Ogwell Grange Limited

Ogwell Grange Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ogwell Grange Residential Care Home (hereafter Ogwell Grange) is a residential care home on the outskirts of Newton Abbot providing personal care to up to 20 people. The service provides support to older people some of whom were living with dementia. At the time of our inspection there were 16 people using the service. Accommodation is provided over two floors with the first floor accessible by passenger lift and stair lift. Communal space included a dining room, lounge and conservatory, with views over the communal grounds and countryside beyond.

People's experience of using this service and what we found
Systems and processes were in place to safeguard people, however, allegations of abuse were not always shared with the local authority or notified to CQC. In 2022, an allegation of abuse had been made. The registered manager took appropriate action and investigated the allegations; however, they did not share these with the local authority or CQC at the time. This was because their own investigation did not substantiate abuse had taken place.

We recommended the provider ensured all allegations of abuse are shared with the local authority and notified to CQC without delay.

Staff told us they felt confident the registered manager took allegations of abuse seriously and would act on them. The registered manager assured us they would share any future allegations with both the local authority and CQC.

Systems were in place to ensure staff were recruited safely, however, a full employment history was not always obtained and reasons for gaps in employment were not recorded. The registered manager addressed this immediately and made changes to their recruitment system to ensure this information is obtained in future. Pre-employment checks including obtaining employment references and Disclosure and Barring Service checks were obtained prior to staff starting work and there were enough staff to meet people's needs. The atmosphere was relaxed and unhurried on both days of inspection and we observed staff had time to spend talking with people.

DoLS applications had been made where people lacked capacity to consent to care and treatment, however, mental capacity assessments had not always been completed prior to making the application. This was because there was some confusion about who's responsibility it was. This was addressed immediately after the first day of inspection and good quality mental capacity assessments were put in place. None of the decisions or restrictions in place changed as a result of these assessments. By the end of this inspection, we were assured 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.

People's relatives felt confident people's risks were being monitored. One told us, "I like that the place is secure, so I know despite [relative's] severe dementia, they are safe and well looked after there." Risks were assessed and regularly reviewed and people's care plans contained good information about how staff could minimise people's risks. People received their medicines safely. Premises risk assessments were in place and equipment was well maintained. We were assured the provider had good systems in place to minimise the risk of infection.

People's relatives gave positive feedback about the care people received. People's needs were assessed, and care plans contained detailed and person-centred information. People were supported to eat a balanced diet and we received positive feedback about the quality of the food. We observed people were cared for in line with their personal preferences including their preferred choice of clothing and what was important to them. People told us staff were able to meet their needs and we observed warm interactions between staff and people. One person said, "The staff are pretty good, very caring." Another person said, "They're absolutely brilliant." Staff had completed training relevant to their role and were supported with regular supervision. Staff worked effectively with other agencies and supported people to access healthcare services.

Staff were clear about their responsibilities and good systems were in place to ensure good governance both at registered manager and provider level. The culture of the home was person-centred, and people were supported to achieve good outcomes. One person's relative told us, "I live locally, and their reputation has always been outstanding. They provide an excellent quality of care, and they give it with compassion. It's like a family there." A visiting professional told us, "They provide a caring, warm and easy-going atmosphere. There is a sense of people being at home here, of familiarity amongst residents and staff, of friendships, of people's difficulties being recognised and tolerated unless needing intervention."

People were encouraged to be involved and give feedback both informally and through resident meetings. Senior staff described a culture where they were encouraged, and felt safe, to challenge each other and reflect on their own performance using models of practice designed to support professional and personal development. One member of staff told us, "I think this is one of the best homes I've ever worked In. They're always looking to improve things."

The provider was active in the local care industry and spent time engaging with the local authority and other providers to drive improvement. Their commitment to continuous learning and improving care not only in their own homes, but across the county, demonstrated a strong commitment to improving outcomes for people using services.

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

Rating at last inspection
The last rating for this service was good (28 March 2018).

Why we inspected
The inspection was prompted in part due to concerns received about protecting people from the risk of harm, poor moving and handling, staff competency, complaints, and the culture of the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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 Ogwell Grange Residential 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? The service was safe	**Good**
Is the service effective? The service was effective	**Good**
Is the service well-led? The service was well led	**Good**

Ogwell Grange Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 carried out by one 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
Ogwell 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. Ogwell 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.

