

Anchor Hanover Group

Oakwood Grange

Inspection report

Oakwood Road
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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

Oakwood Grange is a residential care home providing accommodation and personal care for up to 60 people, some of who live with dementia. People live over two floors in one purpose-built building. At the time of our inspection there were 51 people using the service.

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

People, their relatives and staff told us Oakwood Grange was a safe place to live and work. Risks to people were regularly assessed and reviewed. This meant people could take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were enough appropriately recruited staff to meet people's needs. Trained staff safely administered medicines and prompted people to take them. The home used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy were up to date.

People and their relatives told us effective care was provided, they were not subject to discrimination and their equality and diversity needs were met. Staff received good training and were supervised. People and their relatives thought staff provided good care that met people's needs. Staff encouraged people to discuss their health needs, any changes to them and concerns were passed on to the management and appropriate health care professionals. This included any necessary transitioning to other services if people's needs changed. People were protected by staff from nutrition and hydration risks and were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided people with care and support in a friendly manner. People felt respected and staff acknowledged their privacy, dignity and confidentiality. People were encouraged and supported to be independent and do things for themselves, where possible. This improved their quality of life by promoting their self-worth. Staff cared about people, were compassionate and passionate about the people they provided a service for.

The provider was responsive to people and their needs were assessed, reviewed and care plans were in place that included any communication needs. People were provided with person-centred care. People had choices, and were encouraged to follow their routines, interests and maintain contact with relatives, friends and interact with others living at the home so that social isolation was minimal. Complaints were recorded and investigated.

The home's management and leadership were visible with a culture of openness, positivity and honesty. The provider's vision and values were clearly set out, understood by staff and followed by them. Areas of staff and management responsibility and accountability were identified, at all levels and a good service

maintained and regularly reviewed. Audits took place and records were kept up to date. The registered manager recognised the need for reviewing the frequency of some audits. Where possible community links and working partnerships were established and kept up to further minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was well managed and met people's needs in a professional, open and friendly way.

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

Why we inspected

This service was registered with us on 6 May 2021 and this is the first inspection.

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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oakwood 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 was completed by 1 inspector 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

Oakwood Grange 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. Oakwood Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Before the inspection we reviewed the information we held about the service and the service provider. 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people and 3 relatives to gather their views about the care they received. We looked at 5 people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, care manager, deputy manager and 5 care and ancillary staff. We received feedback from 1 health professional who had contact with the service.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us they felt safe at Oakwood Grange. Comments included, "Its lovely here. The staff are caring. I couldn't have got a better place" and "They [staff] are good with all aspects of [person's] care. They regularly check on them and if we need the staff they are there in an instant."
- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from abuse.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- The service had worked with the local authority to investigate safeguarding issues when concerns had been raised.

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. Areas covered included, mobility, falls, nutrition, skin integrity, choking and pain. Risk assessments were reviewed and updated. Staff understood the risks and knew people well.
- People had individual emergency evacuation plans in place (PEEPs).
- The service environment and equipment were maintained. Records were kept of health and safety and environmental checks.
- The fire alarms and other emergency aids were regularly tested and serviced.

Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff. This included references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable.
- There were enough staff to meet people's needs.
- People told us there were enough staff on duty to meet their support needs. One person commented, "When I've used my buzzer they are always pretty quick."
- Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff respond quickly to people's requests for assistance or to answer their questions throughout this inspection. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.

Using medicines safely

- There were suitable arrangements for storing, and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective.
- When people were prescribed medicines 'when required' there were protocols in place, some of these required additional information to guide staff when doses might be needed. Staff spoken with were able to explain how these medicines were used. The daily notes also recorded the reason for administering these medicines and the outcome of the administration.
- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.
- We found some discrepancies in recording but no evidence of any medicine errors or harm, for example a missing signature on the administration record and not all liquids had an 'opened on' date. Monthly medicines audits took place however, the registered manager told us the frequency of audits would be increased to identify and rectify discrepancies earlier.

