

# Anchor Hanover Group Oulton Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Oulton Manor is a care home providing personal care for 74 older people some of whom may be living with dementia. The service can support up to 77 people.

### People's experience of using the service

Risk assessments did not always contain the relevant information about people's known risks to mitigate or prevent incidents. Incidents and accidents were reported and most of the time actions were taken to prevent future occurrences. However, we found two incidents where actions had not been taken. Staff knew how to keep people safe and reported any safeguarding concerns. We found one safeguarding incident which had not been reported to the CQC. We recommended the provider ensures all risk assessments are current and all incidents are investigated, and actions are taken to mitigate risks.

Initial assessments were carried out to ensure people's needs could be met prior to coming into the home. People told us they enjoyed the food and were provided with regular drinks to stay hydrated. When required monitoring of people's diet intake had been completed so people remained healthy. Health professionals were involved in people's care when required. Consent was obtained from people when staff supported them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The home was beautifully decorated and also met the needs of those people living with dementia.

People and relatives said staff were kind and provided a high standard of care. Staff were active in helping people to remain as independent as possible. People were offered choices and staff respected people's privacy and dignity. People were supported by staff who knew them well and we observed positive interactions. Staffing levels and recruitment procedures were robust.

Most care plans were carried out and included people's individual preferences for care. However, we found some care plans lacked these details. Records were not always up to date or accurate to reflect people's needs. We recommended the provider reviews all their records to ensure these were accurate. There was no impact on people as staff knew their needs well. Complaints were managed effectively, and people were satisfied with the actions the home took when concerns were raised. Activities were provided for people to prevent social isolation.

People and their relatives felt confident in the management team and the staff said they enjoyed working in the home. The provider had a variety of community links which benefited those people living in the home. The management team were honest and open throughout our inspection and keen to make improvements to develop the care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 April 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Oulton Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and two experts 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.

#### Service and service type

Oulton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people to ask about their experience of the care provided and eight relatives. We spoke with the registered manager, deputy manager, lifestyle co-ordinator and five staff members. We looked at five people's care records and medicine records. We looked at three staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question was rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were at risk of avoidable harm because risk assessment documentation did not always contain the details staff needed to care for people safely. For example, one person had expressed suicidal ideation and the person's risk assessment had not been updated to inform staff of how to manage these risks. Following a discussion with the registered manager this had been completed by day two of the inspection.
- People were at times put at risk from other people living in the home due to their challenging behaviours. We observed people entering other people's rooms unsupervised. One incident showed a person had gone into another person's room and pulled their pillow out when they were asleep in bed. Following discussions with the registered manager we were informed a meeting with health professionals had been arranged to review the person's care needs.
- Most safeguarding allegations had been investigated and actions taken. However, one person had made an allegation of sexual abuse which had not been shared with the local safeguarding team and CQC. The provider had not investigated this, and we raised it with the registered manager who took immediate action to investigate the concerns raised.
- Staff were knowledgeable about people's needs but care plans weren't always detailed. For example, some people were known to display behaviours that might challenge others however, care plans had not recorded what staff should do to support people during this time to prevent an incident.

We recommend the provider reviews their systems and arrangements to ensure all risk assessments are current and all incidents are investigated, and actions are taken to mitigate risks.

- People told us they felt safe living at Oulton Manor. Comments included, "The nicest thing is I feel safe here" and "I am safe and happy here."
- The registered manager carried out some case studies on trends and themes identified within the home. For example, they found some people in the home had lost weight and there was food waste at lunch times due to people feeling full from breakfast. The home then changed lunch to a lighter meal and served a full meal at dinner time. This was effective as people ate all their meals which meant a reduction in waste and people's weights increased.

Using medicines safely

- Management of topical medicines was not always safe. For example, creams were not stored securely and there were no checks to ensure creams were stored at a safe temperature. Vulnerable people may have had access to creams as these medicines were not always stored in a locked cupboard. Records were not always

accurate; one person had been prescribed zero-base to use instead of soap wash. The person had received personal cares however, the medication had not always been signed to say when it had been given. We informed the registered manager of this and immediate actions was taken to remove and store the creams correctly.

- Medicine administration records (MARs) were completed and signed by staff when routine medicines had been given.
- All medicines other than creams were stored and administered correctly.
- Medicine audits had been completed and errors identified had been investigated.

#### Staffing and recruitment

- People told us there was always enough staff in the home to meet their needs. Staff responded promptly when people needed support. One person said, "They come quickly to my buzzer."
- Staff told us there were always enough staff day to day to carry out their roles.
- The provider had robust recruitment checks in place to ensure staff were suitable to work in a care home. One person living in the home was involved in the recruitment of new staff to ensure they were a right fit for the home.

