

The Grange Care Centre (Eastington) Limited

Oldbury House Care Home

Inspection report

Bristol Road
Stonehouse
Gloucestershire
GL10 3RT

Tel: 01453791513

Website: www.bondcare.co.uk/grange-eastington

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oldbury House Care Home is a care home providing accommodation to persons who require nursing or personal care, for up to 75 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 56 people using the service. People are accommodated in one adapted building, which has been divided into three households or 'units'.

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

People and their relatives told us Oldbury House was safe and staff responded to their needs safely. There were enough staff deployed to meet people's needs. The management changed staffing levels depending on the occupancy of the home and people's needs. Staff told us they had the skills, time and support they needed to meet people's needs.

People's needs and choices had been assessed. Where possible people were involved in planning and discussing their care, taking positive risks. Staff understood people's individual risks and the support they required to maintain their health and wellbeing.

Incidents and accidents were reviewed to reduce the risk of reoccurrence. The management reviewed where accidents occurred to identify any potential trends. Staff were supported to reflect on incidents, complaints and medicine errors to enable them to make improvements.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance. People's visitors could visit in accordance with current guidance.

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

People had access to activities and engagement. Staff provided ad hoc activities where required, alongside group activities and trips outside of the home. The management team tried to accommodate like-minded people close to each other, to stimulate communication and engagement.

The provider was in the process of implementing new electronic care planning systems. Staff were being supported to use the new system for day to day recording of care notes. The provider and management had a clear plan to improve people's care notes and records.

The manager and provider operated effective systems to monitor the quality of care they provided people living at Oldbury House. There was a clear development plan for the home based on the manager and provider's audits and knowledge of the service.

People, their relatives and staff spoke positively about the management of the service. Staff told us they felt supported by the management team and felt they had the communication and guidance they needed.

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

Rating at last inspection and update

The last rating for this service was Good (published 16 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included information of concern about people's care and support. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oldbury House Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service 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.

Oldbury House 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

Two Inspectors and two Experts by Experience carried out the inspection. 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

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

The Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, a manager was in post who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in February 2022 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We 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. We spoke with 12 people who lived or were staying at Oldbury House Care Home. We spoke with 12 people's relatives about their experience of the care and support provided by the service.

We spoke with 21 staff including the deputy manager, clinical lead, 3 nurses, 7 care workers, 2 activities coordinators, head housekeeper, 3 housekeepers, agency chef and 2 maintenance workers. We also spoke with 2 representatives of the provider.

We reviewed a range of records. This included 8 people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We sought feedback from 3 healthcare professionals involved in the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were assessed and known by care and nursing staff. Where people required support to maintain their skin integrity there was clear guidance in place to support nursing and care staff. This included supporting people to reposition and with dressings. Where required, nurses sought the advice of external healthcare professionals.
- Where people were living with diabetes there were clear care plans which staff followed. Nursing staff kept a record of the person's blood sugar levels. Staff sought the advice of healthcare professionals and worked with the person to manage any health-related risks.
- One person had made a clear decision around their dietary needs with support from staff and professionals. This decision had been documented and communicated with staff, who understood and respected the person's choices. The person was involved in planning their care which provided clear details on how they should be supported.
- Nursing staff used nationally recognised assessment tools to monitor people's health. This enabled nursing staff to monitor people's health and seek appropriate support.
- People were protected from the risk of their environment. Appropriate checks had been made to ensure the environment was safe. The provider had systems in place to improve and maintain records in relation to environmental risk.

Learning lessons when things go wrong

- Nursing and care staff were supported to reflect on incidents, accidents and medicine errors. This included reviewing the support and training staff required.
- When accidents occurred, the management carried out accident and incident audits. They reviewed when and where accidents happened and who was impacted. This enabled them to identify if people required additional support and identify any potential concerns in relation to staffing and staff deployment.
- During the inspection, one person had a fall. Staff followed a clear post falls protocol and sought the advice of medical professionals. Staff ensured the person was supported and followed medical guidance to maintain the person's health and wellbeing.

Using medicines safely

- People's medicines were stored safely, and they received their medicines as prescribed. One relative told us, "[Relative] is not good at taking her medication and will try anything to avoid it, but they are really on top of it all."
- The management team and provider had supported staff with training and guidance. This enabled them to ensure staff had the right skills and competency to administer people's medicines safely.

- Some people were prescribed medicines that were to be administered 'as required' when they could be anxious or distressed or were in pain. Protocols contained clear guidance for staff to follow, including when to administer these medicines and how to review the effectiveness of their prescribed medicines.
- Nurses and managers completed daily, weekly and monthly medicine checks. These audits had supported improvements in how people's medicines were managed.

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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. Comments included: "[Relative] is completely safe and well cared for there" and "I do feel safe here, thank you."
- The management team were visible and regularly worked alongside staff which made it easier for any concerns to be identified or reported. The management team took appropriate action to safeguard people. They ensured safeguarding authorities were informed of any actions and took action to protect people from harm.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour. One member of staff told us, "We are confident of letting management know any concern we have."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met and a clear record was in place documenting the support people were being provided.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. Staffing levels were

based on the occupancy of the home and in accordance with people's assessed needs. Where required the home used agency staff to maintain safe staffing levels.

