Oakdale Care Homes No. 2 Limited

Timken Grange

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

About the service: Timkin Grange is a purpose built three storey care home that provides residential care for up to 66 older people, including people living with dementia.

What life is like for people using this service:

People told us they felt safe. On inspection we found that people had not consistently received safe care. People's medicines had not always been managed safely. Systems were in place to ensure that people were protected by the prevention and control of infection. However, we recommend this be implemented further by providing people with their own hoist sling to prevent cross contamination. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

The Manager and provider had a clear vison and plan in place for improvement that had commenced prior to our inspection. People and staff were encouraged to provide feedback about the service. Staff received supervision and regular team meetings were in place that gave them an opportunity to share ideas, and exchange information. The internal audit system had not always identified the inconsistencies in the recording and monitoring of information. The Manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

The registered provider followed safe recruitment procedures to ensure staff employed were suitable for their role. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them.

People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned with the involvement of the person and or their relative where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes.

Information was made available in accessible formats to help people understand the care and support agreed.

More information is in the full report
Rating at last inspection: The Service was new so had not yet been rated.

Why we inspected: This was a planned first inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement

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 not always well-led
Details are in our Well-Led findings below.

Requires Improvement

Timken 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 as part of our regulatory functions. This inspection checked 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.'

Inspection team: This inspection was carried out by two inspectors 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.' Their area of expertise is dementia care.

Service and service type
Timkin Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 66 people in one purpose building. At the time of our visit there were 44 people using the service.

The service did not have a registered manager in place at the time of our Inspection. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.' A manager had been appointed and was going through our registration process.

Notice of inspection: This inspection was unannounced.

The inspection site visit activity started on 4 December 2018 and ended on 5 December 2018.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements

in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also contacted Healthwatch Northamptonshire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

During the inspection, we spoke with seven people who used the service and four relatives. We observed the care for one person living with dementia and one person receiving End of Life Care. We also observed the administration of medicines. We had discussions with seventeen staff members that included the manager and deputy manager, two directors, the chef, two care and support staff, a senior care worker, a lifestyle assistant, two hosts, the medicines manager, the compliance manager, the maintenance manager, head of housekeeping and one housekeeper.

After the inspection we requested and received;

- Disclosure and Barring Service (DBS) staff checklist
- DBS Risk Assessment
- Staff Induction Checklist
- Medicine competency checks for two staff members
- Three medicine charts

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels

● Some people told us their needs were not always met. One person told us "I think they need a few more staff, my wife has to wait to be dressed sometimes." Another person told us "I have two people help me one time, and then it's sometimes only one person to take me to the toilet, but I can't always pull myself up with one hand, my [relative] thinks it should be two people to help me." We discussed this with the manager who told us that the person's mobility fluctuated between the need for one to two staff and that two staff were made available when needed, the person's care plan reflected this.
One person told us "I have only one small complaint, I like a shower every day, just recently I am not getting one every day, because they are so busy, they are always on the go." Another person said, "I have not had my hair done for three weeks, and if I want a shower I can't always have one if there is not two people available to help me."

● The manager had made changes to the rota prior to our inspection. This was to ensure staff were more effectively deployed to meet people's needs.

● The manager advised that the rota's will be monitored and reviewed to ensure suitable staffing numbers and consistency across shifts. This would need to be embedded and continued in practice.

Using medicines safely

● Medicines had not always been managed safely. During the inspection we identified errors in recording and auditing. People gave a mixed response regarding their medicines. One person told us, "medicines are usually on time, sometimes I have been given my morning medication late, I am supposed to have it by the night staff before they go, but they forgot, it was nine o'clock when I asked the day staff, they checked, and agreed I had not had it, so there was another half hour wait before I could have my breakfast." Another person told us, "My only quibble is my wait for medication at night or there might be a wait to put me to bed, it was 10 o'clock the other night." Other people told us, "I get my medicines and something for my [medical condition]." Another person said, "I get my medicines on time and pain relief when I need it."

● The provider had recently introduced a new electronic medication system that they were adapting to meet their own requirements and staff training was ongoing. This needed to be monitored and embedded in practice for all members of staff to ensure consistency and safe management of medicines.

Assessing risk, safety monitoring and management

● People told us they felt safe, one person told us "I am safe because I am looked after very well." Another person told us "I'm very safe here, it's a secure place to be."

● People were supported to be as independent as possible. Care plans identified risks and there were assessments in place to show how the risk could be reduced.

● Falls risk assessments were in place and the manager had introduced falls mapping and was working with

the falls team to support people. Risk assessments were reviewed and updated regularly or when people's needs changed.
● The home was purpose built and well maintained in terms of building safety. Equipment and technology was in place to avoid the spread of fire. People had personalised evacuation plans (PEEP's) in place. However, we found that in the unlikely event of a large-scale evacuation the current PEEP's could hinder the process.