#### Preventing and controlling infection

- The environment was clean and well presented.
- Staff wore personal protective equipment when supporting people with care to prevent against possible infectious diseases.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were carried out which helped staff to develop care plans. People were asked about their preferences for care which included their likes and dislikes.
- People were offered choices and their needs were being met. One relative said, "It's like [name] hasn't got dementia anymore the way they have bloomed here. [Name] is with friends, is eating well, and the staff understand their needs."

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to care for the people living at Oulton Manor. One person said, "Most of the staff I've met seem good at the job."
- Staff received regular supervisions and annual appraisals to enhance their learning and development.
- Staff completed an induction prior to working independently and ongoing training to ensure their knowledge remained up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet and drinks were regularly offered to people.
- People said they enjoyed the meals and drinks. One person told us, "The food is very good quality and there is a lot of variety. I eat in the dining room and it's always good service. It's always well organised and you can book relatives in for a meal if you want to as well."
- Lunch was designed as a restaurant style experience. Staff showed people the choices available, so people could decide what they wished to eat.
- There was a menu available at the entrance to the dining rooms. However, the print was small and difficult to read. We discussed this with the manager who agreed to implement changes.
- People choose where they wanted to eat, with some people eating in their rooms or lounges. Staff were patient when supporting people to eat and drink.
- People's weight was monitored by staff to ensure those who had lost or gained weight were given the correct diets for their specific needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care records showed health professionals were involved when required. For example, one person had received input from mental health services following a deterioration in their health.
- People told us staff were active in seeking the support and advice from health professionals when needed. One person said, "They would get a doctor if I needed one."

- The home had introduced a 'Blue light breakfast' every month so emergency services could attend the home and spend time with people to improve communications between services.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. Capacity assessments were carried out and best interests' decisions were made with health professionals when required.
- Staff had good knowledge of the MCA legislation and knew which people living in the home lacked capacity and how their needs should be met in their best interest.
- People were asked for their consent. For example, we saw a staff member discreetly ask a person if they would like any help with moving to the lounge and supported them to do this whilst making conversation throughout.

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

- The home was decorated to a high quality. The home had been designed to support those people living with dementia and signage was used to help them find their way around the building.
- The home had also redesigned their garden with support from an architect who worked with people living in the home to develop an outside space which people could enjoy. In April 2019 they had a garden party to officially open the garden. In July 2019 the home entered the Yorkshire in Bloom competition and won a gold award.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff who knew them well. People and their relatives commented, "They are kind and caring and the staff understand my needs", "The staff are very caring and they go above and beyond" and "The staff are lovely, can't speak highly enough of them."
- There was continuity of staff as many of the team had worked at the home for long periods of time. This helped staff to build relationships with people and it was clear staff knew people well. One staff member told us, "I've been here since it opened, and I love my job. Working with the residents is fulfilling. I just want to make their time here as comfortable as possible."
- We saw positive interactions between people and staff. The deputy manager had implemented 'Down to us time' at 11am which meant staff stopped what they did to spend time with people living in the home and to get to know them.
- People were protected from discrimination.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people. Staff knocked on people's doors and closed doors when personal care was being carried out. One person said, "They respect my privacy and dignity."
- Staff encouraged people to remain as independent as possible. One relative said, "They identified that their walking had deteriorated so they got [name] a three-wheel walker and some new slippers which they were really happy about. It was a very positive response to the issue and it helped [name] to maintain some independence."

