

Barchester Healthcare Homes Limited

Ottley House

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 16 June 2015 and was unannounced.

Ottley House is registered to provide accommodation with nursing and personal care to a maximum of 72 people. There were 60 people living at the home on the day of our inspection and people were cared for on two units, Ann Carter and Memory Lane.

A registered manager was in post and was present during 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 home was last inspected on 22 July 2014 where we gave it an overall rating of Inadequate. We asked the provider to take action to make improvements to ensure people received the care and support they needed and were treated with respect and consideration at all times.

Summary of findings

We had asked the provider to make improvements to ensure people were protected from abuse. We had also asked the provider to make improvements to staffing levels and how staff were supported in their roles. We asked the provider to send us an action plan detailing the actions they intended to take. At this inspection we found that these actions had been completed and improvement had been made in areas we had concerns about.

The provider had clear systems in place for recording information about medicines and specific aspects of people's care. Although these systems were in place we found they were not always followed consistently. People's care had not been affected by this but these issues had not been identified by staff checks.

The continuity of care people received was affected by the use of agency staff. Recruitment was underway to provide a more stable staff base and reduce the reliance on agency staff but these new staff were not yet working at the home.

Staff had received training and had their work practice monitored on an on-going basis to ensure it continued to meet people's care needs. Checks had been completed on new staff to make sure they were suitable to work at the home before they started working there.

Staff were trained and understood their responsibilities in the prevention and reporting of potential harm and abuse. Risks to people had been assessed and staff knew how to minimise risk when supporting people with their care. Staff understood their responsibility in dealing with any accidents or incidents that may occur and these were monitored to identify any issues or concerns.

Staff respected people's right to make their own decisions and choices about their care and treatment. People's

permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them and used alternative ways to communicate when necessary.

People enjoyed the food they received and were supported to eat and drink enough to keep them healthy. People and their visitors had access to snacks and drinks throughout the day. When staff supported people at meal times they did so with respect and ensured people's dignity. When they needed it people had access to other healthcare professionals to make sure their health needs were met.

People felt staff treated them with kindness and compassion and they felt involved in their own care. Staff respected people's dignity and privacy and supported them to keep their independence. Staff spoke with people in a way they could understand and this helped them to be involved in making choices about their care.

People received care that was personal to them because staff knew what their individual preferences and needs were. Staff responded to changes in people's wellbeing and supported them as necessary.

People were comfortable to complain and felt able to discuss any concerns with the care staff or the registered manager. The registered manager encouraged people and their relatives to give their opinions of the home through meetings and talking with them and staff.

The registered manager had been recruited since our last inspection and was supported by the provider in making significant improvements within the home. The home's positive values and culture were seen during our inspection and everyone we spoke with commented on the improvements that had been made recently.

We saw that the provider had systems in place to monitor and check the quality of care and to make sure the environment was safe.

Summary of findings

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 mostly safe.

Managers told us that by using agency staff people did not receive consistency in their care. They had recruited new staff but they had not started work yet. People told us that staff were busy and that it was frustrating when small things got missed because of this.

People told us they felt safe when staff supported them and staff were able to explain how they kept people safe at the home. We saw people were provided with relevant support to take their medicines.

Requires Improvement



Is the service effective?

The service was effective.

We saw people were supported by staff to make their own decisions and to consent to their care and treatment. People told us they enjoyed the food they received and were supported to access healthcare when they needed it. Staff told us they received training and support which enabled them to support people's needs effectively.

Good



Is the service caring?

The service was caring.

People told us that staff were kind, caring and helpful. We observed that staff spoke to people in a calm and friendly manner and people were not rushed. We saw people were treated in a dignified way and their privacy was respected.

Good



Is the service responsive?

The service was responsive.

We saw that staff understood people's needs and encouraged them to be involved in hobbies and interests that they enjoyed. People told us they felt confident to raise concerns and they felt listened to when they did.

Good



Is the service well-led?

The service was mostly well-led.

We saw the provider had systems in place to record specific information and assess the quality of service provided but these were not always followed consistently by staff which meant they were not as effective as they could be.

People and staff told us that improvements had been made since our last inspection and they now felt listened to and involved in what happened at the home.

Requires Improvement



Ottley House

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 inspection took place on 16 June 2015 and was unannounced.

The inspection team consisted of three inspectors, one inspection manager, one specialist advisor for dementia care and one 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had

received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 13 people who lived at the home, three relatives and one visitor. We spoke with 15 staff which included the registered manager, managers, care staff, nursing staff and support staff. We viewed 19 records which related to consent, people's medicines, the assessment of risk and people's needs. We also viewed eight records which related to staff training and recruitment and other records which related to the management of the home.

We used the Short Observational Framework for Inspection (SOFI) on the Memory Lane unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. On the Ann Carter unit we spent time observing how people spent their time and how staff interacted with people.

