Barchester Healthcare Homes Limited

Oulton Park Care Centre

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?	Good

Summary of findings

Overall summary

This inspection was carried out on 23 February 2016 and was unannounced.

Oulton Park provides support for up to 60 people. It has a separate specialist dementia unit which has its own garden. On the day of our inspection there were 53 people living in the service.

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 2008 and associated Regulations about how the service is run.'

Risks to people had been identified, assessed and were managed safely. Staff understood the signs of potential abuse and what action they needed to take if it was suspected. There were sufficient numbers of staff employed to meet people's needs and the service followed safe recruitment practices. People's medicines were managed safely and administered by trained staff.

Staff were trained in all essential areas and participated in an induction programme. They were supported by the management team, receiving regular supervision.

The service was meeting the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. However care plans did not always fully evidence how people lacking capacity were supported to make decisions.

We received positive feedback from health care professionals regarding the service provided. Referrals to health care professionals were made promptly and their advice was acted upon.

People and staff had developed positive, caring relationships. People felt they were well looked after by kind friendly staff who understood and knew them well. People's preferences and choices were known and respected by staff and were encouraged to express their views and be involved in all aspects of their care. A range of activities were provided and where people moved into the service with particular hobbies and interests they were supported to maintain these.

People, their relatives and staff spoken with had confidence in the management team and felt the service had clear leadership. There were effective systems to assess and monitor the quality of the service and address any concerns.

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 in the service and staff were aware of the processes involved in safeguarding vulnerable adults from harm.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

There were sufficient numbers of suitable staff to meet people's needs.

People's medicines were managed safely and administered by trained staff.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were trained and supported to give appropriate care and support.

People were provided with a varied and nutritious diet in line with their personal preferences.

People were supported to access healthcare services where necessary.

Some improvements are required to ensure that care plans reflect how people who may lack capacity are supported to make decisions.

Is the service caring?

Good

The service was caring.

Staff, including those not directly involved with providing care, were caring and compassionate.

People's privacy and dignity were respected.

Staff were aware of people's individual needs which helped them

provide personalised care.

Is the service responsive?

Good

The service was responsive.

Care plans and risk assessments were reviewed and updated when people's needs changed.

People were given the opportunity to participate in a range of activities and were supported to maintain their hobbies and interests.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The service demonstrated a positive person centred culture.

The registered manager had developed positive working relationships within the staff team, with relatives and people living in the service.

There were systems in place to monitor the quality of the service which included regular audits and obtaining feedback from people living in the service and their relatives.

Oulton Park Care Centre

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 inspection took place on 23 February 2016 and was unannounced. The inspection was carried out by three 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. The expert on this inspection had experience of supporting a person with dementia.

Prior to the inspection we asked the provider to complete 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. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

During our inspection we spoke with ten people who used the service, two visiting relatives, three health and social care professionals, the registered manager and three members of care staff, the chef, the activities c-coordinator and a volunteer who worked in the service.

As part of our inspection we looked around the building, observed a medicines round, observed lunch being served in the main service and the dementia wing. We looked at records. This included four people's care records, records relating to the management of the service including policies and procedures, quality assurance documentation, staff training and supervision and the management of complaints. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included, "I feel safe and if I ring the buzzer they come within five minutes." A health care professional said, "I know my patients are safe here and get appropriate care to meet their needs."

People were protected from the risk of abuse because staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

Systems had been established to regularly review safeguarding concerns, accidents, incidents and pressure ulcers to make sure that themes were identified and any necessary action taken. Where themes were identified action plans were in place with timescales. The manager was able to discuss actions that had been taken following safeguarding referrals.

Risks people may be subject to from their environment or as a result of their own care or treatment needs were assessed; risk reduction measures were implemented and staff were provided with guidance on how to support people safely. Risk information was kept updated and reviewed from time to time to re-evaluate how effective risk reduction measures were or whether further amendments and changes were needed to reduce risk levels further. Staff demonstrated a knowledge or risks to people and their role in minimising these when providing care.

The premises and equipment were managed to keep people safe. During the inspection we looked around the service, including some bedrooms with people's permission, bathrooms and communal areas. People living in the main part of the service had free access around the service and into the gardens. People living in the dementia unit had access to an enclosed garden. The provider had arrangements in place for on-going maintenance and repairs to the building and equipment.

There was a contingency plan in place case of emergency. This contained important phone numbers and plans for dealing with a wide range of emergencies such as floods and gas leaks.

People and staff told us that there were always enough staff available to provide people with the support they needed. A dependency tool was used to assess the level of support required abd information gathered from these assessments informed the registered manager as to how many staff were needed to meet people's needs safely. Records showed that the service consistently maintained staffing levels above recommended by the assessment tool.

The registered manager had carried out a skills audit to look at the skills of the staffing team as a whole and identify any gaps. A member of care staff said, "I've developed since I have been here. I enjoyed the dementia training and I have just completed the manual handing train the trainer course, so I will be able to train in house which is better for getting people trained."