- People and their relatives told us there were enough staff to meet their loved ones needs. One relative told us, "If we have been in her room when I visit and she needs to call the carer, she never seems to wait very long for someone to come."
- Staff told us there were enough staff and they had the time they needed to provide people's care. Comments included; "We have enough staff, it can be busy, however we're a good team and we work well together" and "I have no problem with staffing. It has reduced slightly as we have lost some residents. However, it is always safe."
- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the time of our inspection, the provider was reviewing their recruitment processes to reflect national legislation in relation to recruitment. However, we found this had not had an impact on recruitment carried out at Oldbury House Care Home.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Where appropriate, people had been supported to plan and manage their care needs. For example, one person had been involved in documenting the support they required and how they wished for their care to be provided.
- Care and nursing staff understood people's personal choices. Two people had made decisions to stay under their current GP. Staff could describe the support these people needed and how they supported them to maintain their independence.
- People were supported with day to day choices and decisions. This included where they wanted to spend their time, what food and drink they wished to enjoy. One person told us, "They don't tell me what to do."
- Where people were living with dementia and could be anxious or resistive to care, staff had clear information on how to support them, keep them safe and maintain their wellbeing. One relative told us, "Staff are really good with people and seem to have unlimited patience and [they are] very encouraging."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with a range of activities provided by activity and care staff. We observed staff providing people with activities and engagement tailored to their needs, including arts and craft, ball games, reading and reminiscence.
- Activities staff discussed how they knew people preferences with regards to activities and meaningful stimulation. They discussed that some people did not enjoy group activities, however liked to go out into the community for a walk or a drive with others.
- When admitting people to Oldbury House, management looked at their needs and worked with the person to decide where would be best for them to live. They discussed how one person had been given a room next to someone with similar needs. They hoped this helped people enjoy the company of others and develop friendships.
- People were supported to maintain their personal relationships. This included keeping in touch with family during the pandemic. Relatives spoke positively about how the management engaged with them and kept them informed of changes in their loved ones needs. One relative told us, "We were especially touched when the home organised an outing to a restaurant for them to celebrate [relative's] 60th wedding anniversary."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's communication needs had been recorded as part of their care plan. This included the support the person needed to communicate and make choices. Staff spoke positively about how they engaged with people and supported them to communicate.
- Where people were not able to communicate verbally, staff had clear guidance on how to assist people to communicate their needs. This included observing one person's body language and facial expressions to support them express their wishes.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to. One relative told us, "It's comforting to know that if I have any concerns, I can talk to them [home] about it."
- The management acted on complaints and concerns in a timely manner. We reviewed the providers response to recent concerns. They took action to respond to the concerns and taken on board wider learning.
- The manager used concerns and feedback to inform staff practice and identify any additional needs. Following one concern, while the manager was content with the action taken, they had identified that staff could benefit from conflict resolution training and this had been booked.

End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Where relevant, anticipatory medicines had been prescribed by health professionals.
- Staff spoke positively about end of life care and how they ensured people received the care and support that was important to them, including being visited by their loved ones. One relative told us, "The whole team were absolutely lovely when Dad died, so respectful and kind to us all. Mum is definitely in the right place."
- Where people had recorded their wishes for their end of life care, these were known to the staff. One person had a detailed funeral plan in place which was kept with their care file. The provider had plans to improve the level of information they held on people's choices about their end of life care.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People benefited from a positive culture in the home. Staff demonstrated a strong desire to achieve good outcomes for people. People's relatives spoke positively about the service. Comments included: "The staff are wonderful with [relative] and take such good care of [them]. I couldn't ask for more" and "The carers are excellent at getting Mum to do things she's not keen on, showering is one of them."
- The deputy manager and representatives of the provider were open and transparent throughout our inspection and were clearly committed to providing good quality care.
- Staff told us they felt supported by the management and provider. Comments included: "I love working here. I feel really supported by the management. They do listen" and "I do feel I have the support I need. It's a good place to work, they supported me when I needed to make some changes."

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 manager and provider understood requirements in relation to duty of candour and had an open and honest approach. They demonstrated this by the management and representative of the provider informing us of a safeguarding concern they had raised to the local authority.
- The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- Concerns and complaints were actively listened to and acted upon efficiently. The management shared learning from complaints with the staff to continually develop the service. Following one complaint, they concluded whilst staff had acted appropriately, they identified that all staff could benefit from additional training. This was then arranged and made available for staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and management team undertook a range of quality assurance audits to ensure a good standard of service was maintained. We saw audit activity which included medicines, infection control, incidents and accidents and health and safety. Any shortfalls or concerns were documented in a service improvement plan which was monitored by representatives of the provider.
- The home's service improvement plan was reviewed by the management and representatives of the provider. When actions had been completed these had been signed off by a representative of the provider to ensure the action taken was appropriate.

- Scheduled audits evidenced where improvements had been made and where further action was required. Medicine management audits showed improvements had been made in relation to recording following staff support and meetings.
- When required, the management and provider took effective action to address concerns or shortfalls. The provider discussed action they were taking following internal quality assurance audits. This included meeting with staff and implementing specific action plans.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives views were sought. People were encouraged to voice their opinions about the service and how they were supported. One relative told us, "It's comforting to know that if I have any concerns, I can talk to them (home) about it."
- The management and provider had identified some changes were required following feedback on communication. They were in the process of moving the home's office near to the home's entrance. This would increase the visibility of management to people and their visitors and help to improve communication.
- Staff felt supported to express their views and felt the provider and management team listened. They spoke positively about teamwork at the home. One member of staff told us, "We work well together. [Manager] and [deputy manager] are always around and they listen to us."
- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. Where professionals had been involved in people's care there was a clear record of their guidance and support recorded. One professional spoke positively about the responsiveness of the service and how they followed their guidance.