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.
- The provider was supporting people to have visitors in line with the most recent government guidance. Visitors were able to see people in various parts of the home, including in people's rooms. Visitors were able to visit at any time without appointments.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. These were reviewed to observe any patterns or trends and to ensure actions taken had been effective. The registered manager had oversight of all accidents and incidents. Appropriate action was taken to prevent incidents reoccurring such as contacting relevant health professionals for support.
- Staff told us they were made aware of any accidents or incidents via handovers.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The registered manager ensured people's needs and preferences were assessed prior to providing their care. This included looking at their personal history, likes, dislikes, relationships, cultural, religious or sexual preferences, medical history and current conditions. This information was then used to develop the person's care plan and assess any risks.
- People's care plans were based on their assessed needs and preferences. People's outcomes were identified during the care planning process; guidance for staff on how to meet these were recorded in the plans. Staff followed guidance in relation to people's identified health needs. During our conversations with staff it was evident they understood people's needs.
- Staff were aware of equality and diversity issues, and the management team were aware of their obligations in this regard.

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way that met their needs effectively.
- The training matrix identified when mandatory training required updating. There was specialist training specific to people's individual needs, with detailed guidance and plans. This included epilepsy, dementia awareness, and diabetes.
- Staff told us the training they received was a mixture of e-learning and in-person practical training courses that were refreshed at regular intervals. This ensured staff's knowledge and skills remained relevant. One staff member told us, "I think we get some really good training." New staff were also able to shadow more experienced staff as part of their induction. This improved their knowledge of people, their routines and preferences.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from the registered manager to perform their duties well. There were also annual appraisals and monthly staff meetings

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

- People were supported to eat and drink sufficiently to maintain a balanced diet.
- People said they enjoyed the food and had enough to eat and drink. Comments included, "The food is very nice. There are always different choices and a menu" and "In the hot weather, they cut up all the fruit and brought it round for us, it was lovely. You can choose what meals you want and it's like you cook at home, it's lovely"
- People were offered a choice of meals and support to eat their food where needed. Staff had a good

understanding of people's needs, including people who needed food and drinks at a specific consistency.

- People had access to drinks throughout the day and staff supported people if needed.

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

- The home was appropriately adapted, equipped and decorated and furnished to a good standard.
- People told us the service was a relaxed and comfortable place to live. One person said, "I'm happy here because it's a very homely and a relaxed place to be."
- We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.

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

- People received annual health checks and referrals were made to relevant health services, as required.
- Everyone was registered with a GP and a dentist. People's oral hygiene was checked daily. People had access to community-based health care professionals, such as district nurses and hospital teams as needed. A visiting healthcare professional commented, "Our team have no issues here, it seems a nice place."
- Staff knew what to do if a person became unwell or needed additional support, including reporting issues to the registered manager, GP or calling an ambulance.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications to authorise restrictions for people had been made by the service. People's needs were kept under review and if their capacity to make decisions changed then decisions were amended.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.
- The registered manager had a record of all DoLS applications that had been made, the outcome of the application where that was known and a record of any conditions on the authorisations

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.

This is the first inspection since registration of this service. This key question has been rated good. This meant 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

- People told us they were treated well and the staff team were kind and caring. Comments from people included; "I'm comfortable here, well looked after", " Staff use equipment to support me. I'm laid up but I have two frames to get to the loo. They are patient with me and nothing is too much trouble for them" and "They are very caring."
- Relatives also commented positively about the staff team. One relative told us, "[Person] is bed bound and doesn't really leave the room anymore but I don't feel [person] is ever forgotten about here. Staff regularly pop in and make sure [person] is okay."
- The home had received compliments about the care it provides. Compliments included, "Thank you for all the help and kindness shown to [person]" and, "Thank you for all the kind and compassionate care given to [person]."

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

- People were supported to express their views and be involved in deciding their care. This meant they had control over their lives.
- Staff knowledge and experience of people's likes, dislikes and preferences was built up by people using the service and staff forming relationships and bonds. It was demonstrated that these methods worked by people doing various activities they had chosen.
- People told us they were able to express their choices and live their lives the way they wanted. One person said, "I always get to choose what I wear, what I eat and what I do, every day."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was promoted by staff committed to the people they cared for, delivering care with kindness. Their knowledge of people, their wishes and preferences meant people were respected and their right to privacy, dignity and independence was observed.
- People were actively encouraged and supported to maintain their independent living skills. They did as they pleased with staff support. A number of people were observed wandering freely around the home, often visiting their bedroom or the main communal areas, including the garden.
- People told us staff respected their privacy and dignity and staff were aware of the importance of recognising this was someone's home, treating it with respect and acting accordingly. One person told us, "Staff knock on my door and don't come in until I've invited them." We observed staff knocking on people's bedroom doors and waiting to be invited in by the occupant throughout our inspection.
- We observed staff to make good eye contact with the people they were supporting and to engage people in meaningful conversations about what they were doing and the meal they were assisting them to eat.
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support

