Barchester Healthcare Homes Limited

Oulton Park Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Oulton Park Care Centre is a residential care home providing personal and nursing care to 48 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

The service provides purpose-built accommodation on one level. The service has a dedicated unit that specialises in providing care to people living with dementia.

People's experience of using this service and what we found
We were prompted to bring this inspection forward because of concerns shared with us regarding the management of the service and poor care. The service has had three registered mangers since August 2018 and the last registered manager had left shortly before our inspection, a new manager had been quickly recruited and had assured us they would apply for registration in the near future. However, this quick succession of managers had been disruptive to the management of the service and its efforts to improve the quality of service people received.

Medicines had not always been managed in a way that ensured that people received them safely and at the right time. During our observations we found there was poor practice in its management and administration. Most of our concerns in regard of the medicines had already been noted and action was being taken to better manage the medicines and retrain staff.

People's nutritional and hydration needs were assessed to ensure they received appropriate support that met their needs. Although, we saw examples where specialist diets needed to be recorded with more clarity. The service worked to ensure that people received person centred care when they used and were supported by different services.

People received care that was personalised and responsive to their needs, the care plans held enough information to guide staff on meeting people's needs but would benefit if more detail was included. However, staff knew people well, understood them and their personal preferences. People's experiences, concerns and complaints were listened to; steps had been taken to investigate complaints and to make any changes needed.

The service has gone through many changes with three different registered managers since August 2018. This had had a negative effect on people's wellbeing and the management of the service. However, the newly appointed manager was liked by people living in the service, their relatives and staff. They told us they were open and made themselves available. It had been recognised that the staff had also had a difficult time and were receiving support, many of them had worked under all of the previous managers and had to get used to the many different management styles. There was still work that needed to be done, but work was underway to make improvements to the quality of the service people received.

There were various quality assurance systems in place, but we noted that a number of issues identified in

the latest audit had also been identified in previous audits without action being taken. This was possibly due to the lack of management leadership; the last two registered managers had left after only three months and seven months respectively. The provider acknowledged our concerns and ensured us that they would be monitoring the service and would support the new manager as they settled into their post.

People where well protected from bullying, harassment and abuse by staff that were trained to recognise abusive situations and knew how to report any incidents they witnessed or suspected. Staff we spoke with during the inspection understood their responsibilities to raise concerns and there were arrangements in place in place for reviewing and investigating incidents when things went wrong.

Personal risks to people were fully assessed and steps had been put in place to keep people safe. Staffing levels were sufficient to keep people safe. People were protected by staff that had been safely recruited. The home was clean, and staff had access to equipment that protected them and the people they supported from cross infection.

People's needs were assessed, and they received care in line with current legislation from staff that had the knowledge and skills they needed to carry out their roles.

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. Meaning people were asked for their consent by staff before supporting them in line with legislation and guidance.

Staff we spoke with talked about the people who used the service in a caring and positive way. People told us that staff were kind, caring and protected their privacy and dignity. We saw evidence in records that people were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on.

The building was purpose built to accommodate older people with wide corridors, safe access and easily read signage to help people find their way about. The gardens were well maintained, and people told us they enjoyed walking in the gardens and helping to look after them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last comprehensive inspection for this service was on 6 November 2018 and the resulting rating was Requires Improvement. (Published December 2018) At this inspection there was a breach of regulation with regard to the management of medicines.

The provider completed an action plan after that inspection to show what they would do and by when to improve.

On 2 May 2019, after concerns were raised with us in regard to continued medicines errors, we undertook a focused inspection to review the Key Questions of safe and Well-led only. We also checked what action had been taken with regard to the breach of regulation in the management of medicines from the previous inspection.

No areas of concern were identified in the other Key Questions, we therefore did not inspect them. Ratings from the previous comprehensive inspection for those Key Questions were used in calculating the overall

rating at that inspection.

