

Barchester Healthcare Homes Limited

Oulton Park Care Centre

Inspection report

Union Lane
Oulton
Lowestoft
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NR32 3AX

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oulton Park Care Centre is a care home registered to provide personal and nursing care to 60 older people across two units.

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

People told us that they were safe and well cared for in the service. Significant improvements had been made to how risks were identified, planned for, managed and mitigated. This meant people were protected from the risk of potential harm. Medicines were managed, monitored and administered safely.

The environment was safe and appropriate checks were carried out to identify risks in the environment. Infection, prevention and control procedures were implemented effectively across the service.

Improvements had been made to the staffing level and there were now enough staff to provide support to people at the time they needed it.

Since the appointment of a new management team, significant improvements had been made to the management and oversight of the service. Shortfalls were identified and acted upon robustly, and the management team had driven positive improvement across all areas of service provision.

Improvements had been made to the environment and people now had access to sources of meaningful engagement and activity.

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 'Inadequate' (Report published 17 August 2021). At this inspection improvements had been made and the service is no longer in breach of regulations.

This service has been in Special Measures since 17 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

The service was rated 'Inadequate' at the last inspection and we needed to check whether the improvements had been made.

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 see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 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.

Oulton Park Care Centre

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 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

This inspection was carried out by two inspectors 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

Oulton Park Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service since our previous inspection. We attended meetings with Suffolk County Council and gathered information about concerns they had about people's safety and welfare.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

People using the service were asked if they would like to speak with us but chose not to. We spoke with three relatives of people using the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, nursing staff and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 as 'Inadequate'. At this inspection we found improvements had been made and this key question has now improved to 'Good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the service was in breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- People's relatives told us they felt people were safe in the service and protected from harm. One said, "Myself and my wife visit regularly and [family member] is safe and content. They are happy and you can see the staff look after them well." We observed that improvements made to the staffing levels meant there were enough staff to help people stay safe and intervene when people were at risk.
- Significant improvements had been made to how risks were identified, planned for and mitigated. Care planning was much improved and included enough detail for staff to know how to support people to reduce risks. Action had been taken to address risks in the environment for people living with dementia.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and the manager carried out an analysis of these on a monthly basis. The new management team had introduced a system to give them better oversight of all risks within the service.
- Actions were taken where required to reduce the risk of repeat incidents. Lessons learned meetings were held with staff to ensure they were aware of shortfalls and what was needed to reduce the risk of these happening again.

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made to the way the service identified and responded to safeguarding issues.
- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.

Staffing and recruitment

At the last inspection the service was in breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach of this regulation.

- At this inspection we observed there were enough staff to provide people with care at the time they needed it and to protect them from harm. Staff responded promptly when people showed signs of distress and had time to spend with people engaging them in meaningful activity.
- We observed that the increase in staffing meant people were engaged and orientated to their

surroundings. Staff were present in communal areas at all times when people were present, which meant they could respond promptly when required.

- At lunch we observed that the increase in staffing meant people were provided with their meals in a timelier way and staff could offer people ad hoc support and encouragement to eat. The meal time experience was much improved.

- Staff told us that improvements made to the staffing level meant they could provide more personalised care and had time to provide people with a better standard of care. Staff said they were no longer just attending to people's basic needs and said they had time to spend with people in a meaningful way.

- Relatives made positive comments about the increase to the staffing level. One said, "They are much better now regarding staff."

Using medicines safely

- We carried out an audit of people's medicines on both units, comparing the stocks of remaining medicines with the medicines administration records (MARs). We found that these matched, indicating people received their medicines as prescribed. People who had time sensitive medicines received these at the frequency required.

- Protocols had been put in place to guide staff on when it would be appropriate to administer medicines prescribed to be taken on a 'as and when required' basis (PRN).

- Audits were carried out of medicines administration and improvements had been sustained. The system in place to identify shortfalls was effective and action had been taken to address any errors.

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 meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.

