Bethesda Healthcare Ltd

Otterbourne Grange Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Otterbourne Grange Residential Care Home on 11 January 2016.

Otterbourne Grange Residential Care Home is a care home providing accommodation and personal care for up to 25 older people. Some people using the service were living with dementia. When we visited there were 16 people using the service.

The service is a converted residential dwelling with accommodation over three floors. People live in single or shared rooms. There is a dining room and sitting room which is also used as an activity room.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People, their relatives and staff spoke positively about the leadership of the service. Systems were in place to monitor the quality and safety of the service. However, improvements were needed to ensure shortfalls identified by the provider in relation to people's care plans and the reporting of safety incidents would be addressed. This was important to be assured that staff had all the up to date information they needed in order to know how to care for people if they were to refer to care and service records.

Staff understood the signs of abuse and neglect and demonstrated a commitment to ensuring people were protected from harm. Staff had a good understanding of people's risks and how to support them to maintain good health and stay safe.

There were sufficient numbers of staff deployed to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Appropriate systems were in place for obtaining, storing and disposal of people's medicines and people received their medicines as prescribed.

People liked the food and told us their preferences were catered for. People received the support they needed to maintain good hydration and nutrition.

Staff were supported to carry out their roles and received an induction and on-going training and supervision to enable them to meet people's needs effectively.

Staff sought people's consent before providing assistance. Where a person's ability to consent to their care arrangements was in doubt, a formal assessment of their capacity was undertaken. Where appropriate best

interests decisions were made with people's representatives as part of the care planning process. Relevant applications for a DoLS had either been authorised or were awaiting assessment by the local authority.

Staff had developed effective working relationships with a number of healthcare professionals to ensure that people received co-ordinated care, treatment and support.

People were cared for by kind and caring staff who respected their choices and were mindful of their privacy and dignity.

People had choice about their daily activities. They were involved in their support planning and chose what activities they wanted to undertake.

People told us they were able to express their views and to give feedback about the service. They were confident they could raise concerns or complaints and these would be dealt with.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at the home and staff understood their responsibilities to report abuse.

The environment was safely maintained and staff knew how to protect people from the risks associated with their care.

There were enough suitably skilled staff deployed to meet the needs of people. Recruitment processes for new staff were robust to ensure they were suitable to work with vulnerable people.

The provider had appropriate arrangements in place to safely manage people's medicines and people had received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received effective care from a staff team who had received the training and support they needed to meet people's needs.

People's rights were respected because staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005.

People were appropriately supported and encouraged to eat and drink a balanced diet that met their individual needs, preferences and wishes.
People's health needs were managed effectively. Health professionals were contacted promptly when people became unwell.

Is the service caring?

Good

The service was caring.

People gave positive comments about staff and how caring they were when supporting people. We observed staff offer support that was kind and compassionate.

People received care from staff who knew their history, likes, needs, communication skills and preferences.

People told us, and observations showed, people's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive.

People received care and support that was based on their needs and preferences.

People told us they were able to express their views and to give feedback about the service. They were confident they could raise concerns or complaints and these would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to regularly monitor the quality of the service to ensure good quality care was provided. Some improvement was needed to ensure these systems would effectively drive improvement in relation to people's care plans and safety incident reporting.

People and staff were positive about the leadership of the registered manger and staff were clear about their role and responsibilities.

Staff and people told us the service had caring values and that they treated people with kindness, consideration and compassion.

Otterbourne Grange Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 11 January 2016. The inspection team consisted of two inspectors.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the service tells us about important issues and events which have happened at the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with seven people living at the service. We also spent time observing aspects of the care and support being delivered. We spoke with the provider, registered manager, the training co-ordinator, four care staff and one house keeper. We reviewed the care records of four people. We also viewed other records relating to the management of the service such as audits, incidents, policies, meeting minutes, training and supervision records and staff rotas.

Before the inspection we sought feedback from one social care professional to obtain their views about the care provided at Otterbourne Grange Residential Care Home. We also spoke with one health professional during our inspection.

The last inspection of this service was in October 2015 when no concerns in the areas inspected were found.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect and what they must do if they suspected abuse was taking place. One staff member said, ''If I found a bruise, I would ask them how it happened, if they were able to tell me, I would inform the manager, log it, complete a body map". Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. One staff member told us they would report any concerns, ''Immediately, if I saw any changes to people's skin or health I would go straight to the manager and district nurses''. Records showed staff had reported, for example, any concerns relating to people's behaviour that could put themselves or other's at risk of harm. Referrals were made promptly to the GP and mental health team to ensure people would receive the support they needed to remain safe.