During that inspection we found there was no longer a breach of regulation but that further improvements were still required. The rating remained as Requires Improvement. (Published May 2019)

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oulton Park Care Centre on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Oulton Park Care Centre

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
This inspection was carried out by one inspector, a specialist nursing/dementia care advisor and an Expert in 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 Park Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager had left the service in November 2019, a new manager had been appointed but was not yet registered with us, this meant that the service did not have a manager registered with the Care Quality Commission. The provider was 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
Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection visit we observed care and support being provided. We spoke with seven people who used the service and eleven people's relatives about their experience of the care provided. We spoke with eleven members of staff including the manager, deputy manager, the regional manager, a nurse, a senior care worker, four care workers, an activities co-ordinator and the chef.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. As well as variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We corresponded with two professionals who regularly visited the service by email.

Requires Improvement

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 Requires Improvement. At this inspection this key question has now remained the same. 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.

Using medicines safely

At our last comprehensive inspection, the provider had failed to manage and administer medicines safely. Also, care plans did not always contain appropriate risk assessments relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the focused inspection April 2019, following the comprehensive inspection in November 2018, we found that enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, during this inspection we found that that the improvement in the management of medicines and its administration had not been maintained.

- The provider did not always ensure the proper and safe use of medicines.
- During observations of the nurse administering medicines, it became evident that they were not familiar with the one person's preferences and needs around taking their medicines. We observed the nurse offer the person, who was living with dementia, their morning medication. We noticed that the person was late in receiving their medicines. When asked if there was a plan to follow this up, the nurse said, "I could try again." When approached and asked if they would like their medicines, they made a non-committal sound. The nurse asked again, again they did not clearly indicate 'yes' or 'no'. The nurse concluded that they did not want their prescribed medications. We asked the nurse about the capacity assessment for this decision and whether the person ever had their medication administered covertly, this means medicines that are administered in a disguised format, they could be hidden in food or drink for example. The nurse replied, 'no.'
- However, on discussion with the manager we were told they were listed as requiring covert medication due to their lack of mental capacity to make the decision. The manager met with the nurse and explained this.
- The nurse failed to maintain safe work practices and left people at risk. We observed the same nurse support another person with diabetes. The nurse collected blood glucose monitoring equipment, insulin and records from the clinic room and explained to the person that they needed to check their blood sugar level and accompanied them to their bedroom. In the bedroom the nurse realised the blood glucose monitor had no reagent strips in, having explained the problem to person, they went to find some more strips.
- Once leaving the room, the nurse left the insulin pen behind next to person, which presented a risk as they might have tampered with the medication or possibly self-administer an incorrect dose. Having noticed

this, we went into the bedroom and sat with the person until the nurse returned. When they did return, they asked the person for their consent to do the blood test and carried out the test. The nurse then found there was no insulin in the pen, whereon they took the person to the clinic room to administer the insulin instead of having them wait in their room again. The nurse had not checked the equipment or prepared for this intervention causing delays to the person getting their medicine subsequent to lunch. We immediately bought this to the attention of the manager who took immediate action.
● After our inspection healthcare professionals shared their findings of a medicines audit they had completed at the service. They told us that they had also found that the medicines management was poor and sited several examples of poor practice and unsafe management of the medicines.
● These examples included that the glucose reagent strips had run out and noted that the service had only requested one box of 50 strips each month, which was insufficient for the number of tests they needed to do. Neither was there always protocols in place for medicines given as and when needed (PRN), it is important that these are in place to guide staff on what the medicine is for, when it may be given and under what circumstances.

