

Barchester Healthcare Homes Limited

Oulton Park Care Centre

Inspection report

Union Lane
Oulton
Lowestoft
Suffolk
NR32 3AX

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03 April 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Oulton Park Care Centre is a purpose built care home that provides personal and nursing care for up to 60 people. At the time of our inspection visit on 3 April 2019, there were 58 people living in the service.

People's experience of using this service:

- People did not always get their medicines as prescribed and medicines systems were not always safe.
- Risk assessments were in place. However, actions in place to mitigate risk were not always recorded in sufficient detail.
- There were sufficient staff to meet people's assessed needs.
- There were systems in place to safeguard people from abuse.
- Action plans were in place to improve the quality of the service.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (21 December 2018). At that inspection there was a breach of regulation with regard to the management of medicines. At this inspection we found there was no longer a breach of regulation but that further improvements were still required. At the previous inspection we also rated Well-led as requires improvement. At this inspection we found that improvements had been made with a registered manager now in place. However, further improvements in the quality of audits were required.

Why we inspected: This inspection was brought forward due to information of risk or concern.

Follow up: We will follow up this inspection in line with CQC policies.

For more details, please see the full report which is on the CQC 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?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted by concerns received about the service. This inspection examined those concerns.

Inspection team:

The inspection was carried out by two inspectors. One of the inspectors was member of the medicines team.

Service and service type:

Oulton Park Care Centre is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

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 did not request a provider information return (PIR) prior to this inspection. This is information providers must send us to give us key information about the service, what it does well and improvement they plan to make. We took this into account in making our judgements in this report.

During the inspection visit we reviewed two care plans, medicine administration records and associated care notes for 15 people. We observed care and support being provided. We spoke with three members of staff specifically about people's medicines. We spoke with four visiting relatives. We also spoke with two members of care staff, the deputy manager, the registered manager and the provider's clinical development lead.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

At our previous inspection in November 2018 we rated this question as requires improvement. This was because we identified concerns in relation to how medicines were managed and we found a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken and some improvements had been made. There was no longer a breach of regulation but improvements were still required.

Using medicines safely

- Audits were regularly conducted to check people's medicines and records. These were not robust enough to identify the shortfalls we had picked up during our inspection visit.
- There had recently been medicine-related incidents at the home that had placed people living at the service at risk.
- There were some gaps in medicine administration records. This did not give assurances that people always received their medicines as prescribed.
- When people regularly refused their medicines appropriate actions were not taken by the service.
- Medicine entries on medicine administration records for injectable medicines were not always accurately transcribed to include previous sites of injection and therefore to ensure the medicines were given safely and appropriately.
- There was not always guidance to help staff give people their medicines prescribed on a 'when required' basis to ensure they gave them consistently and appropriately.
- Records of blood glucose monitoring were not always completed for people with diabetes that were prescribed insulin.
- Records did not show that nursing staff involved in giving people their injectable medicines by specialist techniques had received training to undertake the tasks.
- There was a system in place for ordering and giving people their medicines as prescribed.
- Medicines were stored securely.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and recorded. However, some important details were missing. For example, two people did not have the setting for their pressure relieving mattress recorded.
- People were protected from risks in the environment. The environment and equipment were safe and well maintained. Appropriate checks and servicing had been carried out.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us that the service was safe. One relative said, "No qualms at all, anything we need they [staff] are there. You only have to ask, the attention to detail is fantastic."
- The provider had safeguarding policies and processes which staff understood how to follow.
- Staff received regular training to help them understand the types of abuse and how they should report any concerns.
- Safeguarding referrals made by the registered manager demonstrated their understanding of the safeguarding process.

Staffing and recruitment

- Relatives told us that there were sufficient staff. A relative said, "Definitely enough staff, every time we come somebody sticks their head around the door. When the residents are in different rooms there are always staff with them, definitely."
- The registered manager told us that the service used a dependency assessment tool to assess the number of staff required. Care staff gave us an example of when this had been used recently to adjust staffing levels.
- Our previous inspection of November 2018 had found that appropriate pre-employment checks were carried out. The registered manager confirmed that this continued.

Preventing and controlling infection

- A relative said, "There is no issue with cleanliness or smells. Cleanliness is very good."
- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager.
- A record of accidents and incidents was maintained and these were analysed by the registered manager and provider to enable them to learn from these events to prevent reoccurrence.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our previous inspection in November 2018 we rated this question as requires improvement. This was because there was no registered manager in place and audit processes were not effective. At this inspection a registered manager was in place. However, some concerns persisted with the quality of audits.

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

- Audits and action plans were in place. However, these had not always identified and addressed the issues we found, such as the need to take action when people refused their medicines or the lack of detail in risk assessments.
- The previous registered manager had left prior to our inspection in November 2018. There was a new manager in post who had registered with the CQC in March 2019.
- The registered manager was working with the provider to improve the service.
- Staff and management understood their roles and responsibilities and there were clear lines of delegation.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us that the service was open and honest with them. A relative said, "From day one when [family member] came they were so helpful. Every member of staff from manager to cleaner. They are interested in the person. Here it is about the people. Went all though [family member's] needs with senior nurse."
- The registered manager ensured they notified the CQC of incidents that the provider was required by law to tell us about. They responded to any request for additional information we made.
- The registered manager and provider were clear about their responsibility to be open and transparent in line with their duty of candour responsibility. Records demonstrated that this had been complied with.

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

- Relatives told us they were welcomed and felt engaged with the service. One relative said, "The manager, her door is always open, she speaks every time we come she is lovely." Another relative said, "Manager is very welcoming, as soon as you walk through the door you are welcomed."
- Staff had regular team meetings and they told us they felt comfortable to raise issues. They confirmed they were kept up to date with any changes.

- Staff spoken with said they were felt confident to raise any suggestions or concerns. They felt they would be listened to and action taken if necessary.

Continuous learning and improving care

- The service had a development plan in place which identified areas for improvement, who was responsible and timescales for completion.

Working in partnership with others

- The service worked had worked with other agencies to improve the quality of the service provided.
- The service had worked with the local Clinical Commissioning Group regarding the management of medicines.