

Oldfield Residential Care Ltd

Bower Grange Residential Care Home

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:

Bower Grange is a care home registered to provide accommodation and personal care for up to 37 people. 36 people were living at the home at the time of the inspection. The home is set in large grounds and the accommodation is spread across two floors.

People's experience of using this service:

The assessment and planning of people's care was centred around their own personal needs and wishes.

The provider had systems in place to monitor how people received their medicines so that this was done safely.

People spoke well of the service. People considered they were well cared for, listened to and supported to express their needs and wishes.

There were enough staff to support people. They did this with kindness, dignity and respect.

Risks to people were assessed and plans put in place to maximise people's independence whilst ensuring people's safety.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and decisions made in the person's best interest.

People's dietary needs were managed with reference to individual needs and choice. Meal times were a main feature of life in the home and provided a social occasion.

The registered manager followed quality assurance processes and audits. These were effective in managing the home and were based on getting feedback from the people living there.

More information is in Detailed Findings below

Rating at last inspection: Good (report published 12 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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.

Bower Grange Residential Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out the inspection supported by 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: Bower Grange is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Inspection site visit activity was unannounced and started on 8 May 2019 and ended on this date.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spoke with eight people who used the service and two relatives to ask about their experience of the care provided.

We spoke with four members of staff and the registered manager and deputy manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked at two staff files in relation to recruitment, training and supervision records. We looked at records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I am very lucky to be here. I would like to be at home but it would not be safe for me. So, this is good for me, I am looked after and safe."
- Staff had received training in how to keep people safe from abuse and staff were able to describe their responsibilities about this. The provider had a safeguarding policy that included local authority arrangements and records showed that referrals had been in line with this policy.

Assessing risk, safety monitoring and management

- One relative said, "They manage (person's) behaviour so well here and keep them from doing things that would harm them. They understand and know (person) and we appreciate that."
- The provider had assessments in place to identify risks to people. For example, some people had been assessed as being at risk of falls. The information advised staff of how to assist the person to move around safely. This included use of specific equipment to help prevent falls. We observed that staff followed the guidance in care plans when supporting people.
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in the home.
- Records showed that the registered manager arranged for regular checks to ensure that systems such as fire alarms and emergency lighting were maintained.
- People's ability to evacuate the building in the event of a fire had been considered and practiced. This ensured that specific risks were known about and could be managed in the event of an emergency.
- Arrangements were in place for servicing equipment and regular audits ensured that issues were identified and managed appropriately

Staffing and recruitment

- Staff were recruited through a thorough recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work, which included checks through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children or adults. This helps employers make safer recruiting decisions.
- We saw that there were enough staff to care for people and to respond to their needs in a timely way. Staffing levels were determined according to people's needs and that this was regularly reviewed to ensure there were enough staff on duty.

Using medicines safely

- Medicines were stored securely. Medication Administration Record (MAR) charts were completed to provide accurate records.

- Some people were receiving PRN (as required) medicines. There were PRN protocols in place to guide staff in when these medicines should be given.
- Only those staff who had been trained in administering medicines were able to support people with their medicines. We observed medicines being given to individuals. We saw staff had time to spend with people so that they received their medicines safely.

Preventing and controlling infection

- Staff had received training in the prevention and control of infection. We observed staff were using appropriate protective equipment such as hair nets, gloves and aprons when dealing with food and drink.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- A staff member told us that team meetings and handovers included discussions about practice and how learning from mistakes could lead to improved care.

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

Good: 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's needs and choices were assessed by management prior to coming to live at the home. The registered manager told us, "We involve people, and where appropriate, their relatives in the assessment before they come here to be sure we can meet their needs." Staff continued to assess people upon admission and involved them in regular reviews.
- Assessments were used to develop care plans that were person centred and took account of people's diverse needs, including their religion, ethnicity, sexuality, disabilities and aspects of their life that were important to them.

Staff support: induction, training, skills and experience

- Staff told us that they received the training they needed for their roles. They described their training in subjects such as dementia awareness, pressure area care, manual handling and how to support people with behaviour that could be challenging to others.
- Staff reported being well supported in their roles and described having supervision meetings. Staff we spoke with confirmed that they felt confident that they could access the support they needed. We saw records that supported this.