- 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

Throughout the COVID-19 pandemic the home's manager had ensured people were able to have visits from the people who mattered to them. The service had utilised spare rooms and risk assessed this, enabling visits to safely take place. When visiting had been restricted due to advice from either Public Health England guidance or outbreak, the service supported people to keep in contact with family and friends through regular video and telephone calls. Visits in person were always available for people who were considered to be receiving end of life care.

From 11 November 2021 registered persons must make sure all care home workers and other professionals

visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Is the service responsive?

Our findings

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

At the last inspection the service was rated 'Inadequate in this key question. At this inspection we found that improvements had been made and the service is now 'Good in this key question. This meant people's needs were met through good organisation and delivery.

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

- Improvements had been made to the sources of meaningful activity accessible to people. Changes had been made to the décor on the unit for people living with dementia to make it more stimulating, and many items people could access independently had been put in place around the unit.
- An increase in the staffing level had been made to consider the time needed for staff to engage people in activity, orientate them and to spend time with them. We observed that people were now engaged and orientated to time and place.
- The service was supporting people to have visitors, either in their bedrooms or in a purpose built COVID19 secure pod in a vacant bedroom.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Improvements had been made to care planning to ensure the individual ways in which people communicated were set out for staff. This included information about distressed behaviours, what these might mean and how staff can respond to reduce people's distress
- We observed staff supporting people to make choices in line with their communication methods. This included giving people visual choices of food and drink.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been developed to include more about people's likes, dislikes, hobbies and interests and reflected people's individuality.
- Improvements to the staffing level meant people now received personalised care and interactions from staff which were not task focussed.

End of life care and support

- End of life care planning was in place which made clear people's preferences and wishes at the end of their life. This means the service could provide them with more person-centred care.
- The service maintained good links with other healthcare professionals to enable them to support people effectively at the end of their life.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place. Relatives said they knew how to make a complaint and felt this would be acted upon.
- We reviewed the records held by the service in relation to two complaints and found these were investigated thoroughly and actions were implemented as a result. The service responded to concerns they identified themselves and we saw that letters of apology were sent to people and their relatives where the service had fallen short of the expected quality.

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 as 'Inadequate'. At this inspection we found improvements had been made and the service is now rated 'Good' in this key question. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Since the previous inspection, a new management team had been put in place. This included a new manager who had registered with the Commission and a new deputy manager. A new regional manager to oversee the service was also in place. These management changes had led to significant improvements in the oversight and quality management of the service.
- The new management team had driven forward significant improvements which meant that people experienced a better standard of care and lived more fulfilled lives. The new management team had implemented their own systems to monitor the quality of the service as well as using the providers, which meant they were using a tailored approach to quality assurance which worked for their staff team.
- The new management team and the staff team showed accountability where things went wrong, and all collectively took responsibility for making improvements. Where shortfalls occurred, written and verbal apologies were made to people and their relatives and assurances were given as to how these events would be avoided in the future.
- Staff made positive comments about the new management team. Some staff who had previously left the service had decided to return following the appointment of the new manager, who had previously been the manager of the service many years ago. The new manager was visible in the service and clearly had good relationships with both people and staff.
- A staff survey carried out in December 2021 showed significant improvement in how staff felt about the service, particularly in morale and how the staff felt about the management of the service. This meant there was a more positive culture which enabled the provision of better care.
- Audits carried out by the service showed shortfalls and areas for improvement continued to be identified. The service had an action plan in place setting out the areas for improvement and development in the service. This included the ongoing refurbishment of the service which we observed taking place during our visit.

Working in partnership with others

- The service had formed relationships with other organisations such as Suffolk County Council, the Clinical Commissioning Group (CCG) and district nursing teams. Suffolk County Council and the CCG had also

observed improvements in the service and shared their findings with us.

- Where people had contact with other specialists, the advice given was transferred into care planning.

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

- Shortfalls in staffing, risk management and the environment had been acted upon in a timely way by the new management of the service and this promoted good outcomes for people.
- Staff were kind, caring and knew people well. Improvements had been made to ensure they were supported to have enough time to spend meaningful time with people, making them feel as if they mattered.

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

- People were given opportunities to feedback their views through surveys and meetings.