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 the information we had received since our last inspection and asked the local authority for feedback. 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 this information to plan our inspection.

During the inspection
We spoke with 7 people and spent time making observations in the communal areas on both days of inspection. We spoke with 16 people's relatives and 9 members of staff, including the provider, registered manager, operations manager, deputy manager, care and domiciliary staff. We sought feedback from 6 healthcare / external professionals and received feedback from 2. We reviewed 3 people's care records in detail and sampled 13 people's care records. We reviewed a range of records including 3 staff recruitment files, records relating to training and supervision, safety of premises and equipment, safeguarding and governance.

Good

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people, however, allegations of abuse were not always shared with the local authority or notified to CQC.
- In 2022, an allegation of abuse had been made. The registered manager took appropriate action and investigated the allegations; however, they did not share these with the local authority or CQC at the time. This was because their own investigation did not substantiate abuse had taken place.
- Shortly before this inspection we received allegations of a similar nature, and concerns were also raised with us during the inspection. We shared these with the local authority safeguarding team and the provider, who took immediate action in line with their safeguarding policy. This ensured any risks were minimised whilst the registered manager investigated.
- Most of the relatives we spoke to told us they felt happy their relatives were safe and protected from abuse, however, a minority of relatives expressed some concerns about incidents that could constitute safeguarding concerns.
- Staff and people's relatives told us they knew how to raise concerns and felt comfortable doing so. A new role, the Guardian of Safe Working, had been introduced to ensure staff had an identified staff member they could raise concerns with.
- Staff told us they felt confident the registered manager took allegations of abuse seriously and would act on them. The registered manager assured us they would share any future allegations with both the local authority and CQC.

We recommended the provider ensure all allegations of abuse are shared with the local authority and notified to CQC without delay.

Using medicines safely

- People received their medicines safely, however, there were no PRN (as required medicines) protocols in place within peoples medicines administration records. This meant there was no information to tell staff what the medicine was for, and how to identify when people might need to take it. The provider has confirmed this was actioned immediately and that information is now in place.
- The electronic medicine recording system alerted staff if a dose of medicine was missed, any medicines errors were logged, and regular audits were completed.
- There was a medicines policy in place which was in line with current guidance.
- Staff who administered medicines had completed training and been assessed as competent after being observed.
- People's relatives felt confident medicines were being well managed. One relative told us, "They manage

all her medication well and it is regularly reviewed with the GP."

Staffing and recruitment
●Systems were in place to ensure staff were recruited safely, however, a full employment history was not always obtained and reasons for gaps in employment were not recorded. The registered manager addressed this immediately and made changes to their recruitment system to ensure this information was obtained in future.
●Pre-employment checks including obtaining employment references and Disclosure and Barring Service checks were obtained prior to staff starting work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
●There were enough staff to safely meet people's needs. People's relatives told us there were times where staff seemed very busy, but this didn't impact on people's safety. One relative told us staffing could be "stretched", especially at the weekend. Another said, "I hear call bells going off when I visit, but not for long. [Relative] never has to wait a long time for help."
●The atmosphere was relaxed and unhurried on both days of inspection and we observed staff had time to spend talking with people.

Assessing risk, safety monitoring and management
●Risks were assessed and regularly reviewed. People's care plans contained good information about how staff could minimise people's risks, including what might alert staff to a person with specific health conditions becoming unwell, and what action staff should take.
●Staff knew people well and understood how to manage people's risks safely. For example, catering staff had good information about people who needed modified diets and knew how to prepare food in line with current guidance.
●People's relatives felt confident people's risks were being monitored. One told us, "They keep us informed about any falls, and they keep an eye on water infections as apparently they can cause falls." Another relative told us, "I like that the place is secure, so I know despite [relative's] severe dementia, they are safe and well looked after there."
●Premises risk assessments were in place and equipment was well maintained. Regular checks were made to minimise risks to people, for example checks to mitigate the risk of legionella.
●Good systems were in place to ensure routine maintenance tasks were completed. Regular fire tests were carried out and people had personal evacuation plans in place.

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 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

●There were no restrictions on visiting and we saw relatives visiting over both days of inspection.
●We observed visitors were made welcome, and people were able to spend time with their relatives wherever they felt most comfortable.
●Relatives were supported to be partners in care and spend time supporting their relative if they wished to. For example, assisting them to eat a meal.
●A visiting professional told us, "Families seem to be welcomed whenever they come, including children and babies - everyone loves these visits."