Medicines were not managed and administered safely which is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines including controlled drugs were stored safely. The stock tallied with the record. Clinic rooms and drug trolleys were clean, and the room and refrigerators were kept within the appropriate temperature range.
● The manager was aware there were problems with medicines management and had implemented a range of strategies to remedy this. A recent audit had identified over 30 drug errors including several incidences of missed doses, recording errors and stock management issues. The manager had carried out one to one interviews with staff to highlight these issues and instigated counter checking of MAR charts and competency assessments. However, we continued to find ongoing concerns at the time of the inspection.
● The manager was working with a range of stakeholders to improve medicines management including their regional team and pharmacists.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe and knew who to contact if they felt unsafe. One person said, "I am well looked after and the care I get makes me feel safe and secure." Another person's relative told us, "[My relative] is being looked after, I know [they] are safe and well looked after, it puts my mind at ease."
● Staff had received training in safeguarding and understood how to recognise and protect people from abuse.
● The manager and staff told us what action they would take if they had any safeguarding concerns or were worried about people's safety. The provider's and local authority's safeguarding policies and procedures, along with contact details, were displayed within the service.

Assessing risk, safety monitoring and management
● We found most of the personalised risk assessments in place demonstrated the risks to people relating to their care and support were assessed and mitigated. These included risks associated with moving and handling, pressure care, nutrition and in the environment.
● Staff knew the people they supported well and understood the actions they should take to make sure people were safe.
● Risks associated with the environment were safely managed, routine health and safety audits and fire systems checks took place. Each person had a personal evacuation plan (PEEP) in place.
● Equipment used to support people to move, such as hoists, were regularly maintained.

Staffing and recruitment

● There were enough safely recruited staff to meet people's needs in a person-centred manner. We saw that staff responded to people's requests for help and the call bells quickly and that they had time to sit and engage with people.

● Most people told us there were enough staff to meet their needs in a timely manner, there were some comments about them having to wait for their support at times. For example, one person told us, "[The staff] are brilliant, they have a lot to do, in the mornings in particular. Some days they have agency staff on. Saturdays and Sundays, they can be pushed; they had an event on last Sunday afternoon, so staff were pushed getting everyone up in time for it." One person's relative told us, "The last couple of weeks it seems to have gotten back to full staff, they were using more agency." Another relative said, "On the whole staffing is very good, they have busy times, but the permanent staff are excellent."

● Nursing and care staff we spoke with told us that there were sufficient staff to meet people's needs with time for them to engage in a meaningful way with people.

● The manager told us that the provider used a dependency assessment tool to assess the required staffing level and the staffing levels could be increased to meet people's needs. For example, if someone needed more support because their health needs had increased.

● The provider undertook checks on the suitability of potential staff to care for people living in the service. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Preventing and controlling infection

● Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.

● Personal protective equipment, such as disposable gloves and aprons, were provided for care staff to use to reduce the risks of cross infection.

● The home was clean throughout.

Learning lessons when things go wrong

● The service had systems to learn from incidents to reduce the risks to people using the service.

● For example, the manager told us that they had quickly become aware that staff had not always felt supported by previous managers., In the last year, there had been three different registered managers, which had left staff feeling vulnerable and unfocused. The manager and their deputy manager had told staff that their doors were open, and they were always willing to talk.

Good

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

- Assessments of people's individual and diverse needs were in place prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.
- People told us that they took part in their assessment before they moved into the service. One person commented, "Me and the family talked with the manager about what I needed before I moved in and I had a look around."

Staff support: induction, training, skills and experience

- Staff induction included working alongside an experienced member of staff. Induction procedures and further ongoing training provided staff with the essential skills and competencies to carry out their role effectively. This included training in people's specific needs, such as dementia, protecting people's dignity and showing respect.
- A new member of staff felt they had received a, "Good induction." They had completed e-learning modules and face to face training on manual handling, infection control, safeguarding, equality and diversity. They described their understanding maintaining privacy and dignity; closing doors and curtains during people's care and why this was important.
- Staff were supported to undertake qualifications relevant to their role. For example, nurses were supported to meet their continuing professional development requirements through e-learning and face to face courses focused on clinical skills. Nurses supported each other with the Nursing and Midwifery Council revalidation process, and this was monitored by senior management. One nurse we spoke with said they had received training in dementia, medicines management, fire, CPR, end of life care and syringe drivers.
- However, it had been identified that staff needed further training around the safe management and administration of medicines. This had been put in place and was ongoing, and all staff responsible for the medication were undergoing competency checks while they supported people or while giving people their medicines.
- Staff were provided with one to one and group supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.