Information including the contact details of the local safeguarding team was available within the service and we saw the registered manager had worked effectively with the local authority to investigate safeguarding concerns. A social care professional told us the registered manager had informed the commissioners of safety concerns appropriately. They were satisfied that appropriate action had been taken to respond and investigate concerns raised to ensure risks to people were managed. Staff were aware of the whistle-blowing procedures and were clear they could raise any concerns with the registered manager. They were also aware of other organisations with which they could share concerns about poor practice or abuse.

People received their medicines as prescribed. People's medicines were administered by senior care workers who had been trained in medication administration and assessed as competent to manage people's medicines safely. One staff member told us ''We have had a lot of medicine training since starting with the new pharmacy and the manager has been checking our work the whole time''.

Medicines were stored securely and in accordance with manufacturer's guidelines. People's prescribed medicines were checked by two senior staff members when they were delivered to the service by the pharmacy and arrangements were in place to safely dispose of medicines when it was no longer required. This reduced the risks to people from mismanagement of their prescribed medicines.

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records seen, were accurate and showed that people had received the correct amount of medicine at the right times. Staff could describe the provider's procedure for reporting and recording any medicine errors and explained the appropriate action they would take to ensure people were safe in the event of an error. An external pharmacy audit was completed on 5 January 2017 by a community pharmacist and resulted in minor recommendations or requirements. The registered manager could describe the action they were taking to address the recommendations, for example ensuring people's allergy information were reviewed and updated as required.

Appropriate recruitment checks took place before staff started working at the service. The provider checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred

from working in adult social care settings or had a criminal record which made them unsuitable for the post. References had been obtained from previous employers. This alerted the provider to any concerns in relation to staff's conduct in previous employment that might make them unsuitable to work with people using care services. We did note that in the case of two staff members, the registered manager had not ensured that a full employment history was obtained. This has since been obtained.

Systems were in place to assess and manage risks to people. People's care plans included information about risks relating to their mobility, agitation, health, nutrition and hydration. For example, mobility plans were in place for people at risk of falls. One person needed to be reminded by staff to use their mobility aid to reduce their risk of falling. We observed staff supporting them in accordance with their risk management plan throughout our inspection. Records demonstrated that when falls occurred staff acted promptly to ensure people were checked by medical services. Nationally recognised tools were used to monitor people's risk of malnutrition or of developing skin damage. Staff were able to describe the correct emergency first aid procedure for responding to choking incidents and knew who were at risk of choking. Staff had a good understanding of people's risks and how to support them to stay safe.

People were satisfied there were enough staff deployed on a daily basis to meet people's needs. Their comments included; "More or less I think there is enough", "Most of the time staff come quickly" and "Someone comes within a reasonable time". There was a calm and homely atmosphere in the home. Staff did not appear rushed, responded to people's requests for assistance promptly and had time to assist people in a calm and dignified way.

Staff told us there were enough staff available on a day to day basis to meet people's needs and spend quality time with them. Their comments included; ''The domestic (staff member) sat with a person yesterday for a while, we all do", ''If it gets really busy the manager is on the floor and helps out'' and "Staffing levels can be variable, but I still make time, I will go over my hours if someone needs help, we work well as a team, morale is good".

The provider used a systematic approach to determining staffing levels. They had developed a tool to help them assess the dependency levels of people using the service. The tool was reviewed monthly and helped to ensure that staffing levels remained appropriate to people's needs. Our observations indicated that people's needs were being met in a timely manner and in line with their choices. We reviewed the rotas for a four week period; these confirmed the home was generally staffed to the providers target staffing levels. The registered manager told us they were monitoring the deployment of staff in the home and had made some changes to ensure staff would be available on each floor and in communal areas throughout the day.

Good

Is the service effective?

Our findings

People spoke positively about the skills and knowledge of staff. Their comments included: "I can't fault anybody, they seem to meet my needs ok", ''Above all the care is a high standard, that's the most important thing'' and ''They really know how to look after me''.