Preventing and controlling infection
● Protective Personal Equipment was available to staff around the home and we saw a high standard of cleanliness throughout the building.
● We saw that people needing a hoist did not have their own personal sling. We recommend that the manager allocate people their own sling to avoid the risk of cross contamination.

Systems and processes
● Appropriate safeguarding training was in place and staff knew how to recognise signs of abuse and were clear on how to report concerns. The manager knew their responsibilities in relation to safeguarding and how to report and investigate concerns.
● Safe staff recruitment processes were in place. New staff had an induction and were supervised by more experienced staff throughout training.

Learning lessons when things go wrong
● The manager was new to post and had identified areas for improvement in falls management prior to our visit. The manager had worked closely with the Local Authority Safeguarding Team to drive improvement. The provider had recently employed a medication manager to ensure support for staff and the safe management of medicines.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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
- People's needs were assessed before they went to live at the service.
- People's needs were detailed in their care plans. We saw that this included support required in relation to their culture, religion, lifestyle choices and diet.
- Staff completed training in equality and diversity and the staff team were committed to ensuring people's equality and diversity needs were met.

Staff skills, knowledge and experience
- Staff received suitable training to ensure they had the skills to do their job. At the time of our inspection there were a high number of new starters still to complete training. However, Senior care workers were available on each floor to support staff. One staff member told us "I haven't completed my manual handling training yet so I'm not allowed to do it, I have to get a trained member of staff."
- There was a training schedule in place which ensured that staff refreshed their training on a regular basis.
- There was an induction process in place for new staff and they shadowed more experienced members of staff before they were allowed to work alone.
- Management support was provided by an experienced team.

Supporting people to eat and drink enough with choice in a balanced diet
- Meal times were a relaxed experience in a pleasant environment. Each floor had its own dining area and host who served food and drinks to tables. People told us they enjoyed the food. One person told us, "The food is very good in fact it's too much, you would not go hungry here." Another person said, "The food is basic but good, there are a few choices, and if you don't like any of them they will always make something for you, I ask for a bowl of [describes food], I will eat it with anything, but that was my request that they do that for me and they have never forgotten."
- We saw that people could access a wide choice of drinks and snacks whenever they wanted.
- People's weights were monitored regularly and there were food and fluid charts for each person. We found that charts were not consistently completed with food and fluid intake. We discussed this with the manager who agreed to ensure that charts would be monitored to ensure they were consistently completed, accurately recording food and fluid intake.
- There was an experienced chef and two assistants that had designed a balanced menu with the input of people who lived in the home.
- Peoples individual dietary needs were recorded in their care plans and the information shared with the kitchen team.

Staff providing consistent, effective, timely care within and across organisations

● Staff supported people in a timely manner with their healthcare needs. People told us they had access to health care when they needed it. One person told us. "You can see a doctor whenever you want I saw the optician a couple of weeks ago and I'm wearing my new glasses." Another person said, "I was having some discomfort and they arranged for me to see the doctor."

● Records showed that people had access to dental care, chiropody and physiotherapy when they needed it. We saw that professional advice was followed.

● A transport service was available to take people to health appointments or personal appointments.

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

● The purpose-built home is designed to allow easy access and movement throughout, two lifts were available to all floors.

● People had access to a wide range of indoor spaces such as a cinema room, library, café, bar and several communal lounges, all clearly signposted.

● All individual rooms had private en-suite and people could personalise their room to however they wished. A person told us "The handy man they have here is brilliant, he put up four shelves for me, so I could display my things, and brought these pieces of furniture in for me."

Ensuring consent to care and treatment in line with law and guidance

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

● We saw that DoLs applications had been made appropriately and were awaiting authorisation.

● We saw that consent was sought before any personalised care took place and there was documented evidence of consent to care. One person told us. "When the staff assist me to have my shower they have a chat and tell you what they are doing, like when they take your clothes off, there's no rushing they will say [name] I am just going to take your cardigan off, is it ok if I take your blouse off, they will always knock on the door even if it is open."

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● People were cared for by staff who were kind, caring and compassionate. One person said, "I think they care for people in a genuine way from what I have seen, the way they speak to people, and respond to them if they need anything, you're always being asked if you're alright and would you like another cup of tea or coffee, have you had enough to eat, very caring people." We saw that staff made time to talk and listen to people. One person said. "Can you listen a minute to how staff are talking to people? That's how they speak all the time nice and respectful, they take things at an easy pace for us, they laugh and have a joke with us, I have my own mug it doesn't matter where I leave it in the home they will find it for me and give me my drinks in that because they know I like to drink from it, they are very kind and thoughtful."

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

● Records showed that people were involved in meetings to discuss their views and make decisions about the care provided.

● There was a nominated resident advocate in place that collated views and ideas to feed back to the manager and provider.

