

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Oulton Abbey Residential & Nursing Home

Oulton Abbey, Church Lane, Oulton, ST15 8UP

Tel: 01785814192

Date of Inspection: 27 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Our Lady and St Benedict's
Registered Manager	Mrs. Charlotte Shirley
Overview of the service	Oulton Abbey Residential & Nursing Home is a social care home providing accommodation for up to 28 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During this inspection we saw that people were supported to make decisions and choices about their everyday lives. We saw staff being polite and considerate when they were supporting people. One person told us they liked to attend a dally activity, we saw staff supported the person with this.

We spoke with staff about the care and support they provided each day, they offered an explanation of people's individual needs. We looked at a selection of care records to check the care being given to people and saw the information recorded in the plans corresponded with the information given to us by staff.

We spoke with staff about their understanding of safeguarding vulnerable adults; they told us what they would do if they had any suspicions of abuse. People who used the service told us they would speak with staff or a family member if they had any concerns about the care they received.

We saw that staff were present in all areas of the home, they were quick to offer help and support to people when it was needed. People who used the service told us that the staff were very good and helpful. One person told us, "The carers smile and seem happy in their work, it makes all the difference when we see someone smile, it is very reassuring".

We saw the service had an effective system for monitoring the quality of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who used the service about how the staff considered their privacy and dignity. They all told us that they were treated with dignity and respect. One person said, "They are very good, they knock and wait, and they are very polite".

We observed a person who used the service had pressed their call button. A care worker responded very quickly, knocked and went into the room. We heard them speaking with the person in a personalised way and they asked how they could help. Moments later the staff member came back out of the room, took a clean gown and gloves put these on and returned inside the room closing the door behind them. Providing privacy and maintaining the person's dignity. We spoke with this person shortly afterwards, they said "The staff are excellent, they never stop".

We spoke with another person they said "I've been here for about four years, they are top of the line here, you can't beat it".

We saw a person who used the service sat in a wheelchair in the lounge, appropriately dressed for the cold weather outside, they told us that they were waiting to be taken to Mass. They said that this was a daily activity for them and shortly afterwards we saw they left with a member of staff. This showed that the religious and cultural needs of people who used the service were being met.

Throughout the inspection we saw nursing staff and care workers going about their duties, regularly interacting with people, chatting with them and asking if they wanted drinks or assistance. Staff always used the person's name and presented a friendly caring attitude. We observed one member of staff approached people in the dining room and offered them a choice of meals from a menu. They advised people of alternatives if they did not like what was offered. This demonstrated that people were listened to and involved in their everyday lives.

We saw inconsistencies of the involvement of people and /or their representatives in the care planning process. Not all documents had been signed to show that the care being provided had been agreed. The consent for the use of bedrails and for photographs to be taken for identity purposes had not always been sought.

The provider may wish to consider ways of involving all people in the care planning process.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we looked at four care records for people who used the service. They were up to date and contained evidence of daily updates regarding the care and support needs of the person. We saw care records contained an assessment of need which included information about people's physical, psychological and environmental needs. This meant that the staff were well informed to provide care to meet people's individual needs.

We saw the plans included risk assessments that related to specific and identified risks to people's safety. We saw they contained actions that were needed to be taken by staff to minimise the identified risks. This meant the staff were clear on how to provide care safely and in the most appropriate manner.

The records of care we looked at recorded people's general health, these included weight monitoring and identified health concerns. We saw that people were seen by a range of health care professionals when these were needed. These included a chiropodist, a podiatrist and details of flu vaccinations. We checked the medication of one person who self administered their medication. We found that the care records contained details of the medication so that staff were aware of the person's needs and could check for any side effects of the medication being taken, or any that may have been missed. This meant that people's health care had been promoted.