In the PIR the registered manager had told us they followed safe recruitment procedures. This was confirmed by a member of staff we spoke with who said, "I remember being recruited. I had to wait for my police check before I could start. I was interviewed by the manager and they took references and I had to fill in a medical questionnaire."

People were satisfied with the way their medicines were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were kept securely on each unit. Medicines were checked when they were received from the pharmacy and when administered or refused. This gave a clear audit trail and record of people's medicines. We observed staff administer medicines safely by checking each person's medicine with their individual recordings before administering them. This ensured the right person go the right medicines. Staff had received training to administer people's medicines safely. Regular audits of medicines and medicines administration records were carried out. An external pharmacy had carried out an audit of the service medicines in December 2015 and no problems had been identified.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us that it met their needs. One person told us, "It is really nice here and the staff are very good."

Discussions with staff and training records demonstrated that staff received training and support which equipped them for their roles. On commencing employment staff undertook an induction programme which included safeguarding vulnerable adults, infection control, moving and handling, fire and health and safety training. The service had explained in their PIR how they planned training to ensure that staff received maximum benefit and felt engaged with the training provided. One member of staff told us, "I think working here has provided me with opportunities to become a better carer and the support to do it."

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had five applications under the DoLS authorised by the relevant authority. We saw these were appropriately recorded and monitored.

We observed staff speaking with people and gaining their consent before providing support or assistance. When carrying out a medical procedure we observed a member of staff gaining a person's consent and enquiring as to how they would like it delivered. When supporting a person with lunch a member of care staff asked, "Shall we keep your pretty clothes clean?" and gaining consent before helping with a napkin.

Care plans did not always fully evidence how people who may lack capacity were supported to make decisions. For example where a person may have fluctuating capacity if there was a better time of day when they may be able to make a decision.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "Food is very good. I cannot have things with pips in and they check that I don't have anything that has pips in." They went onto say, "They put two chocolate chip cakes on my bedside table and a carton of drink and some water each night for me and before I go to sleep I have one of the cakes and a drink. If I wake in the night I have the other cake and a drink and then go back to sleep."

We observed the lunch meal. Food, including pureed food, was well presented. People were encouraged to eat their meal and time allowed for them to go at their own pace and enjoy their meal. We saw staff giving individual support to people in an appropriate manner. Records of what food and fluids people had consumed were completed immediately after the meal by staff meaning they were more likely to be accurate than if staff left recording to the end of their shift.

We spoke with the chef who enthusiastically described how they provided nutritious meals to meet people's needs. They were aware of people's specific dietary requirements and how these were met.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. Risk assessments had been carried out to assess and identify people at risk of malnutrition. However, clearer guidance was needed around action to be taken when people did not reach the fluid intake they had been assessed as needing.

People told us that they were supported to maintain good health, access healthcare services and receive on-going healthcare support. One person said, "I see the GP, he comes on Tuesday, a chiropodist and the optician came here to see me and now I have new glasses." A relative said, "The doctor was in last week and they told my [relative] how they had been, staff tell us of any changes. We spoke with three healthcare professionals during the inspection and they gave positive feedback about the care provided at the service. One said, "They are quick to respond to some quite complex needs." They went on to say, "In my opinion staff are very thorough and attend to every need, even those not related to end of life. For example, one of my patients was on end of life care but the staff noticed they had hearing problems as well and arranged for them to get hearing aids."

Good

Is the service caring?

Our findings

People told us that staff treated them well andhad a caring and compassionate attitude. One person said, "They are really nice and helpful and they have not lost their sense of humour. Staff look after you very well." Another person said, "They treat you as a normal human being."

The service had a friendly and welcoming atmosphere. A relative said, "The home is perfect, you hear laughter from the staff, it is a happy well run home and I could not pick out one member of staff. They are all brilliant and the family could not be happier, it is a welcoming place."

We observed staff responding to people's needs promptly with compassion and understanding. It was clear from the way they responded that they knew the person well and had a clear understanding of their needs and preferences. One person described to us the reason they had moved into the service. In conclusion they said, "Last week my [relative] said they stood outside when I was being helped to wash and afterwards they said how lovely it was to hear me laughing again."

Staff provided prompt practical action to relieve people's discomfort. For example we observed one person begin coughing. They were immediately supported by staff who provided practical support by sitting the person forward and rubbing their back but also provided verbal reassurance by saying, "Oh that is better, the colour is coming back into your face, lets have a big cough, come on just try, there that is good."

The caring and supportive manner of staff extended throughout the staff team. For example we overheard a conversation between a member of the administrative team and a relative of a person who was moving into the service on the day of our inspection. The member of the administrative team said, "[Person] had only just arrived but I thought I would give you a ring." The relative replied, "Good job you did, or I would have been at the hospital." This demonstrated a clear person centred culture in the service.

