

Barchester Healthcare Homes Limited

Ottley House

Inspection report

Corporation Lane
Cotton Hill
Shrewsbury
Shropshire
SY1 2PA

Tel: 01743364863
Website: www.barchester.com

Date of inspection visit:
10 October 2023

Date of publication:
28 November 2023

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

Ottley House is a nursing home providing personal and nursing care to up to a maximum of 70 people. The service provides support to older persons including those living with dementia. The home is divided into 2 separate wings and people have access to outside space. At the time of our inspection there were 66 people using the service.

People's experience of the service and what we found:

People received person centred care and their health needs were assessed and well monitored. People and their relatives were encouraged to be part of the care planning process and the provider supported people to maintain their relationships and independence where possible.

Risks to people's safety were considered and any identified issues were quickly addressed. People's medicine was well managed and external agencies were engaged when needed.

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 were treated with kindness and their dignity respected. People told us they felt safe and confident to speak up if they had any concerns. People were supported to maintain interests which were important to them. People were supported by sufficient numbers of staff who received training and supervision relevant to their role.

There were robust governance systems in place and a culture of learning adopted to ensure the care people received was in line with best practice. The home was adapted to meet people's needs and kept clean and tidy.

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

Rating at last inspection

The last rating for this service was Good (published 29 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time passed since our last inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ottley 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.

Inspection team

The inspection team consisted of 2 inspectors and a specialist nurse. The inspection was also supported by 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

Ottley 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. Ottley House is a care home with 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

The inspection was unannounced.

What we did before the inspection

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 contacted the local authority and Healthwatch to request any feedback they may have. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 7 people and 6 relatives. We spoke with 11 staff including the registered manager, nursing staff, maintenance staff and care staff. We looked at 4 people's care plans and multiple medicine records. We looked at 3 recruitment files, health and safety records and various information used to monitor the service on a day-to-day basis.

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.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- We received no reports of concern. Staff were able to explain to us the types of abuse they needed to be aware of and the process they would follow should they be concerned.
- Staff told us they were confident speaking up and felt the registered manager was responsive to any information shared. Staff could explain who they would contact if action was not taken. For example, contacting and sharing information with the local authority safeguarding team.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- During the inspection the fire alarm sounded, and we observed an issue with the closing of some of the fire doors. We discussed this with the registered manager who immediately engaged the maintenance person and the operational trainer to ensure a full assessment of the situation was carried out. The registered manager produced a workable action plan to rectify the issue with the doors and ensure all staff were reminded to close any doors where the automatic release had not worked. This was a good example of the team working together to effectively address risk.
- Risks to people's safety as a result of health conditions were fully assessed and plans were in place to reduce any potential harm. For example, where people were prone to falls or at risk of choking.
- The provider had a robust system in place for monitoring health and safety within the property. We found accurate records were kept of all the health and safety checks carried out and the actions taken whenever an issue was identified.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- We received positive comments about the staffing levels and no reports of unnecessary delays to support people with their care needs. One person said "Carers are helpful, they are pleasant and come when they say they will. Don't usually have to wait [for them]".
- Staff fed back that there was sufficient staffing to ensure people's needs were met. One staff member told us, "We have enough staff on shift, and we all work together to meet people's needs."
- The provider operated safe recruitment processes. The provider checked people's character, qualifications and background including the Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- People's medicine was stored correctly, and controlled drugs were being managed in line with requirements. Clinic areas were clean and well organised.
- People's medicine records were accurate and clear guidance was in place for people needing medicine on an 'as required basis.'
- Staff told us they were confident with the medicine management in the home and were looking forward to moving over to an electronic medication management system sometime in the future.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had a dedicated team of staff who worked together to ensure the home remained clean and tidy.
- Staff had access to personal and protective equipment (PPE) which they used when supporting people with personal care.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had a robust system in place to ensure any accident and incident forms were reviewed and care plans were updated as needed. Information was shared with the staff team when changes were made.
- The registered manager kept detailed records of investigations they carried out and any best practice they had reviewed. The nursing staff explained to us that there was a culture of learning at Ottley House, which benefitted them and the people they supported.