Staff we spoke with felt well supported in their role and were able to seek guidance from the registered manager and senior staff when they needed it. One member of staff said, "The manager is really good if we are unclear about anything she will find the answer for us or phone the district nurse or GP''. Staff had received regular one to one and team supervision meetings with the registered manager. This had created an opportunity for staff to discuss matters relating to the needs of people using the service and to develop their own skills and knowledge. One staff member told us ''Supervision is helpful'' and another said 'We have an appraisal and try to get together 3 monthly you can go to her at any time, you don't have to wait for supervision''.

Staff received appropriate support to perform their role effectively. New staff completed an induction during which they learnt about their role and responsibilities and undertook some essential training. Staff who were new to care were being supported to complete the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. Staff told us they had also shadowed experienced staff before they worked unsupervised to ensure they understood how to support people effectively.

Staff were complementary of the training opportunities they were provided. One staff member told us ''Training is good, I have asked for End of Life training and the manager said she will try and organise this for me'' and another said ''Yes there is sufficient training, we just had falls prevention training recently". Training covered health and safety related topics and topics relevant to people's support needs. Training included health and safety awareness, infection control, moving and handling, falls prevention and effective communication. All staff were encouraged to complete further qualifications and most had completed qualifications in health and social care. Overall staff told us the training provided was adequate to enable them to perform their role effectively and records showed that this training was mostly up to date.

Some people at Otterbourne Grange Residential Care Home lived with a diagnosis of dementia and staff had received training to assist them to understand how to support people living with dementia. We saw good communication skills and dementia friendly practices were evident when staff supported people with dementia. For example, one person became confused and distressed telling staff they were looking for something but could not find it. We saw a staff member taking their hand and saying, "Let's go and find it" and walking with them to their room. The person calmed down and seemed reassured by the staff member's response. Staff worked with the community mental health team to support the needs of people living with dementia or behaviour that might challenge others. Staff had completed behavioural charts so that people's behaviour patterns were monitored and their needs assessed and treated. People living with dementia benefitted from meaningful and effective support from skilled staff who understood their needs.

Some people did not have the mental capacity to independently make decisions about their care arrangements. Staff had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff showed a good understanding of this legislation and were able to tell us about their responsibilities under the MCA. One member of staff told us, "You have to assume capacity, if they do not have capacity, you have to make best interests decisions, there is no such thing as a bad decision, you try and support them to make decisions, they have to be the least restrictive option". Staff were observed seeking consent and explaining the tasks they were about to carry out, for example when asking people if they wanted their medication, giving people time to ask questions and understand what was being asked of them.

Records showed that mental capacity assessments and best interest decisions had been completed when staff were concerned that a person did not have the capacity to agree to their care arrangements. Although staff could describe how people had been involved in decisions made in their best interest, it was not always clear from the best interests records how people and their representative had been consulted as part of the decision making process. The registered manager told us they were introducing the local authority's mental capacity and best interest documentation to ensure best interest decisions would always be recorded appropriately in accordance with the MCA requirements.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Relevant applications for a DoLS had either been authorised or were awaiting assessment by the local authority. Where people had been subject to a DoLS this had been noted on the shift staff handover sheet to help ensure staff were aware of the safeguards that were in place.

Registered managers and providers are required to send statutory notifications to the Care Quality Commission (CQC) when a significant event occurs. One type of significant event is when the local authority approves an application to restrict a person's liberty to protect them from harm. Applications for a DoLS had been approved by the local authority for six people living at the service and the appropriate notifications had been submitted. These had enabled CQC to monitor that appropriate action had been taken to protect the rights of people for whom the arrangements needed to provide their care amounted to a deprivation of their liberty.

People were positive about the food provided. One person said, "Nice food that was, usually is". Another said, "They will rustle something else up if you don't like the meal, I like the jacket potatoes and cheese on toast". Hot and cold drinks and fresh fruit were readily available throughout the day. At lunch, meals were either served in the dining room, or delivered to people in their rooms. Some people required support to eat and drink and we saw they received the assistance they required. Kitchen staff had information about people's specialist diets including those that that required soft food. A food profile was completed for each person which included information about their likes and dislikes and where they liked to eat.

People's weight was monitored on a monthly basis and there was evidence that people who were losing weight were encouraged to have regular snacks or high calorie smoothies. Records showed people had also been referred to the GP if they continued to lose weight.

