

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

This inspection took place on 6 and 9 November 2018. The first day was unannounced.

Oulton Park 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. Oulton Park is registered to provide care for up to 60 people. It provides purpose built accommodation on one level. The service has a dedicated dementia unit. 55 people were living in the service during our inspection.

The service's registered manager had left the week before our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had responded to the departure of the registered manager and made appropriate arrangements for the management of the service. This included the transfer of a registered manager from one of the provider's other services to Oulton Park to manage the service. The new manager had carried out a variety of audits in the service and during our inspection they provided us with an action plan setting out how they planned to improve the service.

People did not always receive their medicines as prescribed. People who had medicines prescribed to be administered at specific times were not always given them at that time. Stock control measures had not always ensured there were sufficient medicines in stock to meet people's prescription.

Care plans were not always fully completed to reflect people's changing needs. Where there was a risk to people from receiving care and support, for example the use of bed rails, risk assessments were not always in place. Care plans did not detail people's life history to enable staff to provide people with the care and support as they required.

The provider had audits in place to assess and monitor the quality of the service. These had identified where the service was not providing good quality care and support. However, we found that in some instances issues identified in an audit had not been dealt with promptly.

You can see what action we told the provider to take at the back of the full version of the report.

We received mixed feedback from people as to whether there were sufficient staff to provide the care and support they required. Staff told us that this had been an issue but that this had recently improved. The new manager told us that they had addressed how the rota was managed and this had resulted in improvements. During our inspection visits we observed staff had time to sit and speak with people.

Staff were supported to develop their skills, knowledge and competencies by completing a range of

developmental training. During our inspection visits we observed positive, caring interactions between people and staff.

People's nutritional needs were met. Mealtime experience were pleasant and unhurried with people provided with the support they required. Where people had specific individual nutritional needs, these were met.

Staff contacted health care professionals promptly when people were unwell and people were supported to access a wide range of services to maintain their health and well-being. There was good liaison with the local GP and clinical commissioning group.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff sought consent before carrying out care support and people told us they were happy with the care they received.

The provider used a system of audits used to assess and monitor the quality of the service. These had identified where the service was not compliant with the provider's policies and procedures which resulted in action plans being implemented to improve the service. However, we did note that in some instances issues identified in an audit were not always dealt with promptly.

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 consistently safe.

People did not always get their medicines as prescribed.
Medicines were not always managed to ensure they were available when people needed them.

Care plans did not always contain assessments of the risks to people from receiving care.

There was sufficient staff to provide the support people required.

Staff had received training in safeguarding people from abuse and knew how to raise concerns.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to provide care and support.

People received effective nutrition and were supported with their dietary needs.

The design and decoration of the service supported people's independence.

Is the service caring?

Good ●

The service was caring.

People were very complimentary about the staff who supported them, finding them kind and caring.

Staff treated people with dignity and respect.

People were involved in making decisions about their care and support

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans did not always fully reflect people's care needs.

People were supported to participate in a variety of activities.

Arrangements were in place for dealing with concerns and complaints.

Is the service well-led?

The service was not consistently well-led.

Where the provider identified concerns in the service they had not ensured that prompt action was taken.

The provider was aware of challenges to the service and provided support when required.

There was an open culture in the service.

The service worked in partnership with other agencies.

Requires Improvement 

Oulton Park Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection. The inspection took place on 6 and 9 November 2018 and was unannounced.

The inspection was carried out by one inspector, an assistant 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. Our expert-by-experience had a background in adult social care.

Before the inspection we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

We used information the provider sent us in the 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.

During our inspection visit we spoke with the senior regional manager, the senior general manager, the deputy manager, the providers clinical development nurse, three nursing staff, five care staff, the chef and the housekeeper. We also spoke with seven people living in the service and two relatives. We spoke with visiting health care professionals.

We observed interactions between people and care staff. We reviewed three people's care records, policies and procedures and records relating to the management of the service, training records and the recruitment records of three care staff.

Is the service safe?