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 Requires Improvement. At this inspection, the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- At the last inspection we had received some concerns about the management of people's health needs which at the time were being reviewed. At this inspection we found no concerns with the management of people's health needs.
- People's health needs were closely monitored, and any required tests were carried out. For example, routine blood tests.
- The staff team worked with external health professionals such as the diabetic nurses and community psychiatric nurses to ensure people could continue to access specialist health support.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People's care plans contained assessments of their needs and ensured there was effective monitoring in place when required.
- People had oral health care plans which were in line with best practice.
- People and their relatives were encouraged to be involved in the care planning process to ensure the guidance was tailored to the individual. One relative told us, "I was involved in creating the care plan and the 6 monthly review."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- The provider had their own operational trainer who delivered courses to the staff team. The operational trainer was able to tailor courses to the needs of the home and the staff told us they received lots of training which enabled them to fulfil their role.
- Having an inhouse trainer enabled the home to be responsive to any identified need. For example, we observed the training lead working alongside the registered manager to review the fire training following an issue with the fire doors. We also fed back that 1 staff member asked if the dementia training could include examples linked to the current people in the home. The registered manager told us they would link in with the operational trainer to include this wherever possible.
- New staff were supported to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction

programme.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People had a choice of meals and were complimentary of the food served. One person said, "I think it's good. Classical choices made tasty."
- People's diets were modified when needed. For example, following a swallowing assessment. Food which had been modified was well presented. One relative commented that their relative had put weight on since moving to the service which was positive.
- We observed people being supported to drink throughout the day and there were facilities for people to sit and have a drink with their visitors and enjoy cakes provided by the catering department.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The team had a positive relationship with other agencies and within people's care plans we found evidence of the provider working collaboratively to ensure any external referrals were made.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design and decoration of the premises.
- The layout of the dementia unit in particular suited people's needs as it allowed people who walked with purpose to follow a continuous loop and avoid becoming frustrated. Items were also positioned around the corridors to engage people's interests.
- People had access to outside space which was one of the things many people told us they enjoyed. One person said, "I like the outside space, it is good to be able to get some fresh air."
- We were told that plans were in place to change the carpets in some of the bedrooms with flooring more suitable to individual's needs.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Assessments of people's capacity were carried out and best interest meetings held when the required.
- Applications to deprive people of their liberty were made in line with the guidance and notifications were submitted to CQC when an authorisation was received.
- The provider was aware of who had power of attorney in place and ensured the relevant people were involved in the decision-making process.

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. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- We observed people being treated with kindness and respect throughout the inspection. On 1 occasion a person was seen becoming distressed. Staff responded immediately by checking on the person who was unable to explain the reasons for their distress. Staff then considered reasons which might not be immediately obvious such as the music playing bringing up old memories. We observed staff change the music and the person settled as soon as more uplifting music was put on.
- The provider had mentioned in their PIR that they did not support many people with protected characteristics however we found several instances where they did this without thinking. For example, one staff member described supporting a person with dementia to reminisce about their country of origin which brought them tremendous joy.
- We also found people were supported to follow their religion. Staff took time to sit with people who wanted to read extracts from the bible but could no longer do this on their own.

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

- People were supported to express their views and make decisions about their care.
- We observed one person being supported by staff to visit a local mobility shop to help choose the item themselves as opposed to staff making the decision for them.
- People's care plans were person centred and staff showed a good understanding of people's needs and how they wanted their care to be delivered.
- Staff were observed speaking with people and encouraging them to decide for themselves where they wanted to spend their time and what they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People told us the staff respected their privacy during personal care. One person told us, "Yes, I am respected. Staff make it work when I get help with a shower. I like my dignity, it's so important to me. I'm very content, not anxious here."
- People told us their independence was promoted. One person told us they liked gardening and enjoyed helping to keep the garden tidy. They were supported to be able to do this whenever possible.
- People's relatives confirmed the staff also tried to prevent any loss of independence. One relative said, "The staff try to encourage [Relative name] to walk and maintain their independence."

