

Oldfield Manor Limited

Oldfield Manor

Inspection report

Oldfield Manor
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Date of inspection visit:
19 April 2017
20 April 2017

Date of publication:
18 May 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Oldfield Manor is a residential care home, registered for 17 people and currently provides support to older people and people with a diagnosis of a mental health condition. The service is over three floors, with the third floor being office space for the registered manager and staff members. There is a lift in the service for people to access the first floor.

At the last inspection the service was rated overall Good. This was an unannounced inspection which took place on the 19 and 20 April 2017. At this inspection we found the service remained Good.

The service was meeting all the relevant fundamental standards. People who used the service told us they felt safe and well cared for. Risk assessments were in place to keep people safe.

New staff members were expected to undertake an induction prior to commencing their employment. Staff members told us they felt supported in their roles and were adequately trained to meet the needs of people who used the service.

People who used the service told us staff were caring. We saw people were supported to remain independent.

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.

There were regular opportunities for people who used the service to access the local community and partake in activities within the service. Care plans in place were person centred and people were involved in the reviewing of these.

All the people we spoke with, including their relatives, knew who the registered manager was and told us they were approachable. The service had effective processes and systems in place to ensure the service was monitored and improved.

The registered manager told us the service was undergoing a programme of refurbishment. We saw one bedroom had been modernised and the kitchen was being extended. Further work was being planned.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Oldfield Manor

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 checked 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, unannounced inspection which took place on the 19 and 20 April 2017. The inspection team consisted of one adult social care inspector.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this and used this to inform our planning of the inspection. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received positive feedback.

During the inspection we spoke with five people who used the service, two relatives and two visiting professionals. We also spoke with a representative of the company operating the service, the registered manager, two care staff and two support workers.

We carried out observations in the public areas of the service and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us.

We looked at the medicine records for eight people who used the service and care files for five people. We also looked at a range of records relating to how the service was managed; these included three staff files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments we received included, "I feel very safe here" and "Yes the staff make me feel safe." Relatives we spoke with told us, "Yes I would say he is safe" and "Yes they are definitely safe." We asked one visiting professional if they felt people who used the service were safe. They told us, "100% safe. I would send my own mother in here it is that good."

We asked staff members how they supported people to remain safe. They told us, "I look after their interests, making sure they have choices. If one of them said someone had not been treating them right or abusing them I would report it straight away", "I would look out for any signs of abuse and keep everyone nice and safe" and "Because I know them well I can spot any changes in their presentation which would alert me to any concerns."

Risks were managed well in the service to protect people. We saw risk assessments were in place which were updated to reflect any changes. These did not restrict people but were designed to keep people safe.

We saw moving and handling equipment throughout the service, such as mobile hoists. Records we looked at showed these had been serviced regularly. Staff members we spoke with all confirmed they had received training in using all the equipment within the service. We saw that the electrical and gas installation and equipment had been serviced. The service also had a contingency plan in place in case of emergency, including electrical failure and gas failure. Control measures were in place for staff to follow.

There were robust recruitment processes in place to ensure people who used the service were protected from unsuitable staff members. We found adequate numbers of staff members were in place to meet the needs of people who used the service. All the people we spoke with and staff member told us staffing levels were always acceptable. Staff members told us, "We always have plenty of staff", "Staffing levels are very good" and "Staffing levels are brilliant. I am here as a spare body really so I can do all the appointments and take them out in the community." One visiting professional told us, "When I come here there is always enough staff around. I have never had to wait for anything." During our inspection we found that call bells were answered in a timely manner.

We looked at the management of medicines. Only staff who had received appropriate training were permitted to administer medicines in the service. Policies and procedures were in place in regards to medicines administration and audits, and competency assessments were undertaken on a regular basis. Medicines management within the service was safe.

People who used the service told us they felt the service was clean. One person told us, "Yes my room is nice and clean." We observed throughout our inspection staff wearing aprons and gloves where appropriate. Policies and procedures were in place to guide staff on their responsibilities in regards to infection control.

Is the service effective?

Our findings

People who used the service and their relatives told us they were supported by staff members who were skilled and knowledgeable. One visiting professional told us, "[Service user name] has improved 500% since they have been here. They (staff members) have worked wonders with him. They are very knowledgeable." Records we looked at showed that staff were to complete an induction when commencing employment within the service. Any staff members new to care were expected to complete the 'Care Certificate'. The care certificate is considered best practice for staff members new to the care industry.

Staff told us and the training matrix confirmed that a range of training was undertaken by staff members, such as moving and handling, first aid, fire safety, safeguarding and infection control. One relative told us, "I have been working with the staff to support them to look after [my relative] and how best to support them."

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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and the necessary DoLS were in place or being processed. 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.

Throughout our inspection we observed staff members gained consent from people in various ways. We saw they gave people choices, for example, what they wanted to eat or drink or where they wanted to sit. Signed consent forms were also in place in people's care files.

