

Our Lady and St Benedict's

# Oulton Abbey Residential & Nursing Home

## Inspection report

Oulton Abbey  
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Oulton  
Staffordshire  
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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

### About the service

Oulton Abbey Care Home is a care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service can support up to 49 people. Accommodation was provided in a purpose-built home across two floors, with communal areas on each floor.

### People's experience of using this service and what we found

People were positive about the support they received at Oulton Abbey and felt well cared for living there. A person-centred approach was evident at the home. Staff had built effective relationships with people and were kind and caring in their approach. People's dignity and privacy were respected.

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. However, records in relation to the Mental Capacity Act 2005(MCA) did not always evidence robust compliance with the MCA and we have made a recommendation in relation to further training around the MCA.

People who lived at Oulton Abbey told us they felt safe. There was a stable staff team and people were supported by familiar staff. There were enough staff to meet people's needs in an unrushed way and staff had been recruited safely. Safeguarding procedures were in place and staff knew how to report any concerns.

Medicines were managed safely. Risks to people's health and wellbeing were assessed and action was taken to manage these as safely as possible. In some cases, records could be developed to identify actions taken to manage risks more clearly. The environment was clean and well maintained.

Staff understood their roles, were well trained and supervised. They felt supported and were kept up to date through regular handovers. The home worked closely with several external health professionals. This helped achieve good outcomes for people. Staff responded to any changes to people's needs and intervened effectively to prevent further deterioration.

Care records were person-centred and provided staff with guidance about people's needs, preference and life histories. However, they did not always include all relevant information and updates. The management team had already identified this and planned to address this and provide further training. Staff were passionate about end of life care and worked closely with the local hospice to support people well.

People were well supported to take part in meaningful activities and the home had good links with the community. People's spiritual needs were well met. People felt able to raise any concerns and were given the opportunity to provide feedback about the care they received. There were plans to implement resident and relative meetings.

The previous registered manager had recently left, and the deputy manager had just taken up the permanent manager's post. The provider planned to make further improvements to the management structure and the acting manager had a clear vision for further improvements to the care provision.

Staff were motivated and engaged with the service, they felt able to raise any concerns. The provider had effective quality assurance systems in place to monitor the quality of the care.

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 1 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Oulton Abbey Residential & Nursing Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the acting manager, nurses, senior care workers, care workers, domestic staff, an activities coordinator and the chef. 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.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to protect people from avoidable harm and abuse.
- People felt safe living at the home, they said, "I feel entirely safe here and have not had any worries or concerns at all." One relative felt very reassured by the way staff supported their relative's health needs. They said, "(Relative) is unequivocally safe in their care."
- Staff were trained in safeguarding and had a clear understanding of how to recognise signs and report any form of abuse.
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe. People had equipment as needed, such as profile beds, pressure relieving air mattress, and sensor equipment.
- Overall risk assessments and management plans were detailed and current. However in one example actions taken to reduce the risk of pressure ulcers were not fully reflected in the management plan. The person had received appropriate care as staff were familiar with their needs. We discussed the importance of accurate record keeping with the acting manager.
- Regular checks were made on the building, utilities and equipment to ensure they remained safe.
- There was guidance for staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans to help staff evacuate people safely.

Staffing and recruitment

- There were enough staff to meet the needs of the people living at the home. People told us, "And my word, the speed of response if you use the buzzer is excellent. You don't have to wait at all"; "There are usually enough staff but as it is holiday period at the moment, it has been a bit slower with mealtimes as people are off" and "The care is safe and swift".
- Staffing levels were kept under review and adjusted as required. Staff told us there was usually enough staff to meet people's needs. There was a stable staff team with several staff having worked at the home for many years.
- The registered provider ensured safer recruitment procedures were followed, such as obtaining references and criminal records checks.

Using medicines safely

- People's medicines were managed safely. Systems were in place to ensure all medicines were ordered,

administered, stored safely and audited regularly.

- Medicines administration records indicated people received their medicines regularly. People were happy with the way they received their medicines. One person commented, "I get medication on time and if I ask for painkillers they are very careful in confirming that it is safe to give them."
- Staff were trained to administer medicines and their competency was checked.
- Improvements were needed to records in relation to "As required" medicines, to ensure protocols were in place to guide staff about when to administer these.