Where necessary a range of healthcare professionals including GP's and community nurses had been involved in planning people's care and support. We saw that staff referred people for review by the GP if they were concerned about their dietary intake, following falls or showing signs of having chest or urine infections. People had been referred to the falls team or to physiotherapists when there were concerns about their mobility. We spoke with a healthcare professional visiting the home at the time of our inspection and they told us staff followed their guidance and understood when to raise concerns about the person's health that they were visiting. People were supported to stay healthy for as long as possible.

Good

Is the service caring?

Our findings

People had positive views of the caring nature of the staff and we observed staff being kind and compassionate throughout our inspection. One person told us '"They are all kind; I have no problems with anybody". And another said ''The staff here are really wonderful''. We observed a staff member supporting a person to stand and encouraged them by saying "Well done, that was brilliant, just a little bit more, you're doing so well". A health professional visiting the service told us they always found staff to be kind and polite to people.

People enjoyed positive relationships with the staff and the registered manager. The atmosphere was friendly and lively in the communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed and reassured about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person cared for in bed told us they liked spending some time chatting with staff and we saw throughout the day that care and housekeeping staff took the time to chat with them.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. For example, people were encouraged to manage their personal hygiene and appearance and eat independently. During lunch time we saw staff encourage people to put their own gravy on their meal and when a person was trying to eat their salad with their knife, a staff member discreetly encouraged them to use their fork. When people chose to spend time in their rooms we saw people's tables were near them and their reading glasses, drinks and books were within easy reach. People had been involved in decisions about the décor of their rooms and were surrounded by objects they held dear.

People with diverse communication needs were supported to make their wishes known. Staff could describe how they supported people with hearing impairments and those living with dementia to express their preferences and remain involved in decisions about their care. We saw staff using short sentences, hand gestures and showing people the choices available to them to assist people to make their views known.

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One person's care plan stated that they liked looking good and were to be supported to maintain their appearance. During breakfast we saw this person was well dressed and wore the jewellery they had chosen that morning. The visiting flower arranger also knew people well and what flowers they liked and how to engage them in the activity.

Staff were supported to spend time with people and they spoke positively about their interaction with people. One staff member told us " Yes I am confident staff are all kind and caring, the care is a high standard, that's the most important thing, we are like one big family". Another said ''You bond with the residents, I want their life to continue to be happy, it is an extended family, I enjoy their company, chatting to

them and learning from their families''. We observed staff sitting with people talking and keeping them company.

People told us their dignity was respected by all staff at the home. The language heard and recorded in care records was appropriate and respectful. Staff used touch to support people to understand instructions. We saw this was done appropriately and people seemed comfortable and reassured through physical contact with staff. Staff patiently supported people with smiles and kindly gestures, such as when asking where people would like to sit or when people appeared not to understand what was asked of them. Staff explained to us that an important part of their job was to treat people with dignity and respect. One staff member told us ''"I ensure doors are closed, help the person to cover up their lower body, I always knock on their door". Our observations confirmed that staff respected people's privacy and dignity. When people required support with personal care tasks this was done discreetly, behind closed doors to ensure their dignity was maintained.

Good

Is the service responsive?

Our findings

Each person's needs had been assessed and were used to develop a care plan which reflected people's needs and preferences. This included an assessment of the person's needs before they were admitted to the service. The registered manager understood the skills of the staff team and the needs of the people already living in the service. They gave us examples of how they took this into account when making decisions about whether the service could meet the needs of new people.

Where possible people were engaged in creating their care plans. People who were not able to or unwilling to engage in creating their care plans had nominated friends and relatives who contributed to the assessment and the planning of the care provided. The registered manager had started to review people's care plans with their representatives where appropriate to ensure the information would be correct and current. Personal information was available for each person, which included details of the person's background and preferences, such as bed time routines so staff would know how to plan and deliver care.

Care plans for people's personal care needs included specific details of how staff should support people. These included tasks which people could do for themselves regarding their personal care and what staff needed to help people with. Staff could explain how they used the information in people's care plans about their life and employment history to initiate conversation and were familiar with the care instructions in people's care plans.

People were asked about their religious needs and given support to practice their faith. Religious groups visited the service every other week and people were supported to attend if they wanted. Staff knew people's cultural, faith dietary needs and we saw people received meals that reflected their religious preferences.

