

Barchester Healthcare Homes Limited

Oak Grange

Inspection report

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Date of inspection visit:
28 July 2023
03 August 2023
10 August 2023
15 August 2023
22 August 2023

Date of publication:
21 November 2023

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Oak Grange is a care home providing nursing and personal care specialising in providing care to people living with dementia. The service can support up to 70 people, at the time of inspection they supported 69 people.

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

The service was not well-managed at the time of this inspection. We found improvements were needed to ensure people always received safe, effective, and responsive care that met their needs.

We carried out this inspection because we had received complaints about the standard of care including staffing levels.

We found that staff were not always deployed in sufficient numbers to meet peoples' needs safely and effectively.

Risks to people's health and welfare were not always identified or managed effectively. Records showed that there was a high incidence of unwitnessed falls. Measures to reduce the risk of falls were not always effective, leaving vulnerable people at risk of injury and harm.

Information to be supplied to the fire service in the event of a fire contained inaccuracies and recommendations detailed in the fire risk assessment had not been sustained.

Systems to safeguard vulnerable people from abuse were not always followed and two care staff spoken with were unclear on the provider's safeguarding procedures.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The provider was not always working in accordance with The Mental Capacity Act 2005 and had not always applied for Deprivation of Liberty Safeguards in a timely manner.

Managers and staff were not always doing everything reasonably practicable to make sure people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences. Personal care records were not always kept up to date and care plans were not always reviewed and revised when peoples' needs had changed.

Discrepancies in recording of some medicines were identified.

The provider's quality assurance systems had either not identified the improvements needed at this care home or taken sufficient action in a prompt manner to address the improvements which were needed.

Although there were areas for improvement, most of the people who lived at the home had something positive to say about the staff and the standard of care provided. Nursing and care staff were seen to be kind and caring in their approach. They engaged with people sensitively before providing support and care and they listened and acted on what was said to them.

A visiting doctor told us that managers and staff worked collaboratively with them to ensure people's health care needs were met. People's nutritional needs were being met and comments about the standard of food were generally positive.

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 11 December 2021). At this inspection we found the provider was in breach of regulations. The service is now rated requires improvement.

Why we inspected

We carried out this inspection because we had received complaints about the standard of care including staffing levels. As a result, we commenced a focused inspection to review the key questions of safe, effective, and well-led only. It became clear during the inspection that improvements were also required in the remaining key questions caring and responsive. We therefore broadened the inspection to include all key questions and in doing so completed a comprehensive inspection of the service.

We looked at infection prevention and control measures under the safe key 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent, staffing, person centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. 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? The service was not always safe.	Requires Improvement ●
Is the service effective? The service was not always effective.	Requires Improvement ●
Is the service caring? The service was not always caring.	Requires Improvement ●
Is the service responsive? The service was not always responsive.	Requires Improvement ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

Oak Grange

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

The inspection team included 3 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us 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 of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 13 family members about their experience of the care provided. We spoke with 23 members of staff including the registered manager, senior regional director, deputy manager, 3 nurses, a health care practitioner a senior care assistant, 8 care staff, 2 administrative assistants, activities lead, a housekeeper, a domestic assistant, the maintenance manager and a chef.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We looked at the profiles for 2 agency workers. A variety of records relating to the management of the service, including policies, procedures and audits, were reviewed. We spoke with 3 visiting health and social care professional including a doctor, a district nurse and a community psychiatric nurse.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management Learning lessons when things go wrong

- Risks to people's health and welfare were not always identified or managed effectively. Accidents and incidences were reviewed but effective action was not always taken to prevent a recurrence.
- A person's care plan and risk assessments did not accurately reflect the measures in place to reduce their risk of falls. Where measures had been reflected in people's care plans, these had not always been actioned or followed leaving people at risk of avoidable harm.
- Records showed that the home had high level of incidences involving unwitnessed falls with pressure alarm mats used to reduce the risk in some instances.
- Personal Emergency Evacuation Plans (PEEPs) were in place and easily accessible. The PEEPs register which would be handed to fire officers in the event of a fire contained inaccuracies. This could cause unnecessary confusion and/or delay in the event of a fire. Factual inaccuracies in the PEEPs register were corrected at the time of the inspection.
- Actions identified within the home's fire risk assessment carried out in January 2023 identified that action needed to be taken, however had not been sustained.
- Several vulnerable people had been provided with individual electric heaters to supplement the home's heating system. We requested sight of risk assessments relating to the use of these heaters during the inspection process in August 2023. The provider shared a risk assessment in October 2023 which did not provide sufficient assurance that vulnerable people were adequately safeguarded from the risks associated with heated surfaces above 43C.

The provider had failed to ensure effective systems were in place to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks in relation to other aspects of the environment and equipment were regularly carried out.