Preventing and controlling infection

- The home was visibly clean, and effective cleaning schedules were in place.
- Staff were aware of best practice and how to prevent and control the risk of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and the manager carried out regular reviews to identify any trends or issues.
- For example, an increased number of falls had been noticed in the lounge area and as a result a "twilight" staffing shift had been introduced to provide more supervision.



# 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.

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.

- People were routinely involved in decisions about their care. Staff sought people's consent and supported them to have choice and control over their care and support.
- Staff undertook training about the MCA. However, records in relation to mental capacity assessments and best interest decisions did not always contain appropriate information to demonstrate staff had fully complied with the MCA.
- However, where required appropriate DoLS applications had been made in people's best interests to ensure their rights were protected.

We recommend the registered provider finds out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

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

- People and relatives had been involved in the assessment of their needs prior to moving to the home.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They received an induction and ongoing programme of training.
- Staff told us they felt supported and training was effective. Specialist training was also arranged as

required.

- Staff received regular supervision and appraisals to review their individual work and development needs. Competencies were carried out to ensure staff continued to meet the required standards.

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

- People were positive about the food available. They were offered a nutritional diet with choices to ensure they had something they liked.
- People told us, "You can have a drink whenever you want and the food is very good too" and "I have certain food preferences and the cook has gone out of his way to accommodate me".
- We observed people having lunch during the inspection. Lunch was unrushed, and staff provided sensitive support where needed. The food looked and smelled appetising.
- Systems were in place to ensure all staff understood people's individual requirements in relation to food and drink, including the management of any nutritional risks.

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

- People had access to healthcare services when they needed. Staff worked closely with other agencies and made referrals where necessary to provide support to people and effective care.
- An Advanced Nurse Practitioner (ANP) from the local GP surgery visited the home regularly to help ensure people's health needs were reviewed promptly.
- We received feedback from a visiting healthcare professional. They spoke positively about the staff at the home, including their responsiveness and compassionate approach.
- There was a handover system in place, which contained details of any updates in people's health and care needs. This ensured staff provided consistent support that met people's changing needs.

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

- The service was designed and decorated to meet people's needs. People's bedrooms were personalised, and communal areas were homely.
- Equipment such as a bath seats and toilet seats with grab rails were in place to ensure people were safe whilst promoting their independence within the service.
- There was a sensory garden, which people were able to access as they wished.

# 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 and their relatives told us staff were very kind and caring. They said, "The staff are caring and never rude. They make time for a chat and there is never any hurry"; "The staff have been amazing. They know (Name's) history and know him well" and "The staff are just fantastic, totally outstanding".
- There was a caring friendly atmosphere in the home. Staff clearly knew people well and spoke about them in a knowledgeable and caring way.
- Staff treated people as individuals and we observed interactions which were warm, friendly and compassionate.
- People's diverse needs were respected, and care plans detailed people's cultural and spiritual needs. The provider promoted people's rights and staff had received training around equality and diversity, person centred care and data protection.
- A feature of the home was the emphasis it placed on people's spiritual well-being. Oulton Abbey is home to a community of Benedictine Nuns. Mass was held daily, and people's spiritual needs were well supported. Whilst the home had a Catholic background all other faiths were accommodated.

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

- People were involved in decisions about their care and support. They felt listened to and were given choice and control about the care they received. One person said, "I can get up and go to bed whenever I please and have a bath or shower when I want."
- People had access to information to enable them to decide if they wanted to take part in activities. For example, individual notices were placed at each dinner setting to ensure people knew about a service which scheduled that day.
- Previously, meetings were held to enable people to express their views about the home. However, people told us these had not taken place recently. The acting manager told us they planned to reinstate these.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on people's doors before entering and sensitively dealt with issues which promoted people's dignity. Comments included, "Staff are extremely respectful, and I get help with anything that I need" and "They show complete respect for (name's) privacy and dignity. They always give a choice to get up or not depending on how (Name) is feeling".
- Where possible staff supported people's independence. For example, adapted plates were used to enable people to eat their meals independently.
- People's records were securely stored to maintain confidentiality.



