Inspection Report

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: 25 July 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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 care home providing accommodation, personal and nursing care 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 25 July 2013, 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

This was a planned unannounced inspection. The service did not know that we would be visiting.

At the time of our inspection 22 people were living in the home. We spoke with staff and the majority of the people who used the service. One person told us: "It's really lovely here, of course I would like to be in my own home, but realise I can't be. This is the second best thing I am happy and comfortable". Another person told us: "I can do what I want to do, sometimes I join in the activities sometimes I don't. I like to go to Mass each week and staff help me to do that. Throughout my life I have always been to church so my faith is important to me".

We spoke with staff about the care and support they provided. They told us about the specific individual needs of people. We saw that staff treated people compassionately; offering discreet assistance to those who required it. We did hear anyone that had to wait for support when it was needed.

We saw that systems were in place to ensure that medication was administered in a safe way. This meant people had their medication at times they need them and in their preferred way.

We saw systems were in place for recruitment of staff to ensure suitable people were employed to work with vulnerable adults.

The service has a complaints procedure in the event of people wishing to make complaint. One person told us they would speak with the matron if they had any concerns but at the moment they had nothing to complain about.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People who used the service that we spoke with told us that staff always explained and asked their permission when they provided care and support. One person said: "The staff are very good, they always state what they intend to do and ask if it is alright with me. They would never do anything that I did not want them to do".

We looked at the care plans and documentation for three people to see how the service made sure that consent for people's care and treatment was obtained.

In one of the plans we looked at we saw that a person had a sore area on their body. We saw a care plan in place to tell staff how to support the person. We saw that a photograph had been taken to show the affected limb. We saw that verbal consent had been obtained from the person and their representative for the photographs to be taken.

In another of the care plans we saw that an assessment had been made in relation to the safety of the person. The use of bedrails had been identified to reduce the risk of the person falling out of bed. It was recorded that the person would be unable to fully comprehend why the bedrails were needed so consent for their use had been gained from the representative. This meant that the service was acting in the best interests of the person.

People are able to make the decision that they do not wish to be resuscitated in the event of severe illness and to plan for their end of life care. Sometimes people are unable to make such decisions for themselves because of incapacity or frailty. Where this is the case a best interest decision can be made on behalf of the person. These decisions must be recorded and authorised by a medical professional. There are clear guidelines to abide by to ensure the document is correctly and fully completed. We looked at a care record where a do not attempt to resuscitate agreement (DNAR) was in place. The person had the capacity to make this important decision and discussion had taken place with the person's relatives and GP. This meant that care was provided in accordance with the person's wishes.

Care and welfare of people who use services ✓ Met this standard

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

We spent time looking around the home and spoke with the majority of the people. All people we spoke with expressed their satisfaction with Oulton Abbey. One person said: "Of course I would like to be in my own home and get very frustrated because I cannot now do the things that I used to do. I find it difficult to walk so need the help of the staff here to do the things that I cannot do. I can't grumble though the carers are very good and responsive when I need help".

We spoke with staff about the care and support they provided to people each day. They told us of the specific individual needs that people required.

Through a process called 'pathway tracking' we looked at the care records of people who used the service. Pathway tracking heled us understand the outcomes and experiences of people as we lookeed at documentation relating to that person, observed the care given and spoke with the person receiving care. The information we gather helped us to make a judgement about whether the service was meeting the essential standards of quality and safety.

We saw that the care records, risk assessments and monitoring documents for one person were completed and had been recently reviewed. We saw that this person was dependent on staff to help and support them each day. This person told us that they were very happy to be at this home and that the staff were 'very sweet'.

We looked at the care records for another person who required regular care and support from the nursing team. We saw that this person was at risk of developing pressure sores and sore skin because of a physical condition. We saw that the tissue viability services had been consulted and an agreed plan of treatment had been made. We spoke with the nurse about the treatment plan and the frequency of the dressing changes. We saw an evaluation document that recorded and described the treatment. The record indicated some recent improvements to the wound. This person was unavailable to speak with us but we observed that they looked quite comfortable.