accordingly.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received person centred care that meant they had choice, control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received.
- The registered manager and all staff made themselves available to people and their relatives to discuss any wishes or concerns they might have. People said staff met their needs and wishes in a timely way. One person said, "The staff are smashing and very helpful."
- People had been supported to develop care plans specific to them. Plans included information about people's life history and what was important to them. The care plans had been regularly reviewed with people and their relatives and had been updated where necessary.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted.
- Relatives told us people received care in ways that were specific to them. Comments included, "There isn't much [person] can do activities wise but she isn't forgotten, and we feel she is loved and looked after" and, "They have a lovely hairdresser here who does her hair, the chiropodist visits regularly and it pleases me that they are really on top of everything like that."

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.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- The provider met people's communication needs by providing staff with training and information about people's communication preferences, which were recorded in their care plans and guidance on how best to communicate with them.

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 who chose to engage in the activities told us they were happy with the activities. One person told us, "They [staff] ask me if I want to join in things and I do sometimes listen to the singers. The staff often pop in for a chat as well. I'm looked after." Other comments from people included, "I do puzzle books, I like them. This is the third one I've had since being here."

- People's choice was respected. One person said, "They're always asking me to do painting or colouring but I'm happy doing my own thing"
- There were a range of activities on offer to meet the needs of people living with dementia. During our inspection we observed people were engaged and enjoying these.
- There was a schedule of activities available, these included; ball games, armchair exercises, baking, bingo and singalongs. Additional activities were advertised for Christmas including, a visiting school choir to sing carols and external entertainers to perform a pantomime.

Improving care quality in response to complaints or concerns

- There was a complaint system in place and clear complaints policy. The registered manager had a system in place that recorded all concerns, what action had been taken and the outcomes. These were regularly audited to look for patterns in complaints and how they could make improvements.
- People and relatives told us the registered manager had always been open to complaints and responded very quickly to resolve anything they raised. One person told us, " I don't have any complaints." A relative said, "The manager is very good. I feel I can ask any questions I have and she will be straight and get things sorted."

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and received training and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There were systems in place to monitor the standards of the service. We found whilst the systems were effective in identifying some of the issues we found, the frequency of these audits was not always conducive to identifying issues in a timely way. The registered manager responded immediately by committing to review the frequency of some audits.
- The service was supported by a care manager and a regional manager who visited the home regularly to monitor and quality check the service.
- There was a clear management structure in place. Roles and responsibilities had been defined. Comments received from staff, people and relatives about the registered manager and provider were positive. Comments included; "The manager is very nice. She makes a good cup of tea", "The manager is very good. I feel I can ask any questions I have and she will be straight and get things sorted" and, "The manager is very approachable. We are on first name terms and when I'm here she is always available for a chat if I want to ask anything. Communication is very good and I am very happy with everything they do for mum."
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate

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 ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive and proactive attitude.

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

- There were a range of formal systems, which ensured people had choice and control over their care. People participated in regular reviews, surveys and meetings.
- The registered manager had promoted a person-centred approach in the service. This was evidenced

through the feedback from people who use the service, relatives and staff, and the way records were completed.

- Staff told us the management team worked in a supportive way, that helped to ensure there was a focus on improving outcomes for people.
- Staff commented on how morale was good, and everyone worked well as a team. One staff member told us, "Morale is good, it's a happy place to work." Comments from staff also included, "The registered manager is very supportive" and, "The registered manager is approachable and always listens. She explains why decisions have been made."

Continuous learning and improving care

- The manager told us they kept themselves up to date with current practice via a variety of online resources. They also had access to the providers lessons learned and improvements from other locations within the group.
- Staff told us learning from incidents was discussed and shared amongst the team.

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

- People and relatives told us they were happy with the care provided. They told us they were asked for their views about the care and were aware of ways to make suggestions. They felt confident to raise concerns and that the registered manager would listen to them and act immediately. One relative told us, "I have no concerns, put it this way, if I did have, they would know about it straight away. On the whole it's been very well run in all the time I've been visiting."
- People were supported to participate in regular meetings to seek their views and keep them informed of developments about the service and provider.
- The staff team received regular supervision and felt this was beneficial. Staff told us they felt very supported by the registered manager.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as GPs, district nurses, and physiotherapists, as required.
- Healthcare professionals we spoke with thought the home was well managed and there were good lines of communication.