We checked to see if people were provided with a choice of suitable and nutritious food and drink. All the people we spoke with who used the service told us they enjoyed the food at Oldfield Manor. Comments we received included, "The food is good. I had porridge and bacon sandwiches for breakfast" and "The food is fantastic. I can't complain about the food." We observed people who used the service could have drinks whenever they wished and we saw people eating fresh fruit throughout the day.

At the lunchtime meal service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The tables were set with napkins and cutlery. The food served looked appetising and staff supported those people who required assistance to eat their meal. We saw most people ate all their meals and were asked if they wanted more.

All the relatives we spoke with felt their loved ones health needs were well met at the service. We asked relatives if they were contacted if there were any changes regarding their loved ones. Comments we received included, "Yes they do" and "Yes they always let me know." Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's, dietician, optician and physiotherapists.

The registered manager told us there was a programme of refurbishment being undertaken throughout the service which included redecoration of communal areas and bedrooms. We observed contractors were on the premises during our inspection and we were shown a bedroom that had recently been modernised. Bedrooms we visited had been personalised to people's tastes.

Is the service caring?

Our findings

One person who used the service told us, "Staff are really kind and caring. They are really good" Another told us, "You can have a laugh with the staff and the manager." We asked relatives if they felt staff were caring. They told us, "They are lovely, each and every one of them" and "Yes they are caring. I cannot praise them enough. It is just like a family unit here." One visiting professional told us, "The staff are friendly, caring and co-operative. They alert us at the earliest opportunity. They are first class, I cannot say anything different. Always welcoming and caring." Another visiting professional told us, "Staff are friendly and helpful."

We observed that staff members' approach was calm, sensitive, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members. People were encouraged to remain as independent as possible and were involved in any decision making. We observed that staff respected people's privacy and dignity; staff knocked on people's door before entering and doors were closed when people were being supported with their personal care needs.

Care records we looked at showed that consideration had been made in regards to people's wishes at the end of their life. We saw 'What If' booklets were completed for those that wished to. These detailed information such as involvement they would like the family to have, where a person would like to be buried/cremated, which funeral directors they preferred, if they would like flowers or donations and what music they would like.

Is the service responsive?

Our findings

People who used the service told us they enjoyed the activities on offer at Oldfield Manor. One person told us, "I enjoyed the singer we had the other week. I like music and they were quite good. I don't join in the other things in the home as it is not really my thing. I like to listen to my music." During our inspection we observed an exercise class was being undertaken, which a number of people joined in with. There was an activity board in the entrance which showed a variety of activities on offer such as, bingo, quizzes, board games, tai chi, art and stories. We also saw people were able to access the local community on a regular basis. One person went to an external art class every Friday and the registered manager told us if people wanted to go out they had adequate staffing levels to accommodate this daily.

Records we looked at showed that prior to moving into Oldfield Manor, a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Oldfield Manor could meet the needs of people being referred to the service prior to them moving in. We looked at the care records for five people who used the service. The service had recently made a transition to electronic care records. The registered manager told us this had been a positive move and had made it easier for staff members to record changes and review with people who used the service. The care records contained detailed information to guide staff on the care and support to be provided, including what people were able to do for themselves.

The service had a complaints policy in place, a copy of which was in the entrance to the service for visitors to access. This provided guidance for people who used the service, relatives and staff members on verbal complaints, written complaints, investigating and following up actions. We found the service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People we spoke with and their relatives told us they knew who the registered manager was and that they were approachable. One person told us, "The registered manager is caring, you can have a laugh with her." We asked two relatives if they felt the registered manager was approachable, they told us, "Yes. I can approach them" and "Oh yeah." One visiting professional told us, "Yes I know who the manager is and they are very knowledgeable." Staff members we spoke with all spoke positively about the registered manager. Comments we received included, "If you have a problem you can go to them and they will support you", "I feel 100% supported by the registered manager", "I could go to them with any concerns" and "I can approach them with anything."

The service had a registered manager in place. 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.

Records we looked at showed that regular staff meetings were held. Staff members we spoke with told us, "Staff meetings are regular. If there is anything the registered manager needs to talk to us about they will have a meeting so we can discuss it", "We have regular meetings and I feel able to raise anything", "Staff meetings are regular and they ask if there are any questions or things that need sorting out" and "Yes they are regular and you can bring anything up."

The registered manager had processes and systems in place to monitor and improve the quality of the service. Regular surveys and meetings were undertaken to gain the views of people who used the service and their relatives alongside regular quality assurance audits to monitor the service and identify improvements. Policies and procedures were in place within the service to guide staff members in their roles. These were accessible to staff and contained good practice for staff to follow.

We asked the registered manager what changes they had made to the service in recent times. They told us, "We have done all the improvements to the building and environment. We are getting a new kitchen. I am always looking to improve the care plans and have been thinking about changing a few things. I am always open to improvements and trying different things." The registered manager told us a key challenge had been trying to get the service users to engage in new things, and a key achievement of the service was the person centred care the staff team delivered.