driving improvements. People were asked how the service could be improved. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

Osmaston 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.

This unannounced comprehensive inspection took place on 11 July 2018 and was undertaken by two inspectors and a specialist advisor. The specialist advisor was a nurse with expertise in dementia care.

We did not ask the provider to send us a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority and Clinical Commissioning Group who commission services from the provider.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with four people, however to enable us to understand how people's needs were being met we observed care that was provided. We saw the interaction between people and the staff who supported them during our inspection visit. We spoke with two visiting professionals and three people's visitors about their experience of the care that the people who lived at the home received.

Both the residential and nursing homes were being managed by acting managers who were on duty on the day of the inspection. We spoke with both managers, one nurse, the deputy manager of the nursing unit, one senior care staff, three care staff, two maintenance personnel, a member of the catering team and a member of the housekeeping team. In addition, we spoke with the private consultant that the provider had commissioned to drive improvement, who was also present during our feedback.

The nursing unit was due to close on the 21 July 2018 and many people who received nursing care had moved. We received confirmation that this unit closed on 23 July 2018. The dementia unit had already closed at the time of the inspection. We focused our inspection on the residential unit. This inspection report reflects our findings of the overall quality we observed and the support provided to people that lived on the residential unit.

We looked at three people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the acting manager of the residential unit to email us a copy of their service improvement plan and audits so that we could see how the provider monitored the service to drive improvements. The acting manager sent these to us within the required timeframe and we have included them within our findings.

Is the service safe?

Our findings

At our last inspection 31 October and 16 November 2018, we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured risks to people were consistently managed in a safe way, the medicine round was not completed in a timely manner and the staffing levels were not able to meet the needs of people. At this inspection we found that improvements have been made. However, we identified an additional breach of this regulation in connection with infection control.

At this inspection we saw that improvements had been made regarding meeting people's needs on the residential unit, but our observations on the nursing unit showed improvements were still needed. This was because we saw one person who was seated in a recliner chair had their legs off the foot rest and to the side of the chair. The chair was in a reclined position. Staff told us this person usually sat in this position. This put the person at risk of entrapment if their legs remained in this position when the chair was in the upright position. There was no risk assessment in place regarding this. Staff told us the chair belonged to the person. There was no information in place to demonstrate an assessment had taken place to ensure the chair was appropriate for the person. This person was also wearing slippers that we could see were not fitted to their feet; this meant the person was potentially placed at risk of falling when walking.

On the nursing unit the person's care plan that we looked at included information that was not fully completed. For example, their Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which was recorded as the original document had not been fully completed. This meant the validity of this DNACPR was compromised.

Medicine were managed safely. We saw that significant improvements had been made. We observed staff administering medicines and saw that people received them at the prescribed times. We saw that when people were being supported to take their medicine, this was done at the person's own pace. Overall medicines were managed safely, with some improvements needed to topical creams records. Although staff were applying cream and signing to demonstrate this; we saw the directions could be clearer. For example, one person's cream application stated, 'use as directed to bottom'. Although we saw this cream had been signed for daily; the directions did not advise staff how often this cream should be applied to the person's skin. We identified that several topical lotions such as creams did not confirm the frequency of application.

We also saw the management and recording of stock could be simplified to support the staff that managed medicines. For example, when we were checking the stock balances of medicines, the amount of time it took to determine that the stock level was correct, was disproportionate. This meant that staff could not easily check the stock balance of medicines; which in turn increased the time staff spent on this task.

At the last inspection the provider was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they had not always referred incidents to the local safeguarding authority and notified us, as they were required to do. At this inspection we found the necessary

improvements had been made.

Referrals had been made and notifications sent to the commission since the last inspection. Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "I would tell the acting manager if I had any concerns or the officer in charge of the shift." Another staff member told us, "The acting manager would inform the local authority and CQC if there were any concerns." We saw there were safeguarding procedures in place and information on how to report concerns was on display. Staff confirmed they had access to these policies for further guidance if needed.

At the last inspection accidents and incidents were not always analysed as required to reduce the risk of reoccurrence. At this inspection we saw that improvements had been made. For example, we saw that people's falls were monitored analysed to identify any patterns or trends. We saw that the night staffing levels had been increased as a result of this analysis. This was because it had identified one person was falling more at night. This person had also been assessed by the falls team. We looked at the record of accidents and incidents on the residential unit. We saw these were reviewed and actions were taken as needed to ensure people received the appropriate support.