Our findings

Our findings

Our previous inspection in February 2016 rated the service as Good in this key question. At this inspection we have found that the service required improvement.

People did not get their medicines as prescribed. This was because where people had medicines which were prescribed to be administered at specific times they were not given them at that time. One person said to us, "With Parkinson's medicines you have to get your medication on the clock but they don't always get that right. Sometimes it can lead to me shaking or not being able to move." The relative of another person told us that their relative should have their medicine at midday but had not received it until 2.30pm. They told us that their relative was now showing adverse symptoms. We checked the medicine administration record (MAR) and saw that the nurse had signed that the medicine had been given at midday. We spoke with the nurse who confirmed that they had administered the medicine at 2.30pm as they had been busy administering other medicines up to this time. They told us that they had signed the MAR sheet showing it had been administered at midday as this was the only place to sign. They told us that due to the shift pattern they would be responsible for administering the next dose and would ensure it was administered with the required time gap. The record of the time of administration was not correct. We brought this incident to the attention of the senior general manager. They have since advised us that they have carried out a supervision with the nurse concerned and spoken with the person's GP regarding administration of the next dose. Another nurse we spoke with told us that they had started administering medicines at 07.30am and had not completed the round until 10.30am. This extended time scale for administering medicines could result in people receiving their medicines at inconsistent times.

Care plans did not always contain assessments of the risks to people from receiving care although in some cases actions had been taken to mitigate the risk. For example, one person had been admitted to hospital as they were dehydrated. When they returned from hospital their care plan had not been reviewed to ensure their fluid intake was appropriately monitored to ensure they were drinking the appropriate amount. The care plan did not refer to the need to monitor their fluid intake. We spoke with another person in their bedroom. They had bedrails in place. We checked the care plan and found there was no information regarding the use of bed rails. We spoke with a senior member of care staff who immediately addressed this, including carrying out a risk assessment. The senior general manager had identified shortfalls in the risk assessments and sent us an action plan to address these during our inspection. This included ensuring that the service complied with the provider's policy of carrying out all risk assessments within 24 hours of people moving into the service.

The above represents a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Concerns had been raised with us regarding the service running out of medicines and not ensuring that there were sufficient medicines in stock for people until the next delivery. We spoke with a nurse about this.

They were aware of when this had occurred. However, they also gave examples of when medicine had been ordered between delivery dates. They told us it was the responsibility of the nursing staff to ensure there were sufficient medicines in stock. The service was working with the local clinical commissioning group to improve medicines management. This included giving nurses access to a computer to facilitate ordering medicines.

The senior general manager had identified concerns regarding the administration of medicines in the service prior to our inspection and sent us their action plan to address these during our inspection. This included the issues identified above as well as others including the amount of detail recorded in documentation when people had been prescribed medicines to be given as required (PRN) and dating topical medication when it was opened. We spoke with the provider's clinical development nurse who was visiting the service to support nursing staff with the administration of medicines. From checks we carried out on the second day of our inspection visit, and staff we spoke with we were reassured that the action plan would effectively address the concerns identified.

We were concerned that one member of nursing staff did not fully understand when a person required authorisation for their medicines to be administered covertly. We spoke with the senior general manager about this. They said that they had identified this as a concern as staff did not always understand the difference between a person being given their medicines covertly because they would otherwise refuse them and being given medicines in food, such as yoghurt to enable them to swallow the medicine. Documentation for the administration of covert medicines was being reviewed to ensure it was correct. Where people were administered their medicines crushed or concealed in food guidance had been sought from a pharmacist and the GP to ensure this was safe. Documentation we checked regarding the administration of medicines covertly showed that the appropriate actions had been taken to ensure this was carried out appropriately and safely.

People gave us very different opinions as to whether there were sufficient staff to meet their needs. One person said, "Honestly, there are not enough staff especially in the evening. Often when I pull my bell they don't come for some time. Sometimes I can be stuck on the loo for ages am unable to pull up my trousers." However, another person said, "I think there is enough staff, they seem to have enough time to talk and laugh with each other. They are always busy though, they have a quick word with you." 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. A member of care staff told us that the service had been through some challenging times and that some good staff had left which had meant staff had been asked to work more shifts. However, they went on to say that recently, "The mood has gone up two notches."

