

# brighterkind (Domo) Limited St Oswalds

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

St Oswald's is a 'care home' providing accommodation, nursing and personal care for up to 41 older people; some of whom lived with dementia. At the time of the inspection 32 people were living at the home.

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

People's areas of risk were appropriately assessed, the relevant support measures were put in place and people health and well-being was regularly reviewed as a way of keeping people safe.

People's care plans and risk assessments contained relevant information and enabled staff to provide the most up to date care and support people needed. A variety of different monitoring tools such as diet / fluid and weight charts helped to ensure that people's level of risk was appropriately monitored.

Safe medication systems and procedures continued to be in place. People received their medicines as prescribed by trained members of staff and regular audits and checks were regularly taking place.

Staffing levels were closely monitored; this helped to ensure people received safe, timely and effective support. People received support by staff who had been safely recruited and deemed suitable to work in a health and social care environment.

We were assured that infection prevention and control (IPC) measures were appropriately followed. The home was clean, hygienic and well-maintained. Health and safety measures were in place and the provider ensured that all regulatory compliance certificates were in date.

Effective governance and quality assurance measures were in place; these helped to monitor, review and improve the provision of care people received.

### Rating at last inspection

The last rating for this service was 'good' (published 18 April 2019).

### Why we inspected

We carried out an announced inspection of this service on 12 January 2021 to follow up on a number of concerns that we had received. We found no evidence during this inspection that people were at risk of harm. Please see the safe and well-led sections of this full report.

Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the effective, caring and responsive key questions were not looked at during this visit. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used to calculate the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively

The overall rating for the service has remains 'good'. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Oswald's on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to our inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# St Oswalds

## 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 Care Act 2014.

As part of this inspection we looked at the infection prevention and control 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 one inspector, and an 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.

#### Service and service type

St Oswald's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC at the time of the inspection. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. An interim manager had been recruited and the necessary registration paperwork was in the process of being completed.

#### Notice of inspection

We gave 24 hours' notice of the inspection because infection prevention and control arrangements had to be agreed with the provider and put in place prior to our visit; this helped to mitigate the risk of any cross contamination or transmission of Covid-19.

#### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection and formulate a 'planning tool'.

#### During the inspection

We spoke with two people who lived at the home, five relatives about their experience of the care provided, five members of staff as well as the registered manager and regional manager. We reviewed a range of records, including three people's care records, several medication administration records and four staff personnel files. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Safety monitoring, assessment and management of risk was clearly established and regularly reviewed.
- People's support needs and areas of risk were appropriately assessed and monitored; staff told us they received up to date and consistent information about the level of care they needed to provide.
- Individually tailored risk assessments meant staff were able to provide the correct level of care and support. One person told us, "(I've) been here seven to eight weeks, quite happy here, (it's) very nice." Relative said, "Never had any cause for concern" and "[Person] is in the best place in the world."
- Environmental risk management procedures were in place; people lived in a safe and environment where all health and safety measures were complied with. The provider ensured that all regulatory compliance certificates were also in date.

### Using medicines safely

- Safe medication management procedures continued to be in place.
- Medicines were routinely ordered, safely stored, and administered by staff who had been appropriately trained.
- Care records contained the relevant medication administration information and staff were familiar with individual medication administration procedures that needed to be followed.
- Regular medication audits were routinely carried out; these helped to ensure staff were complying with medication policies and procedures and areas of improvement were quickly identified.

### Staffing and recruitment

- Staffing levels and recruitment procedures were safely managed.
- During the inspection, we observed safe staffing levels and people were familiar with the staff who were providing support.
- Staff were safely recruited into their positions. We did identify one area of improvement in relation to some of the application forms we checked, this was quickly rectified and did not pose any risk / harm to people living at St Oswald's.
- Suitable references were obtained, Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service.

### Preventing and controlling infection

- The environment was clean, hygienic and well maintained. We were assured that effective infection prevention and control (IPC) procedures were always in place.
- We were assured that the provider was promoting safety through hygiene practices of the premises. All

relatives we spoke with told us they were confident IPC arrangements were safely in place.

- We were assured that staff were provided with the appropriate personal protective equipment (PPE) and essential Covid-19 guidance and information was being circulated.
- Regular IPC cleaning schedules and audits were carried out.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People were safeguarded against the risk of abuse and lessons were learnt when accidents, incidents and safeguarding events occurred.
- Safeguarding and whistleblowing policies were in place; staff were familiar with reporting procedures and understood the importance of escalating any concerns.
- Staff and relatives, we spoke with all expressed that safe care was provided. One relative told us, "I'm very happy with the staff."
- Accident and incidents were clearly recorded; staff completed the relevant documentation and follow up actions were completed.



# 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 the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. 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

- An inclusive, person-centred culture had been created at the home. One resident told us, "I've got everything I want, it's like home- oh yes."
- People received holistic support and were encouraged to make decision about the care they needed.
- People received person-centred care that was tailored around their support needs and areas of risk. One person told us, "It's good care all around."

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

- The interim manager was aware of their regulatory duties; they had submitted the necessary registration application forms to CQC and was awaiting their registration interview.
- Managers and staff team understood the importance of their roles, ensured risks were managed and complied with regulatory requirements.
- Managers and staff knew the importance of providing good quality care. Staff told us, "Residents are always fully supported" and "[Level of care] is really good." One relative said, "I think it is well run" and "I couldn't recommend it [the home] enough."
- Continued good governance and quality assurance measures meant that quality performance and risks were regularly reviewed and monitored.

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 provider understood duty of candour responsibilities and ensured legal and regulatory duties were complied with.
- The provider maintained open and transparent lines of communication with people, relatives, CQC and the local authority.
- Accidents, incidents and safeguarding's were appropriately recorded, investigated and analysed.
- Regular audit systems and quality assurance checks meant that the quality and safety of care was reviewed and analysed and helped to identify where lessons needed to be learnt.

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

- Staff, relatives and people were involved and included in the provision of care being provided.
- Partnership work had been well established and the home was successfully engaging with other professionals as and when needed.
- A range of different staff meetings, daily handovers, 'resident' / family meetings and virtual meeting were taking place; these all helped to keep people involved and informed on the provision of care being delivered. One relative told us, "They [staff] ring me about everything."
- Satisfaction surveys were circulated as a measure of capturing thoughts, views and suggestions on the quality and safety of care people received.