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

- People were offered choices such as what to eat and drink, their wishes for care and how they wanted to spend their time.
- Resident meetings were held with people which allowed them to be involved in the running of the home and kept up to date with any changes.
- Relatives told us they were involved in the people's care reviews and regularly kept informed of any changes.
- The registered manager told us should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question was rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Staff were knowledgeable about people's specific needs and knew how to care for people. However, we found some care plans lacked information to guide staff on how to support people. We have addressed this further in the well-led domain.
- People were involved in their care planning. Relatives told us they had been asked for their input and involved in care planning.
- Care plans included personalised information including people's preferences for care. People told us they were offered choices and that their needs were met by staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A range of group and individual activities for people to reduce social isolation. Some of these included activities included, guide dog visits, cocktail club, nursery visits, music reminiscence and visits from the local vicar to provide a religious, cultural and spiritual service to people. People and their relatives provided mixed views on activities comments included, "The activities are so well run and well organised, they put a lot of thought into the things they do" and "There is not a lot to do here. The activities could be better." Following this feedback on day one activity questionnaires were sent to all people to gather information about what people would like.
- Activity records did not always evidence that people who were cared for in bed had been offered regular activities or input from staff. The lifestyle co-ordinator acknowledged the records were not a true reflect of the activities carried out with people and planned to address this.
- Staff ensured individual activities were person centred. For example, one person disclosed to staff that they played piano as a child, but their lessons suddenly stopped. Following this staff arranged for a piano teacher to come and provide them with piano lessons. The person said, "Before coming to Oulton Manor all I wanted to do was just die. But since moving into Oulton Manor, with all the things that go on every day I feel like now I have something to live for."
- The lifestyle co-ordinator arranged for the British legion to attend the home after a person told their incredible story of supporting a pilot in the war to safely land their plane. The British legion and staff felt so moved by the story that they wanted to show their appreciation of the person's time spent in the war. They arranged for the person to receive the first poppy at a war memorial event and the story went into the newspaper. The person said, "It's taken 93 years and I'm finally famous now!"
- The home sought feedback from people about the activities and continuously looked for new ideas. For example, the lifestyle co-ordinator was in the process of planning a football tournament with other homes in the local area as this had been something people living in the home wanted.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood and followed the AIS standard. Care plans included information about people's abilities to communicate and aids used to facilitate better communication such as hearing aids or glasses.
- Staff supported people to communicate when they sometimes found this difficult. For example, one person did not speak until a staff member noticed that through singing they started to communicate. This was shared with the staff team who then sang with the person and their communication improved.
- People were provided with information about the home and activities that had been carried out in a monthly newsletter.

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which had been followed when concerns were raised. People and their relatives felt comfortable raising issues with the management team and felt these were managed effectively. One person said, "If you feel that you've got a grouch, you can always talk to someone at the desk."
- One relative told us they had previously made complaints about the care their relative received and was happy with the actions taken. They said, "We are now very happy with the care."

### End of life care and support

- Preferences and wishes for end of life care had not been recorded in care plans. One person had been receiving end of life care however, there was no specific care plan in place to guide staff on how the person should be supported. On the second day of our inspection these had been completed.
- Staff had received training on end of life care which helped them to support people during this time.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question was rated requires improvement. This meant the service management and leadership was inconsistent around the management of records and risk. Leaders and the culture they created supported the delivery of person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Provider care plan audits had not highlighted that records were not always up to date or guide staff on what to do to reduce the risk of harm. Care plans were not always accurate to reflect people's current needs. For example, one care plan did not record the quantity of thickener a person required in their drinks to prevent the risk of choking. People wishes and preferences for end of life had not been recorded.
- Personal care records were not always accurate. One document showed a person had only received nail care once in 2019. However, staff told us the person regularly received personal cares including nail care and that this had not been recorded.
- All other audits carried out provided an oversight of improvements required in the home and where action was needed.

We recommend the provider review their governance systems to highlight inconsistencies and recording issues to ensure records are up to date and accurate and systems effective.

- People and their relatives told us staff delivered high quality care. One relative said, "All the staff are brilliant."
- Staff understood their roles and said they felt well supported by the management team. One staff member said, "Its good working here. I feel supported by the manager and my colleagues."
- The management team were clear in their responsibilities to act on concerns raised and provided effective responses to complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us communication with staff and the management team was good. Resident and relatives' meetings were held regularly so people could offer their views and remain updated with any changes made within the home.
- Morning meetings were held with all head of departments and the senior care staff. This provided an opportunity to share information, and opportunity for the management team to open the lines of communication within the home and offer a safe space.

Continuous learning and improving care; Working in partnership with others

- The management team were honest and open throughout the inspection. They responded positively to the issues we raised and were responsive in addressing these immediately.
- Staff worked in partnership with other organisations. They had built several community links with different organisations in the local community. For example, the local nursery children visited the home to spend time with people. We saw a video from a young girl who visited the home and had built a bond with one of the ladies calling them their "best friend."
- The provider had many links with local colleges which enabled them to bring students into the home on work experience and taught students about the high standard of care required in homes.
- The lifestyle co-ordinator engaged with local community groups. For example, they recently became involved with Rothwell Rhubarb Tarts which is a women's only institution and hoped to support them with fundraising events.
- The lifestyle co-ordinator had enrolled on NAPA (National Association for Providers of Activities for Older People) training (NAPA is the expert in providing activities for people in care settings). This provided them with new ideas including a whole home approach to activities. This meant staff would also be included in activities and spontaneously engage in activities with people.