

Mr Emmanuel Dangare

Oakmount House

Inspection report

68 Westgate
Burnley
Lancashire
BB11 1RY

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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

About the service

Oakmount House is a residential home providing personal care to up to 10 people within an adapted property on the outskirts of Burnley town centre. The service provides support to people with mental health needs. At the time of our inspection there were 10 people using the service.

People's experience of using this service and what we found

People felt safe in the service. Staff were able to recognise and report concerns. Systems were in place to monitor and manage risks. Environmental checks were completed, and individual risk assessments were in place and reviewed. Staff were recruited safely and there was enough staff to meet people's needs. Medicines systems were managed safely. Infection control measures were in place. People were supported to have visitors to the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were being assessed and they had choices around their care. Staff were given training and ongoing development. An induction programme was in place and regular supervision and appraisals were being completed. People were supported to make healthy choices on their meals and their nutritional needs were met. Referrals to health agencies were being completed. The property had adaptations to meet people's needs.

People were treated with dignity and respect. People had a positive experience of the home and staff. People were involved in decisions around their care and their views were considered when making decisions on new admissions or appointment of staff within the home.

People had personalised care. Activities were being offered at the service in line with people's wishes and views. Processes and systems were in place to respond to complaints.

A positive and empowering culture existed in the home. Values were incorporated that had been made in partnership with people and staff. The registered manager was described as approachable and understood duty of candour responsibilities. Governance policies, systems and processes were in place and were being used to maintain oversight of the service. People and staff were involved in decisions about the service and their views were being sought.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 7 March 2018).

At our last inspection we recommended that the provider updates medicine management policies and procedures in line with NICE guidance. At this inspection we found the provider had acted on this recommendation and included key areas of medicine management that were not previously documented.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakmount House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oakmount House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an inspection manager.

Service and service type

Oakmount House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakmount House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also used information gathered as part of monitoring activity that took place on 10 August 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 3 people who used the service, reviewed the feedback from relatives received in August 2022 as part of the monitoring activity. We spoke with 5 staff members. These included 1 senior, 3 care staff, and the registered manager. We spoke to the provider after the visit.

We looked at 2 people's care records, associated documents, medicines records and medicines related documentation. We also looked at Two staff files, training and supervision records. As well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider updated their medication policy and incorporated NICE guidelines within. The provider had made improvements.

- Systems and processes were in place to safely manage medication. The medication policy included information on covert medication and homely remedies that were not included previously. We observed the policy could be improved further, and the registered manager provided an updated copy to show this information had been incorporated.
- Medications were secured safely within the service. Samples of medication records were viewed, and medicines count matched. Staff were assessed on their competency to administer and manage medicines. Systems and processes to safeguard people from the risk of abuse
- Systems and processes were in place to keep people safe from abuse. People told us they felt safe. They said, "Yes, I feel safe" and "Yes [the registered manager] makes me feel safe."
- Staff were aware of how to recognise abuse and raise concerns if needed. Staff spoke of empowering people to recognise and manage risk. They said, "We will talk through problems and risks and see how we can work together."
- Systems were in place to record and share concerns with relevant authorities and identify learning from incidents.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to monitor and manage risks. Environmental checks were being completed on the service. Radiator covers were in place and furniture was secured.
- Actions from external risk assessments were being addressed for example, an asbestos survey was recognised as necessary for the building and the registered manager confirmed this had been arranged.
- Individual risk assessments were in place. Risks around health needs were being recorded and monitored. The provider had implemented a nationally recognised skin integrity assessment tool following our previous inspection and this was being used.
- Accidents and incidents were being recorded and reviewed to identify any lessons learnt.

Staffing and recruitment

- Staff were recruited safely. There were enough staff to meet people's needs.
- People told us there was enough staff, "Usually staff are around when I need them." One person acknowledged that staff can be busy, "It's alright, staffing can be a problem when they are busy, and they

are taking their time."

- Staff told us they were enough staff. One staff member explained more staff at night may be beneficial when the service is unsettled, although all staff confirmed on call support was available at night for these occasions.
- Safe recruitment checks were in place before employment. This included full employment history, reference checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was being facilitated. The provider had maintained a visiting pod to allow for families to visit in a separate area. The manager confirmed people could have visitors in their rooms if they preferred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and choices around their care was being respected. People received regular one to one reviews around their care to ensure their needs were being met and to explore where more supported was necessary.
- People told us they were supported in line with their choices and staff gave them structure to their routines and daily tasks. They said, "Staff give me help and suggest when to have showers."
- Preadmission assessments were being completed. This included gathering information around needs from partner agencies. During the inspection, we observed the registered manager communicating with the local authority around supporting a person who had recently been admitted to the service to ensure their needs and those of the other people in the service were being met.

Staff support: induction, training, skills and experience

- Staff development and training was strongly supported in the service. Training compliance was high. Training was provided in areas where needs had developed over time within the service, such as falls and dementia care.
- We observed evidence of supervisions and appraisals occurring in the home on staff files. Staff told us they received regular and meaningful supervisions, "Supervision, is monthly. We talk about things that are going well, it's really good to explore ideas. [The registered manager] listens."
- The service provided a 14 week induction programme. Evidence was seen that staff were assessed throughout this time and signed off when completed.

