

Review of compliance

Ideal Care Homes Limited Oakwood Grange	
Region:	Yorkshire & Humberside
Location address:	Oakwood Road Royston Barnsley South Yorkshire S71 4EZ
Type of service:	Care home service without nursing
Date of Publication:	September 2012
Overview of the service:	Oakwood Grange is a care home registered to provide residential accommodation for personal care for up to 60 older people. The home is situated within the village of Royston, near Barnsley. The home is managed by Ideal care homes limited.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Oakwood Grange was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 September 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We used periods of observation to see how members of staff interacted with people who used services. We saw staff treated people with dignity and respect by using a positive, friendly and kind approach. We found people looked clean, tidy and had their personal care and welfare needs met.

We talked to nine people who lived on both floors at the home during our inspection visit. People told us they were happy at the home, well looked after, liked all the staff who looked after them, thought the home was kept clean and enjoyed their food. Some comments captured from people who used the service included, "very, very nice here", "happy living here...no complaints", "all staff are friendly and there is a nice atmosphere", "staff are pleasant", "love it to bits...like living here" and "I'm well looked after here...all the staff have a great sense of humour".

We talked to five family members of three different people who used the service. Some comments captured included, "very good (overall experience), very friendly staff and people are well cared for", "very nice...well looked after", "everybody really friendly and look after my parent really well", "excellent (overall care)" and "all staff have been absolutely fabulous".

What we found about the standards we reviewed and how well Oakwood Grange was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We used informal observation throughout our inspection visit and found staff members treated people with respect, dignity and maintained their privacy. For example we observed one person being transferred into a chair in the lounge area via a hoist and their dignity was maintained at all times. The resident meeting notes from August 2012 showed people had fed back to the home manager that they were treated with respect by members of staff.

We talked to nine people who used the service who told us they thought their privacy and dignity was respected by members of staff. We talked to five family members who all explained how they were kept fully informed and involved in their relative's care. For example, one family member explained that their parent had developed difficulty breathing in the middle of the night and the staff had phoned them straight away to explain their parent required hospital admission.

Other evidence

We found people who use services and their relatives were able to influence and be involved in aspects of their care and welfare. For example, 'residents' meetings were held every month within the home. The meetings were recorded in a clear readable font and displayed as notices in the reception area. The meeting notes made clear what the

home had asked, what the people had said and what the home had done as a result of the meeting. Some of the people we talked to confirmed they had attended these meetings.

People who used the service and family members views were also sought through regular engagement in the home, social gathering events and regular 'quality assurance surveys' which focused on themed areas such as privacy and dignity.

The deputy manager explained how people who used the service and family members were involved in individualised care planning. We found the documentation included a section which required care staff to discuss care plans. People who used the service and family members were able to sign to say they had understood and agreed with the plan.

There was a 'resident information' booklet for people who used the service which outlined general information about the home and services offered. The downstairs reception area included a 'live' virtual notice board which rotated screens to highlight daily information such as the food menu, which staff were on duty, available activities along with other information. The deputy manager explained how this information was available via the internet for people's relatives and friends.

We found staff had attended various training sessions relevant to this standard such as customer care and equality and diversity. We talked to four members of staff who were able to explain how they were able to ensure people's privacy and dignity were maintained along with ensuring people were treated with respect.

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We used periods of observation to see how members of staff interacted with people who used services. We saw staff treated people with dignity and respect by using a positive, friendly and kind approach. We were able to observe several positive examples of communication between people and staff who utilised appropriate conversation, eye contact and touch. We observed one person who spilt some of their cold drink on their clothes and the staff immediately responded and ensured their clothes were changed. We found people looked clean, tidy and had their personal care and welfare needs met.

We talked to nine people who lived on both floors at the home during our inspection visit. People told us they were happy at the home, well looked after, liked all the staff who looked after them, thought the home was kept clean and enjoyed their food. They also explained they had been able to see the doctor when they needed to see one.

Some comments captured from people who used the service included, "very, very nice here", "happy living here...no complaints", "all staff are friendly and there is a nice atmosphere", "staff are pleasant", "love it to bits...like living here", "really satisfied... couldn't get no better here", "no complaints...anything you want they [staff] do it for you", "I'm well looked after here...all the staff have a great sense of humour" and "I have a very nice bedroom ... and there's a very nice garden".

We talked to five family members of three different people who used the service. Family

members expressed how positive their relatives care was within the home and none could think of any areas of care they would want to change or improve. Two family members explained how they felt fully involved both with their parent's care and generally within the home environment and activities. They described it as "like being part of one big happy family".

Some comments captured from family members included, "very good (overall experience), very friendly staff and people are well cared for", "[our parent] likes the food here very much", "staff very good with them, they all know her and what her needs are", "very nice...well looked after", "everybody really friendly and look after my mum really well", "excellent (overall care)", "there are enough activities here to suit everyone's needs", "all staff are friendly...[as visitors] made to feel really welcome", "very happy with dad's care" and "all staff have been absolutely fabulous".

Other evidence

Prior to our inspection some external stakeholders were also contacted so they could contribute information prior to our visit. The Barnsley council safeguarding team told us they had no current concerns relating to this location.

On our inspection we reviewed eight sets of care records of people who lived on both floors. We found the documentation was completed to a good standard and had been reviewed monthly by each person's nominated 'care plan coordinator'. Care records were focused on an individual's health and social care needs based on a range of care plans and included risk assessments such as pressure sore risk, falls risk and nutritional risk. We found daily evaluation records were maintained in detail. The home manager ensured care records were regularly checked and audited.