We spent time in the activities room and observed the interactions between staff and the people who used the service. A group of people had midmorning tea and coffee and then

appeared to enjoy a game of musical bingo. There was much singing, laughter and conversation. One person who was in the activities room but not participating in the musical bingo told us that they enjoyed watching what was going on but did not wish to join in. They told us that they liked to attend Mass at least three times per week; they said that this was an important part of their life.

We saw that good relationships had been developed and people were at ease with each other. We saw that staff were in constant attendance and supported people in a friendly, helpful way.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage medicines.

Reasons for our judgement

We looked at the way the service managed people's medication.
We saw that medication was stored securely in a locked room on each of the two floors of the home. We saw that medication was stored securely in locked cabinets in each of the rooms. A locked trolley was used to transport medication around the home. This meant that people were supported with their medication when it was required and in places which were convenient for them.

We saw that each person who was prescribed medication had a medication administration record (MAR). We saw that a photograph of the person was attached to the MAR for identity purposes. The MAR was completed each time a person was offered their medication. The MAR also recorded when a new supply of medication had been received.

We saw a controlled drug register that was used to record the drugs that required additional safe storage. We saw that the register had been correctly completed on occasions when medication had been administered. The amount recorded in the register and the amount of drugs in the controlled drugs cabinet accurately corresponded when we checked.

Some medications required cool storage, a fridge had been provided for this purpose. The fridge was located in a locked room on the first floor. We saw that the temperature of the fridge was monitored each day and a record kept. However, the minimum/maximum temperature of the fridge was not being recorded in line with the storage of medication guidelines. The matron offered an assurance that action would be taken to ensure the guidelines would be followed.

We saw some medication (eye drops, creams and lotions) that should only be used for a certain period of time when they were in use. We saw that a bottle containing eye drops had been opened and was in use. There was no date of opening on the package or bottle of these eye drops so it was not possible to establish if they were still within their use by date. We saw some creams and lotions that were in use but the date of opening had not been noted. We spoke with the nurse and the matron who offered an assurance that action would be taken to ensure medication in use was within the use by date.

In the care records we looked at we saw that an assessment had been made that identified staff would administer medication to people. This assessment and the consent for staff to take on this responsibility had been agreed with the person and /or their representative. We spoke with one person who told us about their particular way and preference for taking their prescribed medication. The nurse confirmed this when we asked them. This meant that systems were in place for people to have medication in their preferred way.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the personnel files for three members of staff. We saw that the necessary checks had been made to ensure that suitable people were employed. A record had been made of the person's previous work history, qualifications, skills and experience to ensure they were able to do their job. We saw that references and police checks had been completed; a record was then kept in the personnel file. We saw that staff were provided with a contract of employment and a detailed job description. This meant that the service operated a robust recruitment procedure to ensure suitable people were employed to work with vulnerable adults.

We saw that staff of all grades and disciplines received regular supervision with their line managers. These one to one sessions gave staff the opportunity to discuss their work and to identify any learning and development needs. Staff we spoke with told us that in addition to these regular sessions they felt able to approach any of the senior staff if there were any issues they wished to discuss.

We saw that the home had employed both male and female carers. This ensured that people who used the service were able to choose to have their care and support needs provided by male or female staff. One person who used the service told us that the male staff were very kind.

People who used the service were unanimous in telling us that the all staff were very kind, friendly, knew what they were doing and supportive.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The matron told us that they had not received any formal complaints since the last inspection. They told us that occasionally some people had minor concerns and grumbles about the laundry and at times the clothing not being returned in a timely way. They told us that action was quickly taken to remedy these grumbles and to ensure that the incidences were reduced.

People who used the service told us that they did not have anything to complain about but if they did they would speak with the matron. One person who had recently arrived for a short stay at the home told us: "So far so good, everything is fine at the moment I have no complaints". Another person said: "What is there to complain about, the staff are lovely, the food is fine and the home is always clean. No complaints whatsoever".

We saw that the complaints procedure was readily available if people did feel the need to complain about the service. The procedure gave clear advice about what to do in the event of a complaint and it included our contact details should people wish to get in touch with us.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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