# 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 good. At this inspection this key question has remained the same. 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

- People received individualised support and told us they had choice and control over their care. They commented, "I never feel rushed and I have choice completely on what I do and when. I can do as I please" and "I can get up and go to bed whenever I please and have a bath or shower when I want".
- People looked well cared for, clean and very comfortable throughout the inspection.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. Staff had gathered detailed life histories. A notice board displayed photographs and information, which provided a real flavour of people's lives before they moved to the home.
- Care plans were in place for each person and contained some person-centred information. However, they did not always include all relevant information and updates. The management team had already identified this and planned to address this and provide further training.
- People's support needs were reviewed on a regular basis; however, some records were limited and could be improved to demonstrate how people had been included within the evaluations.

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 acting manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or use of pictures. Technology had been used in two examples to support communication needs.
- People's communication needs were clearly assessed and detailed in their care plans.

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

- People had access to a wide variety of activities and were supported to follow their interests. The home employed two activity coordinators who arranged trips out, entertainment and other activities. The provider had plans to develop the activities programme further.
- During the inspection people enjoyed a visit from the local play group and took part in an exercise session. Care staff also spent time with people and suggested spontaneous activities such as games.
- Where people were nursed in bed they were included in the activities and one person told us how they had enjoyed it when a musician played for them in their bedroom.
- People were supported to maintain relationships with people who were important to them. Visitors were

made to feel very welcome and there were several volunteers and people from the community who visited the home.

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

- The home had a procedure for receiving and responding to complaints about the service. People we spoke with said they would raise any concerns with staff.
- In general, people were unclear who the current manager was, due to recent staff changes. However, they were confident staff would act to resolve any concerns they raised. A person said, "I haven't needed to complain but feel that I could raise an issue if I had one."
- The acting manager kept a record of any complaints which demonstrated they were dealt with appropriately. One person told us, "I did have an issue which I had to raise with them, but it was addressed immediately."

#### End of life care and support

- Staff supported people at the end of life particularly well. All staff were passionate about the importance of people being pain free and treated with dignity. They also placed importance on supporting relatives at this time.
- Records demonstrated that people preferences and choices in relation to end of life care had been discussed and staff were knowledgeable about these. Emphasis was given to people's individual needs including their spiritual needs.
- The home worked closely and held meetings with the local hospice and other health professionals to discuss and plan for people's priorities for end of life care.

# 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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager had recently left the service and the deputy manager had successfully applied to become permanent manager. They planned to make an application to register with the CQC as soon as possible.
- Some people felt unclear about the current management structure and felt they would like to have contact with a manager more frequently.
- The provider had plans to improve the management structure and areas had been identified for improvements. The acting manager planned to be more visible around the home. A new administrator and nurse assistant roles were being recruited to.
- Effective quality assurance systems were in place to monitor key aspects of the service; checks and audits were completed regularly by the acting manager and senior staff.
- An Agent to the Trustees also undertook regular meetings and audits at the home on behalf of the provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The acting manager was open and honest during the inspection and highlighted some areas for improvement before this was identified by the inspector.
- The provider ensured policies and procedures were in place and accessible to staff when needed.
- The registered provider ensured CQC were notified of events as required by regulation. Their latest CQC rating was also on display.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the care they received at Oulton Abbey. The management team promoted a person-centred culture and people felt valued and well cared for. People commented, "The staff get on very well as a team and very few staff leave. It is a very happy team which impacts on the care. Everyone shows courtesy to each other" and "I have complete faith in the standard of care and would not hesitate to recommend them".
- Staff told us the management team were approachable and effective. One member of staff told us, "Staff are good at raising issues, it's very open."
- There were regular staff meetings and staff felt communication was good.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had the opportunity to provide feedback through an annual survey. Suggestions from the previous survey had resulted in a coffee machine and confectionery being made available to purchase in the reception area.
- The acting manager planned to hold meetings with people and their relatives to discuss ideas about how the home could improve.
- Staff were engaged and motivated. They told us they worked within an effective and supportive team. Comments included "I love it here" and "We're like a family".
- Staff kept up to date with best practice and took part in bespoke training with health colleagues.

Working in partnership with others

- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the home to provide entertainment including a play group
- The manager and staff worked closely with other health and social care professionals to ensure good outcomes for people. For example, a care home liaison nurse visited to help plan and provide effective care to people.