

Our Lady and St Benedict's

Oulton Abbey Residential & Nursing Home

Inspection report

Oulton Abbey
Church Lane
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Staffordshire
ST15 8UP

Tel: 01785814192

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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

This inspection took place on 3 February 2017 and was unannounced. At our last inspection in July 2015 we found that the service required improvement in relation to providing a responsive and well led service. At this inspection we found improvements had been made.

Oulton Abbey Residential & Nursing Home provides support and care for up to 30 people. At the time of this inspection 28 people used the service.

The service had a registered manager. 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.

Systems were in place to ensure that people who used the service were protected from the risk of abuse.

People's individual risks were assessed, monitored and reviewed; remedial action was taken quickly to protect people from the risk of harm.

There were enough suitably qualified staff available to maintain people's safety and meet their individual needs. Staff had been recruited using safe recruitment procedures. Staff had their training and development needs met.

People's medicines were managed safely; staff were well trained and supported people with their medication as required.

People were supported to access external healthcare professionals and other agencies in order to ensure their healthcare needs were fully met.

People consented to their care and the provider followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) where people lacked the capacity to make certain decisions about their care.

People were supported with their nutritional requirements and preferences.

People were supported by staff who were caring and compassionate. People were involved in the planning and review of their care.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

People told us the registered manager and the staff team were approachable, friendly and supportive.

The provider had systems in place to monitor the quality and safety of the service.

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 safe. People were safeguarded from the risk of abuse and were supported by sufficient numbers of suitably trained staff so they were able to meet people's needs safely. Staff were recruited using safe recruitment procedures and processes. Risks of harm to people were assessed and precautions put in place to minimise these risks. Medicines were managed safely.

Good ●

Is the service effective?

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had been provided with appropriate training to fully meet people's needs and promote people's safety, health and wellbeing. People's healthcare and nutritional needs were met.

Good ●

Is the service caring?

The service was caring. People received the care and support they required in a person centred and individualised way. People's dignity and privacy was upheld.

Good ●

Is the service responsive?

The service was responsive. People received personalised care that met their individual needs and preferences. People were offered opportunities to engage in hobbies and activities. The provider had a complaints procedure and people felt able to complain.

Good ●

Is the service well-led?

The service was well led. There was a registered manager in post who was respected by staff and people who used the service. Quality assurance systems were in place to monitor the service. There was a positive, caring and professional approach evident throughout the staff team.

Good ●

Oulton Abbey Residential & Nursing Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 3 February 2017 and was unannounced.

The inspection team consisted of two inspectors.

Prior to the inspection we looked at the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We used a range of different methods to help us understand people's experiences. We spoke with 11 people who used the service; they were able to tell us their experiences with the service. We spoke with other people but due to their communication needs they were unable to provide us with detailed information about their care. 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. We spoke with five visitors and relatives of people who used the service to gain feedback about the quality of care. We spoke with the deputy manager, a registered nurse, six care staff, two members of the ancillary and catering team and a visiting community nurse. We looked at care records for six people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person who used the service told us: "I came here following a fall at home; yes I feel I am safe, the staff are always around, ready and willing to help". A visitor told us they felt their relative was safe at the service. We saw people had access to a call bell to call for staff should they need support. People who were being cared for in bed had their call bell within easy reach. Some people were unable to operate their call bell, because of frailty. In these circumstances staff told us and we saw that people were visited by staff at regular intervals throughout the day to monitor their safety and wellbeing.

Staff were aware of safeguarding and protecting people from harm and explained how they would recognise and report abuse. One staff member explained the procedures they would follow if they witnessed any abusive situations. They told us: "I have never had any concerns with the safety of people here at the home, but I would have no hesitation to report any concerns to either the manager or directly to the safeguarding team". We saw the procedures and contact details of the local safeguarding team were on the notice board within the office. This ensured staff had the information they needed if they had concerns regarding the safety of people. The registered manager had made referrals for investigation into alleged abuse in the past and had informed us of the safeguarding issues they had raised.

We saw that people's risks had been assessed and action taken to reduce the risks to them. We saw one person was at high risk of falling especially when they were alone in their bedroom. Their risk assessment and care plan had been updated with the action needed to reduce any further risks of falling. We saw the person had been provided with a walking frame to support them with additional stability. A sensor mat had been positioned in their bedroom to alert staff when they were moving around. This ensured the person was supported to remain as independent as they were able but action had been taken to lower the person's risk of further falls.