Is the service safe?

Our findings

At our last inspection we found that there were not always suitably skilled or experienced staff to care for people who used the service. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found improvements had started to be made and new staff were in the process of being recruited to address this.

Five people we spoke with told us that small things got missed due to staff being busy and this could be frustrating for them. Throughout the home we saw that staff were busy in the morning but were not rushed. We saw staff were available in the communal areas of the home to support people when they needed it and people were not kept waiting for their care or support.

Staff told us they thought there were enough staff working at the home except for when staff were sick or on holiday. Agency staff were used to cover shifts and the registered manager told us that since they had been in post they had worked to improve the staffing levels at the home and to reduce the number of agency staff used. They had recruited 18 new members of staff and were waiting for their employment checks to be completed before they started work at the home. They acknowledged that the use of agency staff did not allow consistency of care for people although the same agency staff were used regularly which helped to reduce this impact. Staff levels at the home were dependent on the number of people who lived there and their support needs and managers monitored this on a regular basis. The provider now needs to demonstrate that they can sustain the staffing levels and deployment of staff throughout the home.

People we spoke with told us that they felt safe living at Ottley House and that staff treated them fairly. One person said, "I feel very safe (living here)". One relative said they felt comfortable leaving their family member in the care of staff and said, "I trust them [the staff]".

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They had been trained to understand how to recognise

abuse and to use appropriate policies and procedures for reporting concerns they may have. Two staff members told us that they had never seen anything that caused concern but they would be confident to report anything to the registered manager. Staff received pocket sized laminated cards which were an aide memoir to the procedures for reporting abuse. Our records showed that where allegations of abuse had been reported the provider took appropriate actions, followed local authority safeguarding procedures and notified CQC as required.

We observed staff support a person who had fallen while walking around the home. We saw that staff were quick to respond and followed correct procedures to ensure the person was not injured and was safe. Staff understood how to report accidents, incidents and near misses and knew the importance of following these policies to help minimise risks to people. The registered manager told us that they monitored these to identify any trends which may indicate a change in people's needs or medical condition. One person's incidents of falls had reduced greatly over recent months on the Memory Lane unit. Staff told us this was as a direct result of staff levels being increased to support this person. The monitoring tool used to record this person's falls and their risk assessment supported what staff had told us.

Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. We saw that staff had assessed, monitored and reviewed people's level of risk in relation to all aspects of their care, such as their mobility, their skin and their level of dependence. Throughout our inspection we saw staff supported people with their mobility and used mobility aids correctly. We saw that where people needed to use mobility aids these were always within their reach. We did see two incidents where a staff member used an inappropriate underarm lift to move a person. This was quickly spotted by another staff member who assisted them correctly. We also drew a manager's attention to this.

Measures were in place to reduce risks around the home. We saw that cleaning and hazardous substances were kept safely locked away in designated store cupboards and equipment within the home was regularly checked by professionals. Contingency plans were in place in the event of emergencies and people had individual evacuation plans which informed staff how to safely assist them in the event of an emergency.

Is the service safe?

Staff offered people their medicines, stayed with them while they took them and gave support where needed. They told them what their medicine was and ensured they had a drink to take the medicine with. Medicines were stored securely and only staff who were trained to handle medicines had access to the keys. Staff had received training in the administration of medicines and their

competence to support people with their medicines was confirmed through assessment every six months. Medical administration records we looked at showed that people received their medicine as prescribed. We saw that policies and procedures were in place for the safe management of medicines and systems were in place for the safe disposal of medicines from the home.

Is the service effective?

Our findings

At our last inspection we found that staff had failed to recognise that restraint was being used and had not put arrangements in place to protect people. We also found that staff did not understand the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made and arrangements were in place to protect people from unlawfully depriving them of their liberty.

We saw that staff obtained people's consent and supported them to make their own decisions in regards to their care and support. One person was asked if they were ready for their shower. We saw that a staff member mimed hair and face washing to indicate this. This person understood what this meant and smiled and nodded their consent to this. Where people could not make their own decisions records were in place detailing why these decisions had been made on their behalf and the support they needed. Staff were aware of the requirement of best interest meetings when decisions needed to be made on people's behalf. Staff had received training and had a good understanding of the MCA and DoLS. We saw that in order to keep some people safe within the home appropriate applications had been made to the local authority to lawfully deprive them of their liberty.

Three people had their medicine given to them covertly. Records we looked at showed that these decisions had been made lawfully and on people's behalf by their doctor and a family member. These had been approved and authorised appropriately in accordance with MCA.

At our last inspection we found that despite systems being in place staff did not receive the training, supervision and appraisals that would enable them to work effectively at the home. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to

send us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made and staff received support to enable them to carry out the duties they are employed to perform.