The deputy manager explained how people who used the service were able to access general practitioners from two surgeries in Royston. Our review of care records showed people had been able to access a range of health care professionals whose advice about aspects of care had been followed by the home. We reviewed a sample of a recently completed survey which captured the views of visiting professionals. One comment from a visiting dentist noted "I don't think there is anything to improve at Oakwood. Excellent home and management. Fantastic, always a pleasure to visit".

We were told people who used the service were able to take part in a range of activities. The deputy manager explained they did not employ an activities coordinator because all members of staff on duty were trained to undertake activities as part of people's care. Some activities were planned such as 'reminiscence' sessions and other activities were decided each day by people residing at the home and members of staff.

The deputy manager explained how one member of staff off each floor was nominated each day to act as the activities lead. This was done via the staff duty rota. The home maintained an individual activities folder which contained an individualised activities care plan for each person. The nominated lead on each floor ensured these records were maintained and updated daily. People, their relatives and staff confirmed what range of activities was available.

We talked to four members of care staff who explained how they were supported to meet people's needs and felt they were able to give good care to people. Training records showed staff members received various forms of training to help ensure they

had the necessary skills to meet people's needs such as dementia awareness, "tomorrow is another day" (dementia focused training), conflict resolution and end of life care.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who used the service told us they felt safe. We talked to family members who explained they would not hesitate to raise a concern should the need arise.

Other evidence

We have no information of concern relating to any reported safeguarding concerns for this location. We contacted the local authority safeguarding team prior to the inspection who raised no areas of concern regarding the reporting of safeguarding concerns.

The provider had a policy and procedure for reporting an allegation of abuse and the deputy manager confirmed the home adhered to the "Safeguarding Adults Procedures for South Yorkshire". We reviewed the home's safeguarding referral folder which contained two cases reported to the local authority during 2012. These records showed how the home manager and other staff ensured how the appropriate recording of events and investigation was completed.

Staff training records showed that staff at the home had received annual safeguarding adults training. We talked to four members of staff who confirmed they had undertaken safeguarding training and were aware of what they should do should a concern arise.

The deputy manager confirmed no people currently residing at the home were under the protection of 'deprivation of liberty safeguards' (DOLS). We found the home had appropriate supporting documentation available should a person require review under these procedures. We checked how people's personal finances are managed at the

home and found the home had a system to appropriately manage people's monies.

Our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

During our inspection visit we found staff had undertaken a range of mandatory training sessions in areas such as fire safety, first aid, safeguarding adults, infection control, food hygiene, manual handling, customer care and conflict resolution. We found other training was offered within areas such as dementia awareness and end of life care. The deputy manager explained how training was provided and how it was recorded and monitored via the provider's "Coolcare" electronic system, which flagged up when refresher training was due.

We talked to four members of staff who all confirmed they received a wide range of training and other support from the management team and the provider. One member of staff explained how they received "fantastic training". One staff member gave an example of how they were able to attend additional training where they had expressed an interest in attending an 'end of life' training event run by the council at the local hospice.

We found staff members received regular supervision sessions along with an annual appraisal. We reviewed a sample of these records to confirm these were undertaken. All four members of staff we talked to confirmed they received regular supervision sessions every three to four months. They also told us the home manager conducted thorough appraisals which focused on their personal development. These staff members also explained and gave examples of how they felt very well supported by the

home manager and deputies in matters relating to work and their personal lives.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

During our inspection visit we reviewed how quality of care is monitored and safety maintained. We found the home manager had responsibility to ensure a range of quality audits and checks were undertaken each month. These covered areas such as care documentation audit, bed rail audit, pressure sore audit, accident analysis, falls analysis, catering, infection control and complaints monitoring. Other audit included completion of a daily checklist completed by the night shift manager's to ensure a number of tasks had been completed to ensure the home ran smoothly.

We reviewed the completed audit folder and found these audits had been undertaken monthly. We reviewed the 'monthly weight audit' in more detail to check the effectiveness of this audit. We found where a person's weight had fallen below a certain weight a number of checks were completed to ensure actions had been undertaken to address the weight loss. Similarly the monthly falls analysis audit summarised the location of a persons fall, noted contributing factors and recorded the measure that had been put in place to minimise the risk of future falls.

We found regular surveys had been undertaken of people who use services and their relatives. These were questionnaires which had focused on specific areas of care, for example, privacy and dignity, cleanliness, laundry, overall care, admission and the quality of food. These surveys had been sent to a 'sample' of people who use the

service each month.

We found the provider had undertaken regular provider visits to check quality of services and these were performed by an area manager or director. These visit reports were captured via the provider's "Compliance audit tool (CAT)" which covered all our 16 essential standards. We found where actions had been identified these had been followed up and checked.

We found the home held regular staff meetings which were documented. We reviewed a sample of staff meeting minutes and these showed how staff were kept informed of areas where the home manager expected members of staff to maintain and improve the quality and standards of care for people who used the service. We talked to four members of staff who confirmed staff meetings took place. They explained how they found them valuable and informative.

The home had accident and incident reporting processes in place and we were able to check the effectiveness of the system via our review of people's care documentation which captured action's which had been taken to care for a person following an accident or injury.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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