We saw that staff provided sensitive support and people were treated with respect. People told us that there were activities for those who wanted to get involved, but people were also able to rest quietly if they so wished. One person told us that they were aware of a shopping trip that had been arranged, they were unsure if they would be going and said that perhaps it didn't suit them to go. This meant that activities and outings were available enabling those who wished to enjoy time outside the home, satisfying their cultural and emotional needs.

We spoke with people about their health needs and one person told us that they had been suffering with a particular problem and told us that the previous day they had requested some medication. We saw from the records that the doctor had been contacted, but we did not see any update as to the requested medication. The manager told us that they had personally contacted the doctor, medication had been prescribed and was due to be delivered. This showed that staff responded quickly to the health care needs of people

who used the service.

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

We spoke with staff about their understanding of safeguarding vulnerable people. Safeguarding means protecting people's health, wellbeing and human rights, enabling them to live free from harm, abuse or neglect. Staff we spoke with were able to confidently demonstrate their understanding of safeguarding procedures. They told us they would speak with management if they had any concerns whatsoever. The manager told us that information and training in safeguarding vulnerable people for all staff and training was arranged on an ongoing basis. We saw training records to confirm this.

We did not speak directly with people who used the service about safeguarding issues. People told us they would either speak with staff or family members if they had any concerns. One person said they would speak with the manager if they had any concerns but they had no worries at the moment. They said, "What have we to worry about, we are well looked after, the staff are very good and do everything they can to help us with what we need. I have no concerns and very happy to be here".

We reviewed the financial records for people who used the service to see what measures were in place to protect people from financial abuse. We spoke with the manager about the way the service safe keeps money that it holds on behalf of people. We saw individual documents had been completed and signed by two people for each transaction. The manager told us that random accuracy checks were completed for added security. This meant that systems were in place to support the staff and protect people from financial abuse.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of this inspection 25 people were using the service. The manager told us staffing consisted of registered nurses, care and ancillary staff. Staff told us they felt the staffing levels were sufficient for them to meet the needs of people who used the service. We did not hear or see that anyone waited for help and support. One person who used the service told us, "Someone was always around to help".

We saw the nurse and care staff busy attending to the care and support needs of people who used the service. They told us that mornings were busy due to the personal care needs of people. We saw people who used the service looked very well cared for and comfortable. One person who used the service said, "The carers smile and seem happy in their work, it makes all the difference when we see someone smile, it is very reassuring".

We saw the activity coordinator facilitating lively discussion with a group of people. The coordinator spoke of the many and varied activities that were arranged for people to enjoy both within the service and in the wider community. We saw the monthly activities displayed on the notice board at the entrance of the home. People who used the service told us there was always something going on and they enjoyed it all.

The manager told us that staff training was ongoing and available for staff. We saw a training plan for 2012, these included regular topics such as fire safety awareness, moving and handling and health and safety. We also saw specialist areas had been arranged for staff such as tissue viability, basic life support and dementia awareness. Staff told us they received sufficient training for them to do their job effectively and competently. This meant that people were care for by a team of well trained staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The manager told us and we saw that many checks and audits were completed to ensure the service operated as it states it did.

We saw that an audit is completed monthly of the accidents and incidents that occurred at the service. We saw that the action to reduce the risk of a reoccurrence had been recorded.

We saw that satisfaction surveys were distributed to the families of people who used the service and external health care professionals. Comments on the returned surveys were complimentary of the service provided. A relative commented "The care is excellent, the staff are friendly and helpful and the environment is warm and caring". A health care professional commented, "A lovely home with genuinely caring staff".

Health and safety records relating to the maintenance of the service were available when we requested sight of them. We saw all were up to date and in good order.

The manager told us of that due to the age of the building maintenance was high on the agenda to keep the property in good condition. At the time of this inspection we saw a plumber at work in one of the rooms and a builder was in the home. The manager explained that the plumber was repairing an overheating radiator and the builder was replacing fire seals around a number of doors which had worn over time. This showed that maintenance of the premises was being addressed to keep service users safe and comfortable.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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