We asked the senior general manager how they arrived at the staffing level and if recent concerns regarding staffing levels had been addressed. They told us that the provider used a dependency assessment tool to assess the required staffing level and this was supplemented by observations. They told us that the way the staff rota had been managed up until recently had been causing concern amongst staff and that they had addressed this. During our inspection visits we saw that staff had time to sit and engage with people and respond their needs in a timely manner.

Our previous inspection in February 2016 had found that staff were recruited safely with the appropriate checks carried out before they were employed. At this inspection we found that this continued to be the case.

The service had a safeguarding policy and staff had undertaken safeguarding training to help them recognise and act on any concerns about people's safety. Staff were very clear that abuse was not

acceptable and all stated they knew what they should do if abuse was suspected. For example, report to a manager and escalate concerns to the local authority if they felt the issue was not being dealt with appropriately. We are aware that the provider had acted on concerns raised by staff.

People were protected from avoidable risks from infection. Staff had completed infection control and food hygiene training. We observed staff wearing gloves and aprons appropriately. People's rooms and communal areas were clean and tidy. Good standards of hygiene had been maintained throughout the service and there were no unpleasant odours. We spoke with the housekeeper who told us they completed weekly audits to check cleaning was carried out effectively. This included ensuring clothes were cleaned and ironed.

There were processes in place to monitor accidents and incidents. This included a monthly home quality and clinical governance meeting attended by senior staff and nurses. The meeting covered areas such as an analysis of any falls in the service and a review of tissue viability concerns. Actions taken were reviewed together with any lessons learnt from the incident.

Our previous inspection found that the service was managed safely with respect to the regular maintenance of equipment such as hoists and fire and legionella checks. At this inspection we found that this aspect of the service continued to be managed safely.

Is the service effective?

Our findings

Our previous inspection in February 2016 rated the service as Good in this key question. At this inspection we have found that the service continued to be Good.

Before people moved into the service a senior member of staff carried out an assessment of their needs to ensure these could be met by the service. The assessments considered people's physical and social needs.

People told us they believed staff had the knowledge to carry out their role. One person said, "They are all nice girls. I think they know what they are doing." All staff we spoke with told us they were provided with training and support that enabled them to do their job and meet people's needs. Training covered a range of relevant subjects including moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, confidentiality, medicines, privacy and dignity and equality and diversity. Staff also had training specific to the needs of people using the service such as dementia. Nursing staff received training appropriate to their role such as medicine administration and venepuncture. On one of the days of our inspection specialist delirium training was taking place in preparation for the service opening specialist beds. Training was regularly updated and reviewed to ensure staff had current knowledge.

People told us that they liked the food. One person said, "There is very good food and a very good chef." A relative told us, "One day [relative] ordered scampi and three chips and they served it, only three chips on the plate." We spoke with the chef who told us that he visited people within 24 hours of them moving into the service to find out their likes and dislikes. People were given a menu from which they could make a choice. If people did not like what was on the menu an alternative was provided.

We observed the lunch time meal in the different areas of the service. Where staff were supporting people to eat they described exactly what was on the fork, checked the temperature and that the person was ready for the next mouthful. On the dementia unit people were shown a plated meal to support them to make a choice. In the nursing units tables were set with cutlery, condiments and table cloths. This was not the case on the dementia unit where the tables were left bare and we observed one person asking staff for salt. We spoke with the senior general manager about this who told us that this was because of risk. However, this was a blanket approach and removing such items does not support people's independence.

Staff were aware if people had complex dietary needs and were able to explain what supplements people required. Care plans showed that where people had a choking risk support was requested from appropriate health care professionals such as speech and language therapist.

People told us that they received support to access healthcare. One person said, "If I need to see a doctor I will see one. I'm having my ears syringed next week, for 10 days they have been putting oil in my ears." We spoke with care staff from the local GP surgery who visited the service once a week. They described a positive relationship with the service and a good working relationship.