The home had not ensured people were protected from the risk of infection. Although the service appeared clean, there was no clear guidance in place for staff to undertake effective infection control checks. For example, we identified one person's mattress was stained and the bedroom carpets in two people's rooms needed replacing as they had a strong malodour. The audits that had been undertaken had not identified these. We saw that the mattress checks did not include removing the cover to check the actual mattress.

This represents a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection the acting manager has confirmed that all mattresses on the residential unit have been checked and replaced as required. The nursing unit has now closed.

When staff supported people to move using specialised equipment, such as hoists, this was done safely and in a considerate way and supported people at their own pace. For example, we saw one person was supported by staff to move into their recliner chair using equipment. Throughout the procedure the staff spoke to the person and reassured them. When the person was seated in their chair they were given the remote control for their chair. This enabled them to position their chair as they wished.

Plans were in place to respond to emergencies with personal emergency evacuation plans in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs.

There were sufficient numbers of staff available both on the nursing unit and residential unit. The dementia unit had closed. However, we observed during the inspection some staff on the residential unit were taking their breaks in two's. For example, on two separate occasions we found two staff taking their break together. This meant that during the break period the number of staff available to support people was reduced. There were two staff remaining, one was providing one to one support to a person, which left one member of staff to support 16 people, during this period. One member of staff told us, "Sometimes we do take our break together when it's quieter." When we discussed this with the acting manager they told us they were unaware that staff were taking their break together and confirmed this would be addressed.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We spoke with two maintenance personnel. They confirmed that there had been lots of positive changes. This included a maintenance book to enable them to complete all repairs, all safety checks being completed such as checks on the water and fire alarm panels. We saw that equipment was maintained and serviced as required to ensure it was safe for use.

The kitchen had been inspected by the food standards agency in March 2018 when it had been rated three stars. This means the hygiene standards of the kitchen, at the time of inspection was considered 'generally satisfactory'. The food standards agency is responsible for protecting public health in relation to food. Staff that worked in the kitchen confirmed that all of recommendations left by the food standards agency had been addressed. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

Is the service effective?

Our findings

At the last inspection the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as consent to care was not always sought in accordance with legislation 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we saw that improvements had been made but some further improvements were needed. For example, one person had recently moved from the dementia unit to the residential unit and although they had a capacity assessment in place this was not decision specific; to clearly identify areas where they may need support in decision making. The acting manager on the residential unit could demonstrate they understood the importance of ensuring decision specific assessments were in place. We saw mental capacity assessments and best interest decisions were in place for most people on the residential unit that required these. The acting manager confirmed they were reviewing and updating assessments for some people. This included the person that had transferred from the dementia unit.

Applications relating to DoLS had been referred to the relevant authority for 16 people living on the residential unit. We saw that no one had a DoLS which had been authorised. Whilst awaiting the outcome for these people we saw they were supported in their best interests to ensure their safety was maintained. Discussions with staff demonstrated they understood the Act and DoLS and they told us they had received training. The provider's service improvement plan recorded that staff training was up to date and checks on staff's understanding of the Act were ongoing.

At the last inspection the provider was in breach of regulation 9 as people had not consistently been protected against the risk of poor or inappropriate care because accurate records were not being maintained. At this inspection we saw that improvements had been made but some further improvements were needed. This was because on the nursing unit the person's care records that we looked at included information that was not fully completed. For example, their Do Not attempt Cardio Pulmonary Resuscitation (DNACPR) form which was recorded as the original document had not been fully completed. This meant the validity of this DNACPR was compromised. As reported in the safe domain; one person on the nursing unit had no risk assessment in place regarding the recliner chair they sat in. Staff were unaware of any assessment being undertaken. This demonstrates that although improvements had been made and sustained improvement has not yet been achieved.

At the last inspection we found examples of people's care and support needs not being met including

shortfalls in their individual care records, including weight loss, fluid balance charts and pressure care. At this inspection we saw improvements had been made. Records were in place to demonstrate that people's nutritional health was monitored to ensure support was provided when needed. For example, staff had identified that one person that had moved from the dementia unit was coughing when drinking. A referral was made to the speech and language therapist and the person had commenced on thickened fluids. This demonstrated that the staff on the residential unit had acted promptly to reduce the risk of this person aspirating when drinking.