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

- The service supported people in the home to eat a varied and balanced diet to support a healthy lifestyle.
- Although we found that some needed fuller information, in general, nutritional care plans were in place, and people were regularly weighed. Where concerns were noted nutritional intake was monitored and people were referred for relevant professional assessments if they needed it.
- Meals were adapted for specific people's needs, for example one person's soup was fortified with double

cream to provide additional calories and thickener was added to drinks for those people who required this.
● We observed lunch in two different areas of the service. The meal time was a positive social occasion.
● Those people living with dementia were shown two different options to choose from.
● Plates with high sides and specially adapted cutlery was used to enable people who required them to eat independently.
● People were assisted with due regard for their dignity including hand over hand support to help a gentleman guide his beaker to his mouth. One member of staff told a person, who was struggling to use their cutlery, "This is your home, if you want to use your fingers you do it."
● People told us the meals were tasty and everyone said they had enough to eat. One person said, "The food is excellent, very prompt, it arrives on a nice tray, I have asked for different meals like poached eggs, they are extremely accommodating, they do a lovely roast." One person's relative commented, "There is a choice of menu, but if [my relative] wants an omelette or pancake they will make one for them, they are very obliging."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they were helped to get to appointments, such as hospital and other health care appointments. One person said, "A chiropodist comes every couple of weeks, if I need a nurse or a doctor they come out, that works well."

● The provider worked routinely with other agencies including specialist nurses, psychologists and psychiatrists.

Adapting service, design, decoration to meet people's needs
● The building was purpose built to accommodate older people with wide corridors, safe access and easy read signage to help people find their way about.
● Each area was painted a different colour from the dado rail down with matching colours on the bedroom door names. Each room with a toilet in was painted blue. Doors for utilities were left completely white. This colour scheme and decoration supported people living with dementia to find their way about.
● The dementia and nursing units were centred around a courtyard. The dementia unit had an outside courtyard with doors leading into it so that people could go in and out at will.
● There was seating along the corridors for people as well as retro pictures on the wall including a bus stop sign. There were items that the people could engage with such as door handles and material.
● The nursing units had an atrium where tea and coffee was freely available. We observed activities taking place in this area and people meeting friends and family.
● The outside area had high flower beds to support access and covered areas as well as areas for seating.

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 told us the staff asked for their consent before providing any care. People's care records guided staff to ensure they sought people's consent before supporting them. One person told us, "The staff give me an option of what to do, I am able to make my own mind up."
● People's care records included their capacity to make their own decisions and any support they needed in these areas. Where people had an appointed person to make decisions with their finance and or health and social care, this was clearly documented.
● Consent to care was sought by most staff. Occasionally we observed a member of staff moved a person's wheelchair without informing them or seeking their consent, however consent was sought for other activities such as assisting people to put on aprons before eating.
● There was a system in place to monitor DoLS applications and people had access to advocacy services where appropriate.

Good

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 told us the staff were caring and respectful. One person told us, "It's alright here, the staff are alright, and I get on with all of them, especially [one male member of staff] we talk about football." One person's relative said, "It's a lovely place, the carers are very good, really lovely set of people. I do hope they realise what a good bunch of carers they've got. You can go and chat with the nurses too and ask questions."
- People were treated kindly and staff adapted their communication to suit the needs of everyone. Staff had a good understanding of people's daily preferences and were able to direct them to activities they knew they had enjoyed previously.
- People were engaged in conversations about topics which interested them, and staff shared information about people's interests and previous working lives so others could engage with them.

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

- People told us they had been involved in making decisions about their care, this included their preferences about how they wanted to be cared for.
- Records of care reviews showed people using the service and their relatives, where appropriate, were consulted about the care they received, and any changes identified were included into the care plans.
- Regular residents and relatives meetings took place to share information with people and their relatives and receive feedback. One person's relative commented, "I go to meetings where we can express our opinions and we are definitely listened to."