Each morning there was a daily meeting attended by the heads of each department, including the chef and

housekeeping, nurses and senior care staff. Each department gave feedback on what was happening that day and any key issues. The management team provided corporate feedback, such as encouraging staff to receive a flu vaccination. This supported good communication between departments to ensure people received person-centred care and support.

People gave positive feedback about the environment with praise for the gardener. One person said, "The gardener is a brilliant man and the garden is excellent." 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 wander in and out at will. The outside area had high flower beds to support access and covered areas as well as areas for seating. 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.

There was seating along the corridors for people. There were 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. 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 Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found appropriate applications had been made. Where DoLS authorisations had been granted these were regularly monitored.

We spoke with people about how they were supported with choice in their daily lives. The majority of the feedback was positive with one person saying "I get choice, me meals, drink, I go to bed when I like and in the morning, I can lay in if I want. They wash me every day and I can have a shower if I want." Another person said, "I can lay in if I want and go to bed when I want." However, one person said, "Well each morning someone gets me up, I don't have any choice, it's the system. I have to accept the care I'm given." We discussed these comments with the management team. They explained recent problems with staffing in the service which had been addressed. They believed that changes which had been made were resulting in improved care which was demonstrated by the positive comments we received.

Is the service caring?

Our findings

Our inspection in February 2016 rated the service Good in the Caring key question. At this inspection we found people continued to receive a caring service and have rated the service as Good in this key question.

People and their relatives told us that staff were caring and treated them with kindness and compassion. One person said, "The care is really good. There was a nurse [relative] never took to but she has gone now. The others are really caring, [relative] has been really well looked after." A relative told us, "[Relatives'] care. I can't fault it. They are there if you need anything. They are so accommodating. They have offered me breakfast and they brought me a duvet and pillows last night so I could sleep here."

We observed people engaged in a season related craft activity in the service atrium. As carers walked past they stopped to see what people were doing and engaged in conversation. One carer said, "Wow, do you want any help?" and complimented people on the items they were making. The hairdresser was visiting the service on the first day of our inspection visit and we observed care staff complimenting people on how lovely their hair looked. People were observed to be comfortable around the staff. We saw people linking arms with staff when walking, smiling and laughing. Staff spoke to people in a friendly and respectful way.

We observed that people were supported to make day to day decisions with staff asking people where they wished to sit and if they wished to join in with activities.

Regular residents and relatives meetings took place to share information with people and their relatives and receive feedback. We saw minutes of meetings which had taken place in September and October 2018. People's views had been sought on the content and frequency of the service newsletter and what newspapers should be delivered to the service. The minutes for the meeting in September did not provide any update on some issues raised by people. These included noisy night staff and a person missing out on activities as they were not supported to get up in time. We raised this with the senior regional manager on the second day of our inspection. Due to changes of staff they were unable to give us an immediate answer. However, we have since received information on the action that has been taken to address these concerns. We saw a copy of a letter which was being sent out to families from the senior general manager informing them of recent staff changes and providing them with their direct contact details.

People's right to privacy and to be treated with dignity was respected. 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 and medicine administration to maintain their privacy and dignity.

Staff respected people's right to confidentiality. When talking about people, they made sure no one could over hear the conversations. For example, a relative had attended the service to discuss some financial matters. We observed they were invited into a private room to discuss this. All confidential information was

kept secure so that personal information about people was protected.

Is the service responsive?

Our findings

Our inspection in February 2016 rated the service Good in the responsive key question. At this inspection we found that the service required improvement in this key question.

Care plans were not always fully reflective of people's needs. For one person their care plan stated they should have their blood pressure monitored weekly. There was no explanation as to why this was necessary. We asked a member of nursing staff why this person required this procedure. They were unable to tell us and told us they would look into why it was happening.

