

Ideal Carehomes (Number One) Limited

Launton Grange Care Home

Inspection report

Skimmingdish Lane Bicester OX26 4XJ Date of inspection visit: 11 February 2021

Date of publication: 08 March 2021

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Launton Grange Care Home is a residential care home providing personal and nursing care to 7 people aged 65 and over at the time of the inspection. The service can support up to 66 people in one purpose-built building.

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

People told us they felt safe at the service and were treated well by staff. Staff demonstrated a good awareness of protecting people from harm or abuse. Risks to people were managed well and appropriate assessments and care planning was in place.

Staff were adhering to government guidance and helping to ensure people were kept free from risk of being infected with COVID-19. The environment was clean and safe. People's medicines were properly managed and after each accident or incident action was taken and lessons were learnt.

Quality checks and audits were carried out to enable areas of improvement to be identified and the service was continually monitored by the management team. Staff said they worked well as a team and people commented the home was well managed. The leadership of the service promoted a positive culture that was person-centred and inclusive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13/10/2020 and this is the first inspection.

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about medicine errors, poorly organised fire drills and people being at risk of neglect.

The CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm resulting from these concerns.

We looked at infection prevention and control measures under the Safe 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 coronavirus and other infection outbreaks effectively.



The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Inspected but not rated
Inspected not rated.	
We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.	
Is the service well-led?	Inspected but not rated
Is the service well-led? Inspected not rated.	Inspected but not rated



Launton Grange Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had about medicine errors, poorly organised fire drills and people being at risk of neglect. As part of this inspection, we examined 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

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

Service and service type

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

There was no registered manager in post. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. During our inspection the service was operated by an experienced regional director.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since they registered with Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff, the deputy manager and the regional director. We spoke with one person and seven people's relatives about the care and support provided. We walked around the building to carry out a visual check. We reviewed a range of records, which included two people's care records and multiple medication records. We also examined a variety of records relating to the management of the service, including policies and health and safety files.

After the inspection

We continued to seek clarification from the provider to validate evidence found around policies and audits.

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 for this newly registered service. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about medicine errors, poorly organised fire drills and people being at risk of neglect. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that staff made them feel safe. One person told us, "It is brilliant. Staff are good and I feel safe with them, they are here any minute I call them."
- There was a robust safeguarding policy in place that sets out actions to take in the event of a safeguarding concern.
- Staff understood the principles of how to safeguard people. A member of staff told us, "I would immediately report my concerns to the management team and then to local authorities and to the Care Quality Commission."

Assessing risk, safety monitoring and management

- The provider carried out regular health and safety, and maintenance checks. These included fire equipment, water and electrical equipment checks conducted to ensure people's safety.
- Risk assessments were person-centred and detailed how people should be supported safely.
- The regional director reviewed trends and themes identified within the service to learn from these and to implement changes to improve practice.

Staffing and recruitment

- Staff described staffing levels as good and told us that staffing levels at the home were stable. A member of staff told us, "There are enough of us on shift. I can go to their rooms and have a chat with them."
- People and their relatives told us staffing levels were adequate to their needs. One person told us, "There are enough staff working here." One person's relative told us, "Whenever I call I can get straight through to her, there is a carer with her, every time I ring."

Using medicines safely

- Medicines were managed safely. There were clear processes and systems to ensure they were ordered, stored, disposed of and administered safely.
- There were no gaps or omissions in administration records on any medicine administration record (MAR) sheet reviewed.
- Medicines were managed safely. People received their medicines as prescribed and regular audits were carried out to monitor for any inaccuracies.

Preventing and controlling infection

- 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the regional director for any patterns or trends. Any lessons learnt were shared with staff.
- Where additional training was needed to improve the quality of care, this was provided by the service. For example, the regional director identified that more training was needed to improve fire drills. We saw evidence that a short training session was provided to staff after a fire drill in order to address previous shortfalls.

Inspected but not rated

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.

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

- People and relatives told us the service was well-managed. One person told us, "I can clearly recommend this place to others. It is really well-managed." One person's relative told us, "I met the regional director [Name], she is friendly and competent. I also spoke to the deputy manager and he was very reassuring."
- Staff understood, and were committed to the values promoted by the regional director and the provider.
- People's equality, diversity and human rights were respected. The service's vision and values were centred around the people they supported.

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 management and staff were open and transparent throughout the inspection process. It was clear that the ethos of openness and transparency was integral to every aspect of the home management.
- The management team understood the regulatory requirements upon the service, including the need to inform us about certain changes, events and incidents that affect their service or the people who use it. Our records showed they had submitted these 'statutory notifications' in line with their registration with us.

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

- Leadership at the service had a clear vison of how they wanted the service to be and put people at the centre of what they did.
- Staff at all levels understood their roles and responsibilities; the regional director was accountable for their staff and understood the importance of their roles.
- The provider had quality assurance systems in place which were used effectively to monitor key aspects of the service. The regional director completed audits and checks on a regular basis and acted to improve the service.

Continuous learning and improving care; working in partnership with others

• The regional director provided strong leadership and their constant critical review of the service had led to the noticeable improvements.

 The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met.