People told us that, "Staff are nice" and "They do their best" when they supported them with their care. Throughout our visit we saw that staff had the skills to meet people's needs and this included being able to communicate effectively with people. One staff member who had recently started work at the home told us that they had received a good induction to the home and that staff were very helpful. They felt fully supported and were really enjoying working at the home. Staff told us they felt the training they received enabled them to care for people effectively. Some staff had also attended specific training which focused on the needs of people they supported, such as dementia, pressure area care and falls prevention. One staff member said, "I have the skills to do my job".

Staff told us they received regular supervision and appraisals where they could discuss training, their practice and concerns they had with their line managers. Observations were completed on staff to ensure they have the skills to carry out their role and we were told by the home trainer that where staff were not competent they received further training.

At our last inspection we found that staff did not treat people with consideration and respect during meal times. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made to people's experience at meal times and staff treated people with consideration and respect.

All people we spoke with agreed that the food they received was good. One person said, "The food is beautiful and plenty of it". We saw that people received equal experiences on the Anne Carter and Memory Lane units over lunchtime. Every person was offered a choice of what they would like to eat and drink and also where they

Is the service effective?

wanted to eat their meal. Some people were supported by staff to eat their meal. We saw that staff supported one person at a time, in a dignified way and did not rush them with their meal.

One person said, “I have regular drinks throughout the day”. Snacks and drinks were available throughout the day and in the Ann Carter unit there was a kitchen area where people and relatives had access to drinks. There was also a kitchen area in the Memory Lane unit and this was kept locked when not in use to protect the safety of people. Some people required special diets such as a vegetarian diet and we saw that a choice was offered to them. Risks associated with eating and drinking had been assessed and plans were in place for staff to follow to ensure people

had enough to eat and drink. Where people needed support or had difficulty with eating and drinking the appropriate professionals had been consulted to ensure their nutrition needs were met.

One person said, “I can’t always remember things so well so staff remind me when I am due to see the GP and if I need to go to the hospital for my check-ups”. We saw that people had access to other health care services when they needed it such as their doctor and chiropodist. One staff member said, “We arrange GP visits if people are unwell”. In order to fully meet the changing needs of people referrals were made to the appropriate professionals such as speech and language therapist, dietician, physiotherapist and falls prevention team.

Is the service caring?

Our findings

At our last inspection we found that people did not always get the care and support they needed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made and that care people received met their needs.

During this inspection people told us that staff were helpful, caring and kind. One person said, “The staff are great and I really like it here. They are always willing to help me”. Another person said, “Staff here are very loving and caring”. Staff spoke kindly towards people and asked their permission before supporting them. One visitor said, “It’s a caring atmosphere, staff notice if you are not yourself”. Throughout our visit we saw and heard good, friendly conversations between people and staff and there was lots of laughter. One person said, “People are nice here we get on”. Another person said, “I pay [price] per day to stop here and it is worth every penny”.

People and their relatives were involved in making decisions around their care and treatment. We observed a nurse supporting one person to have their medicine. They involved the person and made sure they knew what the medicine was for and asked them about the level of support they wanted. We saw another staff member take the time to go through a care plan with a relative discussing their points of concern, explaining what actions had been taken to address their concerns and provided them with

updates. They made sure the relative was satisfied with the response given. This showed that staff had a good understanding of people’s needs and could provide care in the way people preferred.

Some people required support to help keep them involved in their care and enable them to make choices. We observed that staff respected people’s choices. We saw staff used different types of communication to ensure people were involved and understood their choices. One person’s first language was not English and we observed some staff spoke with them in their first language. We also heard staff talk with people about their family and their interests such as the music and films they liked. We saw that staff spoke with people in a calm manner and engaged them in conversation. At lunch time people were offered a choice of meals and drinks and lunch was served at a relaxed pace with no one being rushed. We heard that people were given a choice of where they would like to sit to eat their meals. One person chose to have their meal whilst sitting in their armchair and staff respected this. People were able to eat and drink independently as they had access to specialised equipment. One staff member said, “We read the care plans so know people’s needs”. We found that staff had access to personalised care plans which told them about a person’s assessed needs, their likes and dislikes.

Staff maintained people’s privacy and dignity when they supported them with their care. We saw staff used a hoist to help move some people. Staff explained what they were doing and ensured that their clothing or a blanket was placed over people’s knees so they were not exposed. We also saw staff were discreet when they supported people to the bathroom and they made sure that bathroom and bedroom doors were kept shut to maintain their privacy.

Is the service responsive?

Our findings

People we spoke with were happy with the care they received and that it met their needs. One person said, “I really like it here, they [staff] are always willing to help me”. One relative told us how staff had responded to changes in their family member’s needs and how care staff had worked with their doctor to help ensure they were settled at the home.