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. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 supported as individuals, in line with their needs and preferences.
- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- The staff team tried to ensure people had access to activities they were known to enjoy both on their own, as a group or when spending time with relatives. One relative described being enabled to watch the comedy duo Laurel and Hardy with their relative which they really enjoyed. They also confirmed staff spent time researching suitable activities based on people's interests.
- One person told us, that they liked nature books and staff ensured they had new ones to read. Another person told us they liked gardening and enjoyed helping keep the homes garden tidy.
- People were supported to access the community in the homes minibus and the community was invited to the home for events such as the summer fete.
- One group of relatives told us, "We're made very welcome when we're here. I don't have a bad word to say about this place. It's the best place I've ever seen."
- On the day of inspection, we observed an event entitled Teapot Tuesday which encouraged families to join people for tea and cake and this was well attended.

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 provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- Information was found in people's care plans to support staff understand how people liked to communicate.
- There was good signage around the home to help people orientate themselves.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- No formal complaints had been received in the last 12 months. The provider had a clear process in place

should a complaint be received.

- People told us they had no concerns but would be happy speaking up if needed. One person said "I wouldn't mind raising a complaint. I trust them. They have the time to talk to you,"

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- At the time of inspection no one was in receipt of end-of-life care. We reviewed feedback from the families of previous residents and found families were complimentary of the support staff had shown their loved one during the end of their life.
- Provision was in place should someone's needs deteriorate. We found one incidence where the GP had authorised specific medicine to be available in the likely event a person's needs changed.
- Staff spoke compassionately about their role in caring for people both before and after they died. One staff member said, "We are encouraged to do the laying out when people die which I think is important."

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. At this inspection the rating 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

- There was a positive and open culture at the service.
- People received person centred care and were able to achieve outcomes which were important to them. For example, maintaining relationships and staying mobile.
- People were complimentary of the service. One person said, "I'm satisfied, there is nothing I would really change, this is a very well appointed place."
- We found success within the staff team was celebrated and wellbeing openly discussed. For example, we saw that staff had been nominated for awards, and that mental health awareness day was being acknowledged across the home with people and staff encouraged to talk.

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

- The provider fully embraced their responsibilities under duty of candour and had embedded the ethos at the service.
- We found positive examples of actions taken following an accident. It was clear information had been shared and a thorough review was carried out to ensure any lessons were learnt and information was shared as required.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- People and the staff team were complimentary of the registered manager and their approach to them, and the service delivered.
- Staff told us the registered manager always had time to listen to them and was responsive to any information shared. One staff member said, "I don't think we could ask for a better manager; it really is a great place to work."
- There was a clear audit process in place to monitor the quality of the support provided and audits were carried out within the time scales set out by the provider.
- Notifications required by CQC were received and information such as the providers registration certificate and CQC ratings were on display in the main reception area.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People were supported with their equality characteristics and encouraged to give feedback on the care received. At the time of inspection, the provider was in the process of carrying out their annual quality assurance reviews which included gathering feedback from people and their relatives.
- Staff received regular supervision and were able to discuss their progress and any concerns they had.
- The provider engaged with the local community and recently celebrated National Grandparents Day alongside a local school.

Continuous learning and improving care

- The provider had created an exceptional learning culture at the service which continuously improved the care people received.
- The registered manager shared a number of case studies with us which had been carried out in the home. Case studies were used to review an episode of care and highlight what did and did not work. The case studies we reviewed covered a range of different issues including pressure care and poor dietary intake.

Working in partnership with others

- The provider worked in partnership with others.
- The provider had a positive relationship with relevant external stakeholders.
- In the care plans were reviewed it was clear the provider ensured care was joined up and any transitions were carefully managed.