Staff told us that on occasions some people would be resistive to receiving the support they needed with their hygiene and personal care needs. One member of care staff told us how they supported a person during these periods of anxiety. They told us they would leave the person for a short while, ensuring they were safe, and then return and try to provide the support the person required. We looked at the care plan for one person; it recorded the difficulties the person sometime experienced with accepting personal care. The actions staff needed to take to support the person safely and effectively accurately corresponded with the guidance in the care and support plan.

Most people told us there were sufficient staff to meet their needs. One person said: "There is always someone around and they keep a check on me to see that I am okay or if I need anything". Another person commented: "The staff are okay, I sometimes have to wait to go to the toilet, it isn't a problem though. There are a lot of people here that need help". Visitors commented positively regarding the staffing levels, competency and general helpfulness of all the staff. One person said: "The staff, nurses and carers are brilliant". We saw people accessed various areas within the service, some people used the communal areas and others stayed in their bedrooms. Staff were visible in all areas, care and support was provided in a

timely way when people requested help.

Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people who used the service. We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. Safe recruitment procedures were being followed in relation to the employment of new staff.

We looked at the way the service managed people's medication. Medicines were kept in locked medicine trolleys in locked treatment rooms and were administered by the nursing staff. We observed the nurses administered medicines in a dignified way and explained to the person what each individual medicine was for. People were asked if they were in pain and if they needed any pain relief. Some people were prescribed 'as required' medicines that included pain relief. Instructions for the safe administration of 'as required' medicines was included with the medication administration records. Some people were prescribed creams and ointments to support them with maintaining good skin. Instructions for the use of these creams was kept in the person's room so that staff had information regarding what was prescribed and how it should be used. Medicines were managed in a safe way.

Is the service effective?

Our findings

Staff told us and records showed that they felt supported with their training and development needs and received the training they needed to be able to provide the necessary support and care to people. They received regular support and supervision and attended regular meetings. One staff member told us: "I have supervision with a manager regularly. Staff meetings are arranged where we can discuss anything and make suggestions for improvements". All the staff we observed worked professionally and effectively in their roles, following care plans, administering medications safely and interacting with people, each other and us with a positive, professional, friendly manner.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where it had been assessed that people lacked capacity to make specific decisions we saw other people, including the person's representatives, were involved in making decisions in their best interests. Some people were unable and did not have the capacity to make decisions about their care and treatment. Some specific decisions had been made by the person's nominated representative, family and professionals involved in the care of the person. For example we saw end of life decisions had been made on behalf of some people who were unable to make these decisions for themselves. Care records showed these decisions had been made in people's best interests and in accordance with the Act.

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). We had confirmation from the registered manager that applications to the supervisory body had been made for the authority to restrict the freedom and movement of some people who used the service.

People we spoke with all told us the food was good. One person who used the service told us: "I have no complaints with the food; it is very good, sometimes I eat too much because it is so nice". We saw some people needed support with their meals; they were offered support in an understanding way and were able to eat at their own pace. We saw staff served the food to people in the manner that met their individual needs, the food including the pureed and soft diets was well presented and attractively served. Some people required and were provided with alternative cutlery and crockery so their independence was maintained. The deputy manager told us and we saw people's weight was monitored on a regular basis to keep a check on their weight gains or losses. Where a concern with a person losing weight had been identified, food and fluid charts were completed each day to monitor people's nutritional intake. Some people at risk of weight loss or with reduced appetites received additional prescribed food supplements to support them with ensuring they received adequate daily nourishment.

Staff supported people to access healthcare services should they become unwell or require specialist interventions. A relative told us: "My [relative] is very poorly at the moment. The doctor was called and

prescribed some treatment. The nurses and care staff are looking after [my relative] very well, they are getting the care and treatment they need". A visiting community nurse told us: "The staff are doing a good job; I had concerns with the person's pressure areas and frail skin due to them being very poorly, but the pressure areas are improving with the care being provided by the staff". People had access to regular consultations with their doctor if this was requested and required. We saw referrals for advice and support were made when this was needed for example, dieticians, district nurses and doctors.

Is the service caring?

Our findings

All the people we spoke with told us they felt well cared for. One person who used the service told us: "The care here is brilliant, nothing is too much trouble". Another person commented: "We are very lucky to be here, the carers are marvellous. I usually join in the activities but today I am asking the carers to take me back to my room". We saw this person was supported with their preference, helped back to their bedroom and made comfortable, resting on their bed. A visitor told us: "We are quite happy with the care provided. [My relative] can't see or hear very well and can't walk so they prefer to stay in their room where they are familiar with having their things around. The staff are very good to [my relative]". We saw that people were asked what they would like to do and where they would like to go. Staff responded positively and supported people with their preferences.