● During our inspection we saw a person invited to join a staff interview.

Respecting and promoting people's privacy, dignity and independence

● We saw that people were respected and supported with independence. One person told us, "It is a home from home you might say, because you can come and go as you please, they respect your privacy if you need some, we're very lucky there are a lot of different seating areas to go and chat in private with your family, if you don't all want to be sat in a bedroom." Another person told us, "I like to keep my independence as much as I can, and they make sure I do."

● We saw that staff understood the importance of confidentiality and that personal information was stored securely.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

● As part of the pre-admission process, people and their relatives were involved to ensure that staff had insight into people's personal history, their individual preferences, interests and aspirations. From this information a tailored plan of care for each person was developed.

● Each care plan detailed the needs of each person and provided staff with guidance on how to support them in the best way. Care plans described the individual support people needed to maintain their independence.

● People told us they were happy with how their personalised care needs were met. One person said, "I get a shower when I need one, I have no concerns if I had I would say so, I think they do a very good job." Another person told us "I like to have a bath, they are obliging, I might have to wait a little while but they don't forget me and come back to me."

● There were four activities coordinators employed and we saw regular activities were scheduled including trips out of the home. People told us they enjoyed the activities that were available One person told us, "I enjoy anything they put on for us, I can go to my room and watch what I want to on the television or enjoy a film they put on in the cinema room." Another person said, "I think they do a grand job to try and entertain everybody's likes, I prefer scrabble out of all the board games they do, we go to the village pub."

● People's personal activity choices were supported "I love listening to classical music I can have that on in my room all night if I wish there are no restrictions." We saw that this information was recorded in the care plan. Another person told us "I only really like dancing, so they put 'strictly come dancing' on for me on Saturday nights, I have been to the garden centre."

Improving care quality in response to complaints or concerns

● There was a complaints procedure in place that detailed the process and people told us they were comfortable to raise concerns. One person told us, "I would complain if I had to I wouldn't feel afraid."

● When people had made complaints they felt they were listened to and action was taken. One person told us, "I had to tell them about a cupboard door being banged by staff when they go in there for linen, its closed very quietly now, you can ask them anything and tell them anything they will always listen and welcome constructive criticism." Another person said, "I have been to a meeting and told them about my socks going missing they're very good they always find them."

End of life care and support

● People had End of Life care plans in place. Where people had been happy to engage the plans were detailed so that staff had the information they required to support the person at the end of life.

● The manager had sought appropriate advice and guidance from medical professionals to support people needing End of Life care.

● We saw that staff supported people with empathy and kindness and ensured that someone sat with

people at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance and risks.

- An experienced manager had recently been appointed and was in the process of registration. One staff member told us that things had improved over time and that the manager had bought more structure they said, "staff now know what they are doing."
- We saw that staff knew people well. They could confidently show how the electronic care plan system worked and were aware of their responsibility in recording information. However, this had not always worked in practice. We found inconsistency in collecting and recording information that had not been highlighted by the internal auditing process.
- There had been medicine errors at the service. Prior to our inspection the provider had identified that the medicine management system they had commissioned had not been implemented and planned training not completed. However, during our inspection we saw that the medicine management system was now in use and training was ongoing. Recording of medicines was not always consistent and internal auditing had not identified errors. We saw evidence that the provider was seeking appropriate guidance in adapting the system to mitigate risk of medicine errors. This would need to be continued and embedded in practice.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider and manager had a good understanding of their responsibility when things went wrong and had reported incidents appropriately to the Local Authority and Care Quality Commission. There was an open and honest culture and relatives told us they were kept well informed. One relative told us, "I don't live local so [relative] and I have an app set up on our phones called "The Relative Gateway" where we can see the day to day care [relative] receives."
- The provider and manager had a clear vision and were committed to improve the service. This was detailed in the Provider Information Return (PIR) and included, improvement to the staff induction, staff exchange days with other homes in the group to share best practice and introduction of a new quality audit tool.
- The provider and management team were friendly, visible and approachable. We saw that people were comfortable in their company and they knew people well.
- Visitors were welcomed at all times and families told us they appreciated being welcomed for meals with their relatives.

Engaging and involving people using the service, the public and staff

● The providers and managers were committed to engaging and involving people. This was evidenced in regular resident meetings where people were involved in decision making including meal choices and activity preference. People were encouraged to share ideas and opinions and people we spoke to felt empowered. People received regular updates via newsletters.
● There were daily staff meetings and team handovers at each shift change, used for information sharing and learning.
● People were encouraged and supported to access the community and we saw evidence of group outings and individual goals being achieved.

Working in partnership with others
● We saw evidence of partnership working to support people's health care needs. The PIR detailed plans to develop experienced staff into champions by encouraging and enabling staff to build up expertise in different areas of care practice such as, dementia care, end of life, parkinson's and osteoporosis.