Staff understood people’s individual behaviour and personalities and were able to respond when there were changes in these. We saw staff on the Memory Lane unit reassured people when they became agitated and diverted their attention to something they enjoyed. We spoke with staff about how they supported people in line with their preferences and wishes. They told us they were aware of these by reading people’s care plans and also getting to know the people they supported. One agency staff told us that they regularly worked at the home so had got to know people. They also said, “We have a handover every shift so we know what has changed”. People’s care needs, preferences, wishes and what was important to them was recorded in their care plans and staff were aware of these. These records were personal to each person and were reviewed regularly and updated when required.

The Memory Lane unit had access to an enclosed courtyard garden area for people. There was signage on doors to help people with dementia negotiate their surroundings independently. We saw that some people had ‘memory boxes’ outside of their bedrooms which were designed to help them locate their bedrooms. Staff told us these were being updated so that everyone would have a memory box they could use.

People were supported to spend their time how they wanted to and be involved in hobbies as they wished. One visitor said, “There has been improvement, particularly with respect to activities”. We saw staff encouraged one person to sing and play piano which was enjoyed by other people who joined in by moving to the music and tapping

their feet. Staff put music on and danced with people. One person told us afterwards that they enjoyed the dancing with staff. Another person who had limited mobility and communication was supported by a staff member to paint and we could see that they enjoyed this. The home received a weekly talking newspaper which people could access to keep up to date with current affairs. People were supported to practice their religious beliefs and trips were arranged outside of the home. We saw that a trip had been arranged to visit a local garden centre. We spoke with a staff member who supported people with their hobbies and interests. They told us they kept a record of what people had done and the impact it had on their wellbeing. They also told us they completed a life history with people and relatives when they came to live at the home and they used this information to identify things for people to do with their time.

One person said, “I can’t think of anything wrong here that I want to complain about”. During our visit we saw one person speaking with the registered manager about some things they were not happy about that morning. This person told us afterwards that the registered manager had been very understanding, had listened to them and assured them they would speak with staff. They told us they were happy with how their concerns had been dealt with. People, relatives and staff had the opportunity to give their views and opinions on the home at regular meetings with the registered manager. During these meetings they were encouraged to report concerns and complaints. The registered manager told us that following complaints received at recent meetings about some clothing going missing they had introduced a new system for relatives and people to identify surplus clothing at the home. We were told by people and staff that they regularly saw the registered manager around the home and had the opportunity to speak with them. The provider had a complaints procedure in place which staff were aware of and they told us they would support people if they wished to raise a complaint.

Is the service well-led?

Our findings

At our last inspection we identified the home lacked strong leadership and staff felt they lacked direction. Since our last inspection the provider had employed a new manager who had been in post since January 2015 and registered with CQC in March 2015 as the registered manager. They had been supported by the provider in making significant changes to the culture of the home, staffing levels and improving staff practice. People and staff told us that the culture of the home was now more open and they felt involved in what happened at the home. Staff told us that the culture of the home had improved since our last inspection. One staff said, “It’s an open and caring culture, staff work well as a team now”. We saw that staff training had improved to ensure staff had the skills to meet people’s needs. Staff felt supported in their roles and told us they had the confidence to report concerns and also make suggestions for improvements. Staff were aware of whistleblowing procedures and told us they would be happy to whistleblow if they needed to.

At our last inspection we found that people did not have confidence in the management of the home because they did not address their concerns. At this inspection people were positive about management listening to their concerns and complaints. One person said, “The manager is visible around the home, they do walk a rounds”. One visitor said, “Things are better, so much. It’s a good team now”. The registered manager told us they had introduced two monthly meetings with people, relatives and staff. These were separate meetings where everyone had the opportunity to contribute to the agenda. We saw minutes of recent meetings and could see that people were kept up to date with improvements around the home, updates on staff recruitment and were encouraged to report

complaints and concerns. We saw one relative had commented on the “marked improvements seen this year”. Staff told us that they felt they now had a voice and that management listened to them. One staff member said, “We can say what we think needs doing and management listen”.

The provider had systems in place to assess the quality of service provided and to record information about people’s care. However, we found these were not as effective as they could be because staff did not always complete these consistently. Paperwork to record medicine audits varied and did not show where actions had been taken and improvements made. Staff told us they were aware that documentation was not always completed correctly by all staff but these inconsistencies still occurred. We also found that some records relating to MCA and DoLS were not completed fully and consistently by staff.

The provider monitored and took action to improve the quality of service staff provided at the home. We saw they completed audits and acted on issues that were identified. One completed action showed that in response to our last inspection staff had received training in dementia and been advised and coached in day to day engagement with people. The registered manager told us about redecoration and replacement of furnishings that had started at the home. They told us they recognised they still had work to do in making these improvements throughout the home. We saw this had been identified in a recent support visit from the provider. Managers completed regular audits within the home and information from these were fed back to the registered manager who completed a monthly analysis to send to the provider. This included information on accidents, incidents and complaints as well as their findings from audits.