Systems and processes to safeguard people from the risk of abuse

- The provider's 'Adult Safeguarding' policies and procedures were not always put into practice.
- Records showed that a vulnerable person had suffered unexplained bruising, however, this had not been reported to the local adult safeguarding authority in accordance with locally agreed adult safeguarding procedures. The Care Quality Commission had not been notified of this occurrence in accordance with the registered person's responsibilities and conditions of registration.

- Staff had received training on adult safeguarding procedures, but some were unclear on which agency to report evidence or suspicion of abuse to. They were also unclear of the protections afforded to 'whistleblowers' under the provider's whistleblowing policy and the Public Interest Disclosure Act 1998.

The provider had failed to ensure systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not always enough suitably, skilled, and experienced staff on duty to meet people's needs.
- During the inspection the relatives of five people told us there was not enough staff to meet their relative's needs. The family members of three people told us that they had raised complaints with the manager about low staffing levels, but none had received a satisfactory response.
- The registered manager told us that they aimed to have 5 staff (1 nurse and 4 care staff) on duty in the mornings and 4 staff (1 nurse and 4 care staff) on duty in the afternoons in each of the 20 bed nursing care communities. However, rotas showed at least 5 days in July when there was only 1 nurse and 3 care staff on duty on each of the nursing care communities.
- Throughout the inspection, even when there was a full complement of staff, we saw staff endeavoring to get people up before 12noon on one day it was after 1220pm, and staff still had two people to get up. Senior staff told us that this was a person's choice, however when we spoke with them, they told us they would prefer to be assisted out of bed after their breakfast.
- People told us that they had to wait long periods of time for staff to answer the nurse call bell one person quoted 40 minutes plus. Another person demonstrated by pressing the nurse call alarm and 8 minutes later a member of staff arrived from another unit.
- The homes staffing needs analysis indicated that 6.3 staff were required to meet the needs of the people at nighttime. However, rotas indicated that only 6 staff were deployed from 8pm to 8am the following morning. 0.3 of a night shift equates to 3.6 hours of a 12-hour shift, and a shortfall in the numbers of staff hours deployed.

The provider had failed to deploy enough suitably experienced and trained staff to meet the needs of the people who lived at the home. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider followed safe procedures for the recruitment of staff and all appropriate checks had been completed before new staff were employed in the home.
- People spoke highly of the staff often commending them for providing good standards of care.

Using medicines safely

- Medicines were received, stored, administered, and disposed of safely.
- There were inaccuracies in some medicine records. The stocks of medicines held for 3 people did not tally with the records.
- Gaps were identified in the recording of fridge and ambient temperatures in the medicines room on one of the nursing care communities. We did not check the fridge temperature records in the other three communities.
- Medicines audits were carried out regularly but failed to identify discrepancies in the controlled drugs records. Action was taken by the registered manager to address this during the inspection.
- Staff involved in administering medicines had received training and had access to relevant guidance regarding the administration of medicines which may be needed on an 'as and when required' basis.

Preventing and controlling infection

- Effective systems, policies, procedures, and practices were in place to ensure people were protected from infection including COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 enabling visiting in line with government guidelines.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working within the principles of the MCA.
- We were told a number of people would not be safe to leave the premises unsupervised. However, there were no MCA assessments for these people to determine whether they had capacity to consent to care or whether a DoLS was required.
- Subsequently MCA assessments were completed for 4 people and DoLS were applied for.

We found no evidence that people had been harmed. However, the provider's systems were either not in place or robust enough to ensure consent to care and treatment was sought in line with law and guidance. This placed people at risk of harm. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always appropriately assessed.
- Falls risk assessments and care plans were not always reviewed or where necessary revised when a person suffered a fall or an unexplained injury such as a skin tear.

The provider failed to establish effective systems to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a further breach of

regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff presented as competent caring professionals. They had completed a range of relevant qualifications and training courses to enable them to fulfil their role.
- New starters received induction which was tailored to their individual needs and experience. One staff member told us how their shadowing period had been extended because they wanted to hone their skills before being deployed.
- Staff told us that they were well supported and had benefited from regular supervision meetings with their manager.
- All staff spoke highly of the management team, and one said: "This is the first home I have worked in where the manager truly has an open-door policy".

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

- The nutritional needs of people were being met. Staff were aware of people's dietary needs and preferences.
- We observed positive interactions and support being provided to people at mealtimes.
- People's comments about the food were positive. These included, "The food is good I get a choice" and "The food is fine". One relative said; "The food is very good quality" and another said: "The food is lovely (relative) is currently not eating but they keep encouraging (relative) him try him with alternatives."