Learning lessons when things go wrong
●Incidents and accidents were regularly reviewed.
●'Lessons learnt' documents analysed incidents and considered what actions were required to prevent the same thing happening again. For example, one record gave a good description of an accident and identified additional staff training was required.

Good

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 for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- DoLS applications had been made where people lacked capacity to consent to care and treatment, however, mental capacity assessments had not always been completed prior to making the application. This was because there was some confusion about who's responsibility it was.
- The principles of making decisions in people's best interest were being followed, however these were not documented, and mental capacity assessments were not always completed in relation to specific decisions and restrictions.
- This was addressed immediately after the first day of inspection and good quality mental capacity assessments were put in place. None of the decisions or restrictions in place changed as a result of these assessments.
- The local authority fed back that additional training around the MCA's had been sought as a result of our feedback.
- People's relatives told us they were fully involved in decision making about people's care. One relative, who held legal authority to make decisions on their relative's behalf, told us they were "always involved".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed, and care plans were in place. Not all care plans had been reviewed at the time of our inspection, however, this was quickly addressed.
- People's care plans contained detailed and person-centred information. We observed people were cared for in line with their personal preferences including their preferred choice of clothing and what was important to them.

●People had named key workers who were responsible for oversight of their care and took extra time to ensure their needs were being met.
●People's relatives gave positive feedback about the care people received. One relative told us oral healthcare had been an issue when their relative lived at home, but staff had tried different approaches until they found a technique that worked, and this had improved their relative's oral health.

Staff support: induction, training, skills and experience
●People told us staff were able to meet their needs and we observed warm interactions between staff and people. One person said, "The staff are pretty good, very caring." Another person said, "They're absolutely brilliant."
●Staff had completed training to ensure they had the skills to meet people's needs.
●Staff had completed 'NEWS 2' training. This supported staff to identify early signs of ill health and take appropriate action to support people.
●Staff were supported to complete diplomas and told us they completed a range of online training courses.
●Supervision systems were in place with senior staff, as well as the registered manager, supervising the staff team.
●People's relatives told us they felt staff had the skills to meet people's needs. One said, "Staff really know and understand [relative] and what she needs. I think they know enough about dementia to know how to sensitively handle them."

Supporting people to eat and drink enough to maintain a balanced diet
●People were supported to eat a balanced diet.
●Although there was no choice of meals on the menus provided, we observed staff talking to people about the lunch they were cooking and gave them an opportunity to request something else. Several choices were offered at supper time.
●One person's relative told us, "If [relative] says they doesn't like something, staff will go out of their way to find something else they like. When they went through a spell of not wanting to eat much, staff organised protein drinks for her to keep their energy levels up."
●Another person's relative told us the communal environment had supported their relative. They said, "[Person's name] has made a friend there and they eat together. The food is very good and [person's name] eats well. I am so pleased as they weren't looking after themself at all well at home."
●Meeting minutes showed people were regularly consulted about the menus and changes made in response to people's personal preferences. One member of staff told us, "We've just added a fry up to the menu because somebody asked for it."
●One staff member, who worked in the kitchen, told us the provider was supportive of buying good quality ingredients and there were no restrictions. We saw a variety of good quality food in stock including fresh fruit and berries which we were told were offered to people every day.
●During the hot weather a hydration champion ensured people stayed hydrated and introduced different ways to support people to stay hydrated, for example a drinks station and ice lollies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●Staff worked effectively with other agencies and supported people to access healthcare services.
●Staff had regular contact with a local GP and a good system was in place to ensure people were regularly reviewed. Staff had training to ensure they had the information needed to escalate any concerns. For example, one member of staff said, "I will always try and get the observations done in case the GP asks."
●People were supported to take part in activities including weekly armchair yoga and exercise sessions with qualified health professionals.

●The home recognised the benefit people may experience from alternative therapies and policies included guidance on how people should be supported to access them, should they wish to.

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

●The premises suited the needs of the people living there at the time of this inspection.

●Some people's relatives felt the communal lounge was at times overcrowded meaning they didn't have anywhere to sit when they visited, however, there were other communal spaces available.

●Parts of the home were being redecorated during our inspection and improvements were being made. For example, old wooden windowsills had been replaced with plastic to minimise the risk of infection.