Staff understood how to support people to meet their emotional needs and how to reassure people whose behaviour might put themselves or others at risk when they became anxious. Some people had specific routines for example speaking with staff or taking a walk, that supported them to manage their anxiety and staff could describe how they ensured people's routines were kept to. We observed staff during lunch time supporting people with humour, distraction and reassurance when they became anxious until they were at ease and could enjoy their meal. Staff explained how they identified people becoming upset and told us speaking calmly and reassuring people were the most effective ways to support people through a difficult time.

People told us that there were structured activities available to support them to have a stimulating and meaningful day. One person told us, "I'm happy looking out the window or reading a book, I do get involved in some activities, I suppose there is some boredom at odd times, I do go outside when the weather allows". Another person said "If you see something you like, you can join in, people sleep a lot'' and a third person told us "This afternoon there was quiz it was lovely I really loved it".

The registered manager told us they were keeping the activities on offer under review. They said ''We have

entertainers and the flower arranger that come in but we are still looking at other ways to ensure there is something for everyone''. They had introduced new activity care plans and we saw these noted the things people enjoyed.

Staff described how they ensured people were supported to have a good day including reading to people, chatting to them about a programme they were watching or having a pamper session. However, these activities had not always been recorded in people's daily activity notes to monitor that people had been supported to engage in the activities and hobbies they enjoyed. The registered manager told us they would ensure people's daily activities' records were completed accurately so that staff and relatives would know that people had received opportunities to engage in meaningful activities.

People were given the opportunity to provide feedback about the service. A monthly residents and relatives meeting took place. At the last meeting on 15 November 2016 the winter menu was discussed and adjustments had been made to reflect people's preferences. The provider also informed people that they were developing a quality satisfaction questionnaire to further capture people and relative's feedback.

The provider had a complaints policy and people and their relatives received a copy when they moved into the service. People told us they felt confident to speak with the registered manager or staff if they had any concerns. One person told us "If you have a problem, they look after it". The provider had received no complaints since our previous inspection.

Requires Improvement

Is the service well-led?

Our findings

Following our previous inspection the provider had recruited a new registered manager. People and staff spoke positively about the registered manager and their leadership of the service. One person told us, "They are a very good manager, very helpful''. Staff comments included , "She comes to handover, we can phone her, she is in the loop we can share any concerns" and "She is not one to sit in the office, she gets involved, sits in the lounge with them, interacts with family members".

Staff were clear about their role and responsibilities. They told us that handover meetings were held twice daily with staff being assigned to specific people and tasks so that they knew what was expected of them on each shift. Staff meetings also took place periodically. These meetings were used to share developments with staff and to discuss how the delivery of care could be enhanced. Staff told us the provider took account of their feedback to improve the service. For example, the flower arranging sessions were increased when staff fed back how much people enjoyed this activity.

Systems were in place to review and evaluate the service to support the registered manager to identify any risks or quality concerns. For example regular medicine, infection control and health and safety audits were completed. These audits had been effective in improving for example, the provider's medicine management over the past year.

The provider had identified in their service quality review undertaken on 20 October 2016 that some improvements to the service were needed. For example, people's care plans did not always include all the support people required to manage their behaviour and did not always accurately reflect changes in people's mobility and skin health. The registered manager told us that people's care plans had been reviewed following the service review in October 2016. However we found some people's care plans were still not accurate and did not reflect people's changing needs for example, in relation to their mobility or skin health. Comprehensive escalation care plans were not in place for people who occasionally had seizures or for those who might require medicines to calm them when they experienced high levels of agitation. There was a risk that people might not always receive the support they needed if staff were exclusively to rely on people's care plans for guidance. People's care plans did not contain all the information staff needed in order to know how to care for people.

The provider's review also identified that improvement was needed in how the service's accident and incident reporting system was operated as all safety incidents had not been reported appropriately. We found this system still required improvement. Although we found changes in people's skin had been acted on appropriately these had not always been reported to the registered manager so that they could monitor whether risks were managed appropriately. The registered manger took immediate action to compile an action plan to address these concerns. Some time was needed before we could judge whether these actions would bring about the desired improvements in the areas the provider had identified as requiring improvement.

Staff and people told us the service had caring values and that they treated people with kindness,

consideration and compassion. We observed these values in action during our inspection and found staff were motivated, patient and caring.

The registered manager was aware of the requirements of their registration with the Care Quality Commission. They adhered to their registration requirements and submitted statutory notifications as required, for example, of incidents resulting in serious injury to people.