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

- The accommodation was suitably adapted to meet people's needs.
- People's rooms were personalised with photographs and other treasured items.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for, or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; ensuring people are well treated and supported; respecting equality and diversity

- People were at risk of not receiving the right level of support and care because they were not always involved in planning their care and their care plans did not always record their needs and personal preferences in sufficient detail.
- A person who had been admitted to the home for palliative care eight days prior to our visit did not have care plans that addressed their needs in relation to breathing, nutrition, pain, mental health, spiritual/social or cultural needs.
- Another person who experienced recurring pain in their mouth and received pain relief did not have a care plan that addressed this need. Their care plans had not been signed by them and whilst there was reference to them being aware they were not for resuscitation there was no evidence that this, had been discussed with them.

The provider had failed to ensure people were always involved in their care planning and care plans lacked important information. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Residents and relatives' meetings were held infrequently, and records indicated no relatives had attended the last two meetings. Visiting relatives told us that they had not been informed of any residents and relatives' meetings.

Respecting and promoting people's privacy, dignity, and independence

- Most of the people spoken with had something positive to say about the staff and the care they received. Their comments included, "the staff are kind and caring, I feel well looked after".
- Nursing and care staff were seen to be kind and caring in their approach. They engaged with people sensitively before providing support and care and they listened and acted on what was said to them.
- We observed staff knocking on people's door prior to entering their room.

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 changed to requires improvement. This meant services were not planned or delivered in ways that met people's needs.

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

- Care plans did not always accurately reflect people's needs and were not always reviewed and revised when needs changed. For example, when rescue medicine was withdrawn by one person's doctor their care plan was not updated and there was no guidance for staff on action to take in the absence of this medication.
- Another person's care plan had not been updated when their risk of falls had changed, and they no longer required the safeguard of a pressure sensor mat.
- The care plan summary for another person who had complex needs was blank. Care plan summaries are used to provide an overview of each person's care and are vital when agency staff are used, as is the case at Oak Grange.

The provider was not doing everything reasonably practicable to make sure people who used the service received person centred care and treatment that is appropriate, meets their needs and reflects their personal preferences. This was a further breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed care and nursing staff supporting people to make choices throughout the inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Information on how to make a complaint was clearly visible to people and visitors.
- The relatives of four people who lived at the home informed us that they had raised complaints about the standard of care, three had raised specific complaints about staffing levels, however only one person's representative said they had received a satisfactory response.
- The three relatives who raised concerns about staffing levels told us that their complaints had not been taken seriously and their concerns not addressed.
- Three of the four complainants had received a response, the fourth had not.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information, such as the service user guide, was available in different formats to support people's

understanding.

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

- The service employed an activities lead and other arrangements were made to provide people with opportunities to engage in activities and pastimes.
- We observed people engaging in a range of activities on each day of our inspection some led by care staff and others led by the activities lead.

End of life care and support

- People had care plans in place that recorded and respected their needs and wishes regarding care at the end of their life. This included spiritual needs and preferences expressed by the person or their next of kin.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems included a range of audits that were carried out routinely but failed to identify where improvements were required to ensure the well-being of the people who used the service.
- During the course of our inspection we identified failings in the provision of safe care and treatment, staffing, recording, assessment, care planning, MCA and DoLs which put people at risk of harm.
- On the first day of the inspection we found that staff were not maintaining accurate, complete, and contemporaneous records (made at the point care is given) in respect of each person who lived at the home. This put people at risk of their needs not being met.
- We were given assurances that going forward systems had been put in place to ensure accurate, contemporaneous records would be maintained. However, we continued to identify errors and omissions in recording, risk assessment care planning and review throughout our inspection.
- Although the provider's senior regional director was in the home supporting the registered manager and gave assurances to address identified failings in recording and MCA, progress was inadequate to ensure the people who lived at the home received safe, effective, and responsive care.

The provider's systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the service or mitigate the risks relating to the health, safety, and welfare of people. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager demonstrated an understanding of their responsibilities under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The activities lead had developed a relationship with a local nursery school with visits arranged to and from the children and staff.
- Nursing and care staff had received training on Equality and Diversity and were aware of protected characteristics under the equality Act 2010.

Working in partnership with others

- A visiting doctor told us that managers and staff worked collaboratively with them to ensure people's health care needs were met.
- A visiting district nurse and a community based psychiatric nurse both made positive comments about the staff and the standard of care provided.

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 9 HSCA RA Regulations 2014 Person-centred care The provider was not doing everything reasonably practicable to make sure people who used the service received person centred care and treatment that is appropriate, meets their needs and reflects their personal preferences.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider's systems were either not in place or robust enough to ensure consent to care and treatment was sought in line with law and guidance.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure effective systems were in place to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to deploy enough suitably experienced and trained staff to meet the needs of the people who lived at the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

The enforcement action we took:

We served a warning notice.