We saw that people's care plans on the residential unit reflected their needs and the support they received. Staff had a good understanding of people's needs and could tell us about the support each person needed. For example, one member of staff was seen reading to a person. The staff member later told us, "[Name] does get anxious and reading relaxes them." Another person who was hearing impaired refused to wear aids to support their hearing. A member of staff told us, "[Name] is a little deaf but if you take time and look directly at them they can hear and respond".

At the last inspection some healthcare professionals told us that poor communication from the home had led to continuity of care not being maintained. At this inspection health care professionals provided positive comments regarding the staff's responsiveness in following their instructions. One said, "The staff are very informative. All charts are completed and they are very good with the person I visit. They know them really well and what they like and don't like and interact really well with them." Another health care professional told us, "The staff will do what I ask them to do."

At the last inspection the outdoor area of the dementia unit had not been maintained to enable people to access it. At this inspection the dementia unit was closed; therefore, we did not access this area. The décor of the residential unit had been improved. One relative said, "Since the acting manager came here the aesthetics of the home are much better; there is a nice TV area and quieter areas. The whole environment is better, homelier." We saw that people could access all communal areas of the home and an outdoor patio area and there were sufficient private spaces for people to speak with their visitors if they wished to.

People and their relatives were happy with the care provided at the service. One person told us, "I like it here. The staff look after me really well." A relative said, "I am very happy with the care provided to my relative. All of the staff are very friendly and they know my relative really well."

We saw that assistive technology was in place and used to support people as needed; such as the use of call bells and sensor mats. People told us staff were readily available to meet their needs. One person told us, "When I press my buzzer the staff come pretty quickly. I don't usually have to wait." Another person told us, "When I buzz for the staff they come. Anything you ask for you get; the staff are very friendly." The consultant working for the provider had identified that a system was needed to ensure people that were unable to use call bells were monitored on a regular basis to ensure their needs were met. A risk assessment had been developed to assess people's needs and the support they required. We saw this risk assessment had been completed for one person whose care file we looked at. This information advised staff that although the person may be able to use their call bell; this was dependent on their cognition at that specific moment. Therefore, additional hourly checks were in place, when the person was in their room to ensure their needs could be met.

The acting manager of the residential unit confirmed that staff new to care, completed the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. There were no new staff on duty on the day of the inspection. Staff told us they received the training they needed to support people. One member of staff said, "Most of our training is on

line. The acting manager has set up a computer for us to use, as not everyone has their own computer." Another member of staff said, "I think the training is good. I prefer on line as you can do it at your own pace and for a care home it is much easier than a lot of staff going on training together. There is some practical training as well like moving and handling and fire safety. As part of our fire safety training we use the firefighting equipment; so, we know how it all works."

Staff confirmed that they received supervision and support from the acting manager to support them in their work. One member of staff told us, "The acting manager is very good. Supervisions feel informal and friendly. She is so approachable that we can go to her at any time." We saw a training programme was in place to enable the acting manager to plan training required and monitor when further training and refresher courses were due.

We saw staff monitored people's food and fluid intake and acted accordingly when any risks were identified. For example, one person's sleep pattern meant that they were often asleep during the day and awake at night. We saw that to ensure their nutritional needs were met they were offered food at times that suited them; rather than at the designated meal times. This food was fortified to increase their calorific intake. This demonstrated the staff know the person well and adjusted the support they provided to the person's rhythm to provide individualised care. We saw that people's weights were monitored and referrals made as needed to health care professionals when input was needed.

We observed the lunch time meal on the residential unit and saw that people were supported as needed with their meal. Staff were friendly and supportive towards people and we saw lots of friendly banter between staff and people that used the service throughout the meal. Some people used adapted cutlery, plate guards and adapted plates. This empowered people to remain as independent as they could be. We saw that some people's relatives visited at meal times to support their relation. One relative told us, "I like to do this as it helps me maintain the bond I have with [Name] and it reassures me to see them eating so well." However, some people told us they would like to see some changes to the meals provided. The acting manager told us they were aware of this and plans were in place to introduce a new menu based on people's preferences. We saw that people were offered beverages and snacks in between meals to ensure their food and fluid intake was met.