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

- People were supported to have enough to eat and drink. They were complimentary of the food provided at the home. We observed the snack, drinks and milkshake trolley being taken round and staff encouraged people to drink their supplement before their hot drink. We observed staff patiently feeding people bananas, chocolate and biscuits.
- We saw lunch looked good and smelt appetising. The cook confirmed everything was cooked from scratch and that options were always available to tempt those with little appetite. We observed people clearly enjoying their food and asking for more. We noted staff serving and every plate that came out was plated to that person's need in terms of portion size, type of potato, cut up or slightly mashed, with gravy and without.
- The provider employed a dietician that visited people every month to review and assess their nutritional needs. Staff weighed people regularly. Advice and support from the dietician was implemented by staff.

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

- People had access to the health care services that they needed. During the inspection a district nurse was visiting people. Records showed that people were supported to attend regular health care appointments. A range of health care professionals were involved including, SALT, chiropodist, dentist and community psychiatric nurse.

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

- We saw the decoration of the home was to a satisfactory standard. The registered manager told us that a programme of improvement was in place in consultation with people that lived there. There was signage which would help people living with dementia orientate themselves around the home, for example signs to indicate where people could access toilets and bathrooms.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were. We saw one care plan that explained why a DoLS was in place and gave instruction to staff on how to engage with that person. It was clear that decisions were made in their best interest for their day to day care.
- One staff member said, "(Person) for example, had a nice shower this morning and enjoyed it but tomorrow could refuse point blank. We try to bathe and shower people daily if we can and when they ask for it. We must assess if they are happy, that is why it is so important to know our residents well and we can then help them more effectively.

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

Good: 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

- Staff understood people's backgrounds and personal histories and used this information to build caring relationships with them. Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and trusted staff in their daily interactions.
- One staff member said, "It is important to know our residents well as that helps so much when they get upset. It is important to take the time to calm and soothe them and talk with them about their life and family and if they have no-one we are their family. It is so important to just care for people physically and mentally."
- A relative said, "When (person) came in here it was a very upsetting time and we felt we had failed them. (Person) was on a lot of medicines to keep them calm and I felt I had lost my relative. However, since being here the care has been so good right from the off. Staff have got them off most of the medicines and they are happy again and I have got my relative back thanks to the staff and the care here."

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

- People were supported to communicate their views and were involved in planning their activities and daily life. We saw that monthly reviews of care were undertaken which included people's input and involvement.
- Some people were less able to express their choices and we observed staff alter their communication style to assist them. They spent time explaining options or showed people objects to assist them.
- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff always responded positively. Family members confirmed they had been involved in the decisions made about their relative's care when necessary.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People received personal care in their own bedrooms in private. Care records included reference to support with personal care.
- People's individuality and diversity was nurtured and people were treated with equal respect and warmth. Staff involved people in the shared activity of bingo and supported them to contribute at their own pace.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual care needs had been identified. Care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people had needs around understanding information this was supplied in various easy read formats with pictorial guidance.
- We observed staff interacting with the people in a sociable and happy manner. People enjoyed the bingo and a varied amount of activities both communal and 1:1. We observed staff reading to people, going through the papers with them and helping with knitting. The whole lounge was buzzing and it had a happy atmosphere.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care; the service provided a range of ways to do this through care review meetings and regular surveys.
- Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

End of life care and support

- At the time of our inspection, the service was not supporting anybody with end of life care. However, people were supported to complete an end of life plan to ensure their wishes could be explored and met.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided.
- Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager and provider.

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

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- Governance and performance monitoring was well-embedded in the management of the service. There was a comprehensive quality assurance system which was effective in identifying shortfalls and ensuring swift action was taken to make the improvements needed.

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

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.
- The registered manager established links within the local community. Members of the public had arranged events and donated money to the comfort fund for people in the home. People were helped to access local clubs and events to prevent social isolation.

Continuous learning and improving care

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager continuously worked to make and sustain improvements to the service.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of ongoing learning.
- The registered manager had links with external organisations to ensure they remained up to date with new procedures and information to ensure the care and support being provided was based on current evidence based guidance, legislation, standards and best practice.

Working in partnership with others

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.