Respecting and promoting people's privacy, dignity and independence

- People's care plans reflected human rights and values such as people's right to privacy, dignity, independence and choice. We saw staff did not enter people's rooms without first knocking to seek permission to enter. We observed that staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care.
- People told us they felt their dignity and privacy were respected. One person told us, "Absolutely, I feel respected, [The staff] have great respect for all the people here. I have been quite impressed, they are never rude. I have [health problems] and they have great respect for whatever problems you have, they never make me feel tiresome." Another person said, "Staff are willing and cheerful, staff are very good with their dignity, they are very aware of dignity."
- People's care records guided staff in how to ensure people's dignity, privacy and independence were respected. The records detailed the areas of their care people could attend to independently and where staff needed to provide support.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People did not always receive care that was personalised and responsive to their needs, some of the care plans did not always properly reflect all the person's needs and were generally of a mixed quality.
- Some care plans lacked sufficient detail, for example one care plan stated an ambulance should be called for an 'ongoing seizure' however, it did not describe that person's usual experience when having a seizure or say how many minutes would be considered ongoing for this person.
- Another person's care plan did not correctly reflect their nutritional needs, there was no care plan around their need to have a fortified high energy/high protein diet or their need for all foods to be fortified.
- However, the risks relating to this were mitigated by the staff team who knew people well. This ensured people received continuity of care from staff who understood them and their personal preferences.

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.

- People's communication needs were detailed in their care records, this included guidance for staff in how to communicate effectively with people living with dementia.
- Documentation was provided in accessible formats, where required.

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 were provided with the opportunity to participate in social activities to reduce the risks of isolation. We saw photographs of people taking part in activities and observed a game of dominos going on in one lounge, there was positive interaction between people and staff while they played. In the afternoon people watched a Bing Crosby film in the lounge with the curtains drawn, cinema style, people seemed engrossed.
- The service had two activities co-ordinators. They described the training they had received, including e-learning and face to face training with staff from other homes. The training covered how to keep relevant paperwork and dementia specific activities.
- Staff described the ways they combated social isolation by supporting people who preferred to stay in their rooms. This included reading the newspaper with one person or playing the guitar with another.
- There were a range of reminiscence resources available to people. The service had a minibus and trips out

were organised, for example to the sea life centre.
● The home welcomed a range of people and groups in to provide activities for people including, a local choir, pet therapy services and during our inspection a group from the Princes Trust came to support people with arts and crafts.
● People confirmed that they were given to opportunity to take part in activities of their choice, in the service and in the community. One person told us, "I read and do crosswords, I like the radio and a bit of TV, I am very self-sufficient. I'm happy with my door open, [the staff] are very aware of the set up and people stop and chat, staff say 'hello' as they pass but they don't encroach."
● People were supported to continue to follow their interests. A visitor told us, "[My relative] is difficult to engage, staff always ask them to join in, sometimes they do. [My relative] is into making models, I spoke to one of the activity people, they said they would find time after Christmas to help [my relative] to build a model." Another person's relative told us, "[My relative] and I are keen gardeners, having a door out into the garden is an asset as we pop out in the summer and garden."
● A visitor told us that family and friends were able to visit without restriction and, where appropriate, staff were responsive to their concerns or queries. They found all the staff very caring towards their relative.

Improving care quality in response to complaints or concerns
● There was a complaints procedure in place which explained how to raise a concern and what would happen with any concerns or complaints received.
● Records showed concerns were addressed. Prior to our inspection, we had received complaints about the management of the service, we found that the provider had listened to those complaints and had taken action to improve the management of the service.