Relatives told us and records showed that they had access as required to health care professionals. One relative said, "If [Name] is unwell the acting manager rings me. All the staff are lovely and I have a catch up with them whenever I visit." The relative told us about some action the staff had taken, they said, "[Name] was having trouble standing so they organised for an assessment to be done and [Name] now has a stand aid which makes all the difference." The acting manager and staff team worked well with healthcare professionals to ensure people's health care needs were met. People's health was monitored and we saw that referrals were made to the appropriate health care professionals when needed.

Is the service caring?

Our findings

At the last inspection in the nursing unit, staff were sometimes rushed and were not able to sit and spend time with people. At this inspection the number of people that remained on the nursing unit had reduced. This was because the nursing unit was in the process of closing, therefore we focused most of our time on the residential unit. During our time on the nursing unit we saw that staff were available to support people with care tasks but did not have the time to sit and talk to people.

The provider was not meeting people's protected characteristics under the Equality Act. This was because improvements were needed to support people's communication needs. For example, the menus were written in a small print rather than large print and pictorial. Although the acting manager on the residential unit was aware that information must be provided in a format that was accessible to people; nothing was in place at the time of the inspection.

Although we saw the staff were caring and supportive of people; the provider needs to demonstrate sustained improvements. We have taken this into account when rating this key question as requires improvement.

On the residential unit we saw some positive practices in place to support people's wellbeing. For example, one person, when they lived at home had a little 'stash' of snacks, like chocolate and crisps. The staff had provided a cupboard in the lounge for this person to use. One member of staff told us, "We see [Name] going to it. No other residents bother with it, it means they have their independence to snack as and when they like."

Staff knew people well and had a good knowledge about the things that were important to them. For example, we saw that staff knew how people preferred their drinks and about people's preferred routines and what was important to them.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Family members we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative told us, "I am involved in my relative's care; they are doing really well here. There is a definite family feel here and the staff are very caring." Staff understood about respecting people's rights and supported them to follow their faith. Visits were undertaken by the local church and services held at the home. The dates of these services were displayed on the notice board.

People were supported to be as independent as they could be. One person told us, "The staff encourage me to do as much as I can for myself. When they support me in the bathroom they encourage me to wash myself." Another person said, "I can pretty much do what I want and go anywhere I want. It's very easy going here."

The acting manager told us that none of the people that used the service were being supported by an

independent advocate at the time of the inspection. They confirmed that they were aware of how to access independent lay advocates and independent mental capacity advocates if this was needed for anyone. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

Staff supported people to maintain their dignity and privacy. For example, when people were supported to move using equipment the staff helped them to maintain their dignity by ensuring they were appropriately covered. We saw that where people preferred to spend time in their room this was respected by the staff team. We observed and people confirmed that staff knocked on their door before entering their room.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person told us, "Your visitors can come at any time; there aren't any set times." A relative told us, "I do visit a lot; several times a week usually. I like it here because it's intimate, cosy and family like." This demonstrated that visitors were made to feel welcome; which promoted family input.

Is the service responsive?

Our findings

At the last inspection there was no activities coordinator employed and staff told us they did not always have time to do organised activities and we saw that activities were not provided. At this inspection we saw that improvements had been made but further improvements were needed to ensure activities provided reflected people's interests. One person told us, "I would like more things that are linked to my interests." At the time of the inspection the activities person was not at work which meant the care staff team were responsible for providing activities. We did observe some activities taking place such as a member of staff reading to a person and some people participating in a game of bingo. One member of staff told us, "We do try and do something every day with people." Some people told us they would like more activities linked to their interests. The acting manager confirmed that work was in progress to improve the activities available to people. One person told us, "I have been asked to write a list of things I like which I have done." A relative said, "We had a meeting to talk about future activities; I gave them plenty of ideas,"

At the last inspection we saw that people did not consistently receive personalised care from staff, as they were not always aware of or responsive to their individual care and support needs. At this inspection we saw staff were responsive to people's care needs. For example, one person who was becoming anxious was supported by staff to relax. One member of staff told us, "They really like wildlife, particularly birds. I have an app on my phone which they love to look at." We saw that this person had a photo album which they enjoyed looking through. We saw the staff supporting them were responsive to their needs. During the day we saw several examples on the residential unit of staff responding to people's needs. This ranged from staff supporting people when they needed some help to sitting chatting with people or reading to them.

At the last inspection some people didn't have access to their call bells. Where people were unable to use their call bells no risk assessments were in place. At this inspection we saw risk assessments were in place to identify when people were unable to access their call bell and this meant appropriate measures were in place to ensure staff were alerted when people required support.