Supporting people to eat and drink enough to maintain a balanced diet

- Systems and support were in place to ensure people had a healthy and varied diet. Weights were being recorded and Malnutrition Universal Screening Tool (MUST) was being used to identify people at risk of malnutrition.
- Menu options were identified and planned with people. Additional support was provided to people who needed to gain or lose weight so they could make healthy choices around their meals.
- People were able to prepare food and drink independently in line with their needs and staff offered regular support where people needed or wanted this assistance.
- People told us they enjoyed the meals and had choice. They said, "Dinners are nice. I can pick what I want to eat" and "it's alright...staff help prepare the meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet

people's needs

- Appropriate referrals were being made to health and social agencies. For example, we observed dietician advice being recorded for a person who had lost weight.
- People told us they were supported to access health professionals when needed. They said, "Yes, they give me support when I am not well."
- Adaptations had been made in the property to allow access to bathing support for people who experienced a decline in their mobility. The property was homely and had included an adapted visiting space to allow for privacy.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 interests 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The MCA was being applied and understood. Capacity assessments were in place around specific decisions. The assessments detailed how capacity had been determined.
- A small number of people had a DoLS in place. DoLS assessments were viewed alongside requests for DoLS. Where DoLS had been granted, these were in date.
- Staff were able to describe the MCA and could recognise when to make a decision in a person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff positively engaging with people in the service. People were able to move around the property freely and staff encouraged them to make choices about their routines.
- People told us they had positive experience of the home and staff. They said, "The staff are amazing, they all they know me well." One person felt that some carers were better than others, although the registered manager explained this was due to different approaches taken by staff towards the person.
- Relatives told us , "The staff go above and beyond to help the residents to have a better life and give lots of support to the residents as well as the families involved" and "Cleanliness and quality of furnishings and surroundings are excellent now and staff are always welcoming and professional."
- Training was being completed around equality and diversity, Lesbian Gay Bisexual and Transgender and dignity action awareness.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions around their care. Evidence was seen of regular residents' meetings.
- People were informed of proposed new admissions to the service and met potential staff members before appointment. Their views and input were considered within decision making for the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had personalised care. Care plans were reviewed regularly with people to ensure their outcomes and goals were being met. Evidence was seen of people discussing and signing care plan reviews.
- Relatives told us they are involved and communicated with around their family member's care. They said, "Great communication with all staff."
- No one was receiving end of life care at the time of the inspection. Evidence was seen the provider supported people to make future decisions around their end of life care where they choose to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager confirmed that information could be delivered in a different format if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to access the community and took part in meaningful activities. People's wishes and views were considered. Several people had recently been supported to go on holiday abroad. This was in line with their requests to experience a cruise and positive feedback was given.
- Another person who no longer had capacity around their activity decisions, had been assisted to go on a day trip to their favourite UK holiday location in line with their previous wishes and views.
- People were able to access the community independently or with support and maintain routines and friendships. One person described how they had staff support them due to their mobility, they said "I go to the shops... I go with staff as I'm a bit wobbly on my feet."
- Relatives told us people participated in meaningful activities. They said, "Overseas holidays are offered now to the more mobile service users and every attempt is made to integrate them into the local community."

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond and learn from complaints. People were supported by staff to raise and report complaints. One complaint was viewed on file. The home had responded and resolved the issue and looked at how future incidents could be reduced.

- People told us they could raise a complaint if needed. They said, "Yes, I would know the manager and I would raise a concern. I have never needed to."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were achieving good outcomes. People were supported to assess whether their goal and outcomes were being met on a regular basis and care was adjusted accordingly. People were supported to maintain their independence as far as possible and they were empowered to make decisions and understand risks.
- People and relatives spoke positively of the service. One person said, "It's a nice place, it's the first home I've had in years." Relatives told us, "They keep me updated on my [relatives] care and dementia and provide good care, meals and personal care for my [relative]."
- Staff positively described working in the home and the quality of care being given. They said, "I think the care we provide is really good. The service users are listened to and we offer a lot of things for them to do" and "I want to say that it's one of the best places I have ever worked."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and nominated individual understood their responsibilities around duty of candour. Notifications following incidents were made to the appropriate authorities and people and relatives were updated on learning from the home. For example, in a newsletter family were approached for views on the service following some anonymous feedback.
- Electronic systems were in place to allow the registered manager to review accidents and incidents in the home. The registered manager explained how information could be filtered so trends and themes could be identified, and changes implemented.
- Staff described the registered manager as very approachable. They told us the registered manager listened to their suggestions and implemented changes to help improve support. For example, one staff said, "I suggested a slight change in the shift pattern and explained that it would allow for more support in the morning if people wanted it and [registered manager] agreed and trialled it. It's working well and has helped one service user gain weight."
- Meeting minutes between the nominated individual and registered manager were viewed. Evidence of learning from broader incidents and education from within the social care field was discussed and considered in terms of developing the home in line with best practice.

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

- Governance systems were in place and supported the registered manager to maintain an overview of the service. The registered manager completes regular audits of all areas of the home.
- The registered manager described succession planning for the service. The deputy manager had been supported to work towards their level 5 NVQ in leadership to ensure the management and oversight of the home was maintained in the registered manager's absence.
- Regulations and requirements were discussed with staff during team meetings to support staff to understand their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems for communication were in place. Minutes from meetings with people, staff and newsletters to families were viewed. Feedback and suggestions were recorded and actioned. For example, people had suggested additional activities which was recorded and planned in.
- The provider had developed a set of values for the service which was displayed in a communal space of the home. The registered manager explained the values were developed collaboratively with people and staff to ensure they were inclusive of the people who live there.
- Evidence of referrals and communication with health and social services were viewed during the inspection. Partnership working with the local police was seen to support residents.