People were encouraged to express their views as part of daily conversations, residents and relatives meetings and satisfaction surveys. The upgrading of the service garden and options for this had been discussed at meetings and people and families views taken into account. A member of staff said, "We always listen to people's requests. For example, one relative told me recently their husband liked tinned pears and although we don't normally provide these the kitchen got them in especially for this person."

People's privacy and dignity was respected. People told us they could spend time alone if they wished and that relatives could visit without restriction. Communal areas provided comfortable well laid out spaces where people could sit with friends and relatives to enjoy their company. Refreshments such as tea, coffee and biscuits were freely available and supported the relaxed congenial atmosphere.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any request made for assistance. One person describing the support they received said, "They help you as much as you want and I appreciate that. I have always been independent and want to be in control as much as I can be." People said routines were flexible and they could make choices about how they received their care and support. One person said, "The girls wake me at 7.30am but if I am not feeling well they leave me to sleep on in peace. I have breakfast normally around 8am but that varies. I watch my television and go to between 9 and 10 and put my light out myself."

People were supported and encouraged to follow their interests and take part in social activities. For example, there was a display in one of the communal areas of the service of astronomical photographs. These photographs had been taken by a person living in the service as part of their interests in photography and astronomy. This person's care plan contained relevant risk assessment with regard to accessing the garden at night to follow their hobby.

We observed staff supporting people to become involved in the various activities provided. One person said, "I go to the dining room for lunch, go to activities and I keep winning at bingo, I go to talks and we did strawberries and marshmallows and a crossword session. Both the activities girls are very helpful and nothing is too much trouble." In one lounge a 1950's film was being shown on a large screen. People were watching the film and we observed good interaction between people and care staff, with people chatting about memories that had been triggered by the film. In another lounge a person was playing a piano and people were listening or singing along. The atmosphere was comfortable and inclusive.

Care plans demonstrated that people had been involved in writing them and their wishes had been met. They contained personalised statements which clearly demonstrated people's preferences with regard to their care and support. This included a section entitled 'Hopes and Concerns for the Future'. For one person this section recorded '[Person] that if they could have their wish they would go home to live. [Person] understands however, that this may never happen. [Person] is OK with this as long as they can maintain their hobbies and interests.' We saw that the service was supporting this person to continue their hobbies and maintain friendships.

Where people were living with dementia their specific communication needs had been addressed. The activities co-ordinator told us that they planned to introduce picture boards for activities to enable people to better understand what was available. They also said explained how they had adapted the activities they provided in response to feedback.

People were encouraged to share their experiences or concerns. Dates for family coffee afternoons and residents meetings were clearly displayed. The service had a complaints policy and procedure for dealing with any complaints or concerns. A person said, "I have never made a complaint but I would speak to them in the office if I needed to and I would soon tell them if I was not happy. This is my family and I think a lot of those girls."

Good

Is the service well-led?

Our findings

People, relatives, staff and visiting professionals made positive comments about the leadership and management of the service. A visiting care professional said, "This is one of the best services I visit. I have to say the staff appear very professional in their approach to the residents."

The registered manager had developed strong links with the local community. For example they told us that the service had extended an open invitation for people who lived alone to visit the service for Sunday lunch. The also told us that this invitation had been extended to members of a local club used by people who lived in the service and that a number of people had taken them up on the invitation.

There was an emphasis on support, fairness, transparency and an open culture. A relative said, "I have got a feedback form in the care to fill in. They are always open to feedback and the manager came and saw [relative] in the hospital and told us that feedback is really important either good or bad and that they cannot learn unless they knew what the problem was."

The registered manager was visible and active in the service. They told us, "I do a daily walk around each day, which gives me oversight of each unit and an opportunity to mentor and guide staff 'as it happens' so to speak." People told us that they knew who the registered manager was and that they spoke with them regularly. Their knowledge of people living in the service was demonstrated when they interacted warmly and professionally with people, relatives and staff. It was clear that they encouraged open communication and demonstrated a knowledge of the day to day running of the service.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and housekeeping. The audits and checks were designed to ensure the various different aspects of the service were meeting the required standard. Where shortfalls were identified action plans were drawn up to address any shortfalls.

A senior manager from the provider visited the service regularly and completed an audit. We saw a record of their findings from their last visit. Where they had identified issues on their audit these had been addressed.

There were plans to maintain and improve the building. For example the garden in the dementia unit was being improved to better meet the needs of people using it.

The service had a process to recognise where staff provided a high standard of care. An employee of the month scheme had recently been introduced where people, staff and visitors recommended somebody for an 'employee of the month' award. That member of staff then received a voucher. The registered manager told us that this was designed to make staff feel valued.

The registered manager received support from the provider to ensure the delivery of care, treatment and support met up current guidance. This included attending regular meetings with registered managers from the providers other services.