End of life care and support
● This nursing home cared for people at the end of their life. Care plans showed us that staff had sought the wishes and preferences of people. Nurses were able to tell us how they would ensure that a person had a comfortable and pain free death.
● Staff spoke of their knowledge, links with external professionals and training received.
● If a person required a syringe driver (a way to deliver medicine continuously directly under the skin) in their last days this was provided and managed by the nursing team.
● Staff knew what they should do at the time of a person's death and a relative's feedback demonstrated how they were being supported at this time.
● People's families were supported to stay with their loved ones at the end of their lives.
● We saw cards and thank you letters from relatives thanking the staff for the care and love shown to their family members at the end of their life.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The culture within the service had not always been open, inclusive or empowering.
- The service has had three registered mangers since August 2018 and this quick succession of managers had been disruptive to the management of the service and its efforts to improve the quality of service people received.
- The provider carried out a regular quality improvement review of the service to identify shortfalls. We saw the latest action plan relating to the last improvement review, we noted that a number of issues identified in this audit had also been identified in previous audits. For example, issues concerning the administration of medicines.
- This may be due to the lack of management leadership; The providers had not provided sufficient overview and support during the disruption of the registered managers leaving in quick succession, the last two registered managers had left after only three months and seven months respectively. The provider acknowledged our concerns and ensured us that they would be monitoring the service and supporting the new manager as they settled into their post.
- People who spoke with us told us that the service they were receiving in the recent past had been poor, saying that communication from, the then, registered manager was difficult, that the culture was not positive, inclusive or empowering. But now the new manager had taken up their post, people felt the service was improving. One person told us about the new manager, "The new manager seems approachable, there are lots of positives; I have noticed their friendliness, they make a point of speaking, so things may change."
- One person's relative told us, "I've seen a change on how the care home is managed now, this new manager is proactive and not reactive."
- Staff also welcomed the change in management and were hopeful that the positive atmosphere would continue, saying the new manager was open and happy to listen. They said they had confidence in the new manager, one staff member told us they felt things were, "Moving in the right direction."
- A healthcare professional told us, "Since [the new manager has managed] Oulton Park we have seen a huge difference in leadership…. I would say that it is very early into their leadership at this care home, but they are demonstrating all the right characteristics that have been sadly lacking for some time within the leadership for this key care home."
- A new deputy manager had been appointed soon after the manager and we saw that they worked well together and shared ideas.
- We observed the daily department stand-up meeting. Those present were knowledgeable about what was

planned for the day and what had been happening in their departments. All staff took part and had an input. The manager reminded staff that there was a person staying in their room due to ill health and asked them to ensure they took the opportunity to spend time with them when and as they could. At the end of the meeting, the manager mentioned that reindeers were visiting the service the next day and that local school children were going to visit to see them and suggested the chef could prepare some refreshments to offer them.

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 manager was knowledgeable about their responsibilities relating to the duty of candour and was open and honest with us about the difficulties the service had been through.

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

● The manager had been newly appointed prior to our inspection and had not made an application to be registered. However, both the manager and the regional manager assured us that they would make that application in the near future.

● The manager was knowledgeable about their new role and the responsibilities associated with managing the service. When we spoke, they explained their plans to improve the service, saying they would be open and meet problems upfront.

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

● People who used the service were asked for their views and comments about the service they received through meetings and satisfaction surveys completed regularly

● Staff attended meetings where they received updates on the people they cared for and any changes in need and their roles. We saw that staff were encouraged to have their say and make suggestions to improve the quality of care people received.

Continuous learning and improving care

● The manager was experienced in working in adult social care and had been a registered manager prior to taking up this post. They told us they continually undertake training relevant to their role.

● The manager shared how they kept updated with the care industry, including receiving information from a local authority funded organisation, which could advise services of training available in the community.

Working in partnership with others

● The manager told us they had developed good relationships with other professionals involved in people's care, including commissioners and health care professionals.

● A healthcare professional told us, "The new manager is caring and focused on achieving good outcomes for residents. It is easy to engage with them and I am confident that if they stay we will develop an excellent working relationship."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed and administered safely.