There was a lack of orientation information for people, to support them in finding their way around the home. The Accessible Information Standards (AIS). Is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Information was gathered prior to admission to identify people's needs, preferences and interests; this was used to develop care plans. This information included the person's support needs, their health and emotional well-being. People's relatives confirmed they had been involved in this process, to gather a picture of the person's life and what was important to them. They also confirmed they were involved in reviews of their relative's care.

People and their relatives confirmed they would feel comfortable speaking with the acting manager or staff if they had any concerns. One person said, "I made a complaint about the food and it was addressed." A relative told us, "I wouldn't hesitate to speak to the acting manager if I had any concerns. They always seem

happy to help and are very keen to get things right." Another relative told us the acting manager was, "Very approachable." A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these were addressed.

Arrangements had been made to respect each person's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this in detail.

Is the service well-led?

Our findings

Since 2016 we have carried out four inspections at Osmaston Grange. On two of these occasions, the service has been rated as 'Inadequate', on the other two as 'Requires Improvement.' We have also seen a repeated cycle of breaches and any improvements have not always been sustained.

This inspection focuses mainly on the residential unit as the dementia unit had closed and the nursing unit was in the process of closing. We did spend some time in the nursing unit as part of this inspection.

At our last inspection we found breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in Regulations 9,11,12,13 18 and 17 and Regulation 18 (4) (B) of the Care Quality Commission (Registration) Regulations 2009. The service has met most of the regulations from the last inspection. We considered that past improvements to the quality and safety of people's care were not always proactively ensured by the provider. This means that continued and sustained care and service improvements have not yet been demonstrated by the provider. We have taken all of this into account when considering our rating in this domain.

At our last inspection the systems in place to monitor and improve the quality and safety of services provided were inconsistent and some information in care plans was inaccurate. At this inspection we saw improvements had been made. A consultant had been commissioned by the provider to drive improvement and we saw a service improvement plan was in place. Information seen in the care plans for people on the residential unit reflected their current support needs. As reported in the 'safe' and 'effective' domains some information was missing or not completed for a person living on the nursing unit. This meant that although improvements were seen; the systems in place had not identified all areas that required improvement.

At the last inspection the care provided was inconsistent due to the lack of communication and accurate care records. At this inspection we saw improvements had been made and the management systems in place were driving improvements although these did need refining to ensure they were effective. For example, the infection control audit did not include appropriate mattress checks. This had led to mattresses not being checked correctly leading to soiled mattresses being in place for some people. Some bedroom carpets needed to be replaced and this had not been identified in the audit.

The above evidence shows that effective systems were not always in place to ensure the quality of care was regularly assessed, monitored and improved.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have demonstrated in the domains, safe, effective, caring and responsive that although some improvements had been made; due to the history of this service we need to see sustainability and continued learning in driving improvements.

There has been no registered manager in post since September 2017. 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. The two acting managers in post had sent in applications to register with the commission at the time of this inspection.

The views of the people living at the home were sought through reviews of care, satisfaction surveys and meetings. People's visitors on the residential unit confirmed they were provided with opportunities to share their views and told us they were happy with the care provided and the improvements being made. One relative said, "There has been some big improvements since the acting manager came along." The acting manager confirmed that work was in progress to improve the activities and meals provided as these areas had been raised by people and their relatives.

Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the service. One member of staff said "I think it has improved. Staff morale is better. The acting manager is very positive and has lots of ideas to improve things even more. We all work together as a team. I enjoy working here." Another member of staff said, "We have staff allocations so we all know what we are doing. I think we have improved; it's important for the people we support."

Meetings provided staff with opportunities to express their views and keep up to date with the changes in the service. One member of staff told us, "There has been meetings for the staff. We have talked about the improvements we need to make and are working as a team to achieve this."

People's right to confidentiality was protected. All personal records were kept securely at the home. We saw our latest rating of the service was displayed at the home as required.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

People were supported to access and develop links with the local community. For example, staff told us that people were supported to go shopping in the town centre and visit the local park.

The provider understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken.

The acting manager and staff team were working in partnership to ensure people received the relevant support from other agencies as required; such as community health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured people were protected from the risk of infection; as the guidance in place for staff to undertake effective infection control checks was not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective systems were not always in place to ensure the quality of care was regularly assessed, monitored, improved and improvements sustained.