Staff knocked on doors before entering people's bedrooms and spoke with the person whilst entering the room so they knew who was there. When supporting people with personal care we saw staff ensured the door was shut for privacy. We saw that staff took their time when caring for people who required more support and staff explained what they were going to do before doing it. We saw people had built relationships with the staff and staff knew people well and supported them in a respectful and dignified way. People were at the centre of the service provision. People were offered choices and options and staff respected and supported people with their choices. People's dignity was protected and their rights to privacy were upheld.

Staff told us they regularly reviewed the care and support needs of people and updated the relevant documents. A visitor told us they had spoken with staff when they identified a change in their relative's health and swift action was taken to support the person with their individual needs. We saw that at the beginning of each shift change staff had a formal handover to ensure they were aware of any significant changes to the care and support needs of people.

Is the service responsive?

Our findings

Staff told us that a person was at times resistive when they required help with their personal hygiene. Staff explained the action they took to support the person when support was needed. They told us how they used diversion and distraction techniques to reduce the person's anxieties so that the essential support could be provided to ensure the person's comfort. We saw care and support plans for this person accurately corresponded with the explanations offered by the staff.

People received care that was personalised and met their individual needs. Everyone had a plan of care which informed staff of their history, likes, dislikes and preferences. We saw people's care was regularly reviewed and plans reflected people's current care needs. Staff knew people well and we observed they followed people's individual plans and the care reflected people's preferences. For example we saw one person liked to attend church each day. Arrangements had been made to support the person with their daily religious observance, they told us their religion was and always had been very important for them.

Family members of some people who used the service had provided an account of their relative's social history which included significant life events. These documents were included in the care file and were available for staff to find out information about the people. For example, one person had a life long interest in the railways. A visitor told us they had arranged with the staff for the person to visit to a local railway station when a famous steam engine was passing through. This showed us a person centred approach was being adopted, where care and support was provided in an individual way.

There were a range of activities on offer and people could choose to join in or not. Trips out into the local community were arranged for people to enjoy. People told us: "We go in the minibus; I like to get out and go on the trips whenever I can". We saw people enjoyed and participated in a group activity which generated much conversation and laughter. A relative told us: "Staff always support [my relative] to the activity each morning even though they can no longer join in the conversation but I feel they can still hear and be part of the group. It's great".

The provider had a complaints procedure. People we spoke with and their relatives told us they would speak to the registered manager, the deputy manager or any of the staff if they had any concerns. One person who used the service said: "There is nothing here that I need to complain, but if I did I know someone would sort it out".

Is the service well-led?

Our findings

At the last inspection in July 2015 we found the service had not always informed us of significant events in the home including the deaths of people who used the service. The provider is required by law to tell us of these events. We have since received the required information following any significant events that had occurred.

Quality monitoring and auditing systems were in place, where each month regular checks were made to ensure a safe, effective, responsive and well led service was provided. Any issues or themes, trends or patterns that affected the safety of people or the service were identified quickly. For example checks were made on the incidents which occurred monthly; these include information regarding slips, trips and falls. Where concerns were identified through these checks we saw action had been taken to ensure everything possible was done to reduce people's risks.

The deputy manager told us that a recent audit of the monitoring records identified that on occasions the records were not completed correctly or in a timely way. They did not accurately record or show the care and support that was provided to people. This meant there was a risk that inconsistent or unreliable care was provided. The deputy manager told us the action they had taken to address this. We saw that this issue had been discussed at the recent staff meetings; information on the importance of accurate recording had been circulated to staff and displayed on the notice boards both in the office and staff room. The deputy manager informed us that a member of staff had been allocated the responsibility to check that the records had been fully completed each day. This action had resulted in some improvements being made.

Regular staff meetings were arranged for the various staffing disciplines. This gave staff the opportunity to discuss the care and welfare of people, any changes or improvements that were needed or had been implemented and any issues or concerns that had been identified. Staff told us they felt well supported and they worked well as a team.

People we spoke with offered positive comments regarding the internal management structure of the service. One staff member said: "The registered manager is approachable and supportive both in my personal life and within my role here". Another staff member said: "It's good team work and we work well together". Other people spoke positively regarding the support they received from the deputy manager and the nurses. A visitor commented: "All staff are very supportive nothing is too much trouble for them". There was a positive atmosphere at the service, staff were aware of people's needs and demonstrated a good value base.