●Improvements had been made to the outside area to make the grounds more accessible for people using wheelchairs.

Good

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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were clear about their responsibilities and good systems were in place to ensure good governance. The registered manager was supported by the operations manager, deputy manager and clinical lead. Senior staff held regular meetings where they reviewed information and formulated action plans.
- Although these processes had failed to identify the concerns we identified at this inspection in relation to MCA's and PRN protocols, immediate action was taken to address this during the inspection process.
- Weekly reports were produced and shared with the provider who had active oversight of the service.
- Some staff worked across the provider's homes to ensure company policies were implemented and best practice followed. For example, the infection control champion had spent time reviewing cleaning schedules and products and regularly audited cleaning records.

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

- The culture of the home was person-centred, and people were supported to achieve good outcomes.
- One person's relative told us, "I live locally, and their reputation has always been outstanding. They provide an excellent quality of care, and they give it with compassion. It's like a family there."
- People were encouraged to form friendships with each other and there was a strong sense of community. A new resident protocol checklist included considering who would be a suitable 'buddy' to befriend them and welcome them to the home. One person told us, "I would say this is quite a good place."
- A visiting professional told us, "They provide a caring, warm and easy-going atmosphere. There is a sense of people being at home here, of familiarity amongst residents and staff, of friendships, of people's difficulties being recognised and tolerated unless needing intervention."
- We observed staff spending time with people looking at photograph albums and talking about their lives. Interactions between staff and people were caring and supportive.
- On the second day of inspection, people who wanted to, were supported to attend a funeral service via a live stream. Afterwards, staff spent time talking with them about the person who had passed away and how they used to spend time together. One person said, "It was very emotional, it was like we were there."
- People's relatives gave positive feedback about the culture of the service and felt staff communicated well. One relative said, "The ethos is everyone is family, [relative] is happy." Another relative told us, "They look after Mum well and do keep me posted about the small stuff."
- The registered manager told us they empowered staff to develop their skills and provide person centred

care by investing in them and supporting them to develop their skills. They 'set the tone' as a caring environment through their management of staff and this was supported by their human resources processes.
●Senior staff described a culture where they were encouraged, and felt safe, to challenge each other and reflect on their own performance using models of practice designed to support professional and personal development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●People were encouraged to be involved and give feedback both informally and through resident meetings.

●People's personal preferences and characteristics were respected. For example, one person preferred to be addressed by their title and surname, rather than their forename. We saw their preferred name was used throughout their care planning documents and observed staff using it consistently.
●People's relatives told us they felt comfortable raising concerns or suggestions for improvement and the registered manager would generally respond to them within a few days. One relative told us, "You get the impression the place is well led. The managers are approachable and respond quickly to calls or emails."
●One member of staff told us, "I think this is one of the best homes I've ever worked In. They're always looking to improve things."

Working in partnership with others
●Staff worked in partnership with other health professionals and external professionals to support people's health and well-being.
●People's relatives told us staff were responsive when they needed support. One relative told us, "There was a question about [relative's] capacity and [registered manager] was right on it and came back to the solicitor with exactly the right answer. I was very grateful."
●A health professional told us, "I have not had any concerns. They refer to us appropriately, monitor resident's weight regularly and escalate if any concerns. They seem to implement the care plans we put into place, and it feels like they know their residents well and are able to answer any questions we may have when calling."

Continuous learning and improving care
●The provider was active in the local care industry and spent time engaging with the local authority and other providers to drive improvement both in their own services and across the local area.
●As chair of the Devon Care Homes Collaborative, the provider had been part of several projects and efforts to improve outcomes for people using services. For example, through the collaborative they were able to source a supply of Covid-19 Lateral Flow tests early in the pandemic. They also worked with others to research, develop and roll out infection control training specific to the pandemic when they found nothing was available.
●Another project focussed on people's experience of hospital discharges and led to the implementation of a 'transfer of care' process in collaboration with the local clinical commissioning group.
●The provider had also, through the collaborative, secured funds to purchase training licenses so more staff could access training offered by a different local authority. This was due to be rolled out throughout 2023.
Their commitment to continuous learning and improving care not only in their own homes, but across the county, demonstrated a strong commitment to improving outcomes for people using services.

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

●There had been no incidents reportable under the duty of candour.
●Policies were in place to ensure any complaints or reportable incidents would be appropriately responded to.