There was a resident of the day system where all people's care plans were reviewed. This meant that each person's care plan was reviewed each month. In one person's care plan we saw that this had been completed by a senior member of care staff. However, it did not show what consultation or discussion had taken place with the person to ensure that the care plan was still meeting their needs and preferences. We asked one person about their care plan and they said, "I expect the home has my care plan, I haven't seen it." Another person said, "I don't know about a care plan. I don't ever hear about how I'm getting on." Staff told us that reviews took place with the person and their family if appropriate every six months. No evidence of these reviews was found.

Care plans we looked at did not always contain a life history of the person. This is particularly important for those living with dementia to enable staff to understand people and enable people to have as much choice and control as possible.

We spoke with the senior general manager about the content of care plans and reviews. They told us that resident of the day procedures, under which reviews took place, had been in place but that it had slipped. This had been recognised prior to our inspection visit. They told us that they would be ensuring these took place going forward.

People could take part in a range of activities. One person said, "I have been taken in the minibus a few times and that's great fun. My entertainment is mainly playing music. I enjoy that and so do some of the other residents. I enjoy playing golf and bowling on the Wii. At the moment I have no internet and my life would be so much better with it. The manager said she is going to look into it." We spoke with the senior general manager about this who told us that there was wi fi access throughout the service which was being improved to ensure the person in question could access it.

We spoke with the activities co-ordinator. They told us they organised a variety of activities and involved care staff and visitors as much as possible. We observed people involved in craft activities and visiting the hairdresser during our inspection visits. Activities plans we saw showed a variety of activities including visits from a pat dog and singers. Activities were related to the season for example Halloween and Christmas. Where people were nursed in bed, time had been allocated to visit them to ensure they did not become socially isolated.

The service had a procedure in place to manage any concerns or complaints which was accessible to people, their relatives and other involved stakeholders. Where people had raised a complaint, or concern we saw that these had been responded to in accordance with the complaints procedure. The investigation was monitored by the provider to ensure it was carried out in accordance with the procedure.

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.

Is the service well-led?

Our findings

Our inspection in February 2016 rated the service Good in the well-led key question. At this inspection we have rated the service as Requires Improvement in this key question.

The registered manager had left the service the week before our inspection visits. The provider had immediately made arrangements for the service to have a manager in place by transferring a senior general manager from another of their services. This manager was being supported by a senior regional manager. The senior regional manager explained to us what had led to the registered manager leaving the service. They were open and honest with us regarding the concerns which had led to the departure. A letter had been sent to relatives informing them that the registered manager had left and a meeting had been arranged for all staff to explain the changes.

The provider carried out a regular quality improvement review of the service. The last one had been carried out in October 2018. We were concerned to see that a number of issues identified in the October audit were recorded as being identified in previous audits. For example, issues concerning the administration of medicines and the completion of care plans. The provider had not carried out further monitoring to ensure that these concerns had been addressed had not impact on people's care and support. We are satisfied that the current senior general manager has now put plans in place to deal with these issues.

Since taking over the senior general manager had carried out a review of the service. During our inspection they provided us with the outcome of their review and their action plan for dealing with the deficiencies that had been identified. These included a number of the concerns we had identified, for example, the quality of care plans. They also told us about actions they had already taken to address concerns. This included how staff rotas were managed. They have kept us updated with progress since our inspection.

Staff told us that they felt supported by the management team. One member of staff told us how the service had supported them during a difficult family time. Another member of staff told us that the staff teams worked together and there was a good relationship between the staff teams. The daily heads of department meetings attended by all departments supported this as staff were aware of pressures in the different departments. It also allowed the management team to reinforce the service values and culture and share relevant information. For example, in meeting on the day prior to our first inspection visit the management team had confirmed that the registered manager had left and the cover arrangements.

The service worked in partnership with other professionals to support care provision. During our inspection visits we spoke with care professionals from the local GP service and NHS continuing health care services. All gave positive feedback about working with the service. The service was working with the local hospital to provide discharge beds for people with delirium.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Medicines were not managed and administered safely.</p> <p>Care plans did not always contain appropriate risk assessments.</p>