

Barchester Healthcare Homes Limited

Ottley House

Inspection report

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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 11 July 2016 and was unannounced. The home was last inspected on 16 June 2015 where we gave it an overall rating of requires improvement.

Ottley House is registered to provide accommodation with nursing and personal care to a maximum of 72 people. There were 67 people living at the home on the day of our inspection. People were cared for on two units, the Ann Carter unit which provides nursing care and the Memory Lane unit which provides care for people with dementia.

A registered manager was in post and was present during our inspection. 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.

People felt safe living at Ottley House and felt safe when staff supported them. Staff protected people from abuse, discrimination and avoidable harm and understood action they would need to take if these occurred. Concerns that were raised about people's safety were dealt with quickly and referred to the appropriate agencies.

There were enough staff to safely meet the needs of people. People were not kept waiting for support and a reduction in the use of agency had helped to ensure a consistency of staff. Any risks to people and their environment were managed through regular assessment and monitoring. Staff had good knowledge of the risks people faced, how to reduce these risks and clear plans were in place which staff followed.

People felt well cared for and staff demonstrated affection and warmth when supporting them. People's privacy and dignity was respected and people and staff had developed positive relationships with each other. Staff knew people's individual needs and made sure people understood the choices available to them. People were given information in a way they could understand and staff gave people time to respond and communicate.

The provider had introduced a new programme to enhance dementia care. This had improved the well-being of people who lived in the Memory Lane unit.

Staff had the skills, knowledge and support to effectively meet the specific needs of people. Staff training and development was invested in to make sure they had the skills and knowledge to carry out their roles.

People's right to make their own decisions and give their consent to their care and treatment was sought and respected. Where people could not make their own decisions staff made sure these were made in their best interests and involved families and other professionals where necessary.

People enjoyed the food they received and had choices of what they ate and drank. People were provided with enough well-balanced food and drink which helped to make sure their nutritional needs were met.

People were encouraged to spend their time how they wanted to. A range of events took place at the home which most people enjoyed and took part in. Staff also spent one to one time with people to support them with whatever they wanted to do.

Staff were proud to work at the home and they were enthusiastic about their roles within the home and the improvements that had been made since our last inspection.

Good leadership was demonstrated at all levels and there were systems in place which assessed and monitored the quality and safety of care provided.

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.

People were kept safe by staff who understood how to protect them from abuse, harm and any risks associated with their care. People were supported by enough staff to keep them safe and meet their needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff encouraged people to make their own decisions and give their consent to their care and treatment. Food was well-balanced and met people's nutritional needs.

Is the service caring?

Good ●

The service was caring.

Staff cared for the people they supported and treated them with dignity and respect. People were encouraged to be involved in making choices about the care they received.

Is the service responsive?

Good ●

The service was responsive.

When people's needs changed their care and support was reviewed to make sure it continued to meet their needs. People were supported to spend their time how they wanted to and were encouraged to give their opinions on their care.

Is the service well-led?

Good ●

The service was well-led.

Staff morale was good and staff worked for the benefit of the people who used the service. Good leadership and teamwork had created a culture of improvement within the home.

Ottley House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2016 and was unannounced.

The inspection team consisted of two inspectors, one inspection manager, one specialist advisor and one 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 14 people who lived at the home and six relatives. We spoke with 14 staff which included care staff, nursing staff, the head chef, the heads of both units and the registered manager. We viewed records which related to consent, people's medicines, the assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We also 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

People felt safe living at the home and felt safe when staff supported them. One person said, "I feel very safe here and I am secure in my room, the staff make sure I am safe. It's just right for me. The staff are all excellent because they are so reassuring and they do not restrict me, I am free to do as I please." Another person said, "Yes, I am definitely safe here and my valuables are taken care of." One relative said, "We have no worries about [person's name] we know they are safe and well cared for. We visit at different times and there are always staff about and they know what they are doing. This place is excellent." Staff had received training and understood their responsibilities for keeping people safe at the home. One staff member said, "We do not wrap people in cotton wool. We help them to be safe." Staff understood how people could be abused or discriminated against and knew how to report their concerns. One staff member told us they had reported concerns to the registered manager and that this had been dealt with effectively. Managers at the home understood their role in relation to safeguarding people and the process they needed to follow to escalate concerns to the local authority.

People were protected from risks that were associated with their care and the environment they lived in. Where people were at risk of harm we saw care was provided in a way which did not unnecessarily restrict them. One staff member said, "Everyone is different, we try to minimise the risk of harm but let them [people] do things." Staff provided support to people with their mobility. At our last inspection we had identified that some moving and handling techniques required improvement. At this inspection staff supported people with their mobility in a safe and competent manner. Staff explained to people how they were going to support them and we saw people were relaxed when they were being assisted. Some people were at risk of their skin breaking down and we saw preventative measures had been put in place to reduce this risk such as pressure relieving mattresses. Staff regularly reviewed people's risks by completing assessments. These were updated each month or when staff had concerns and plans to reduce risks were incorporated into people's care plans.

People were supported safely and their needs met by sufficient numbers of staff. People told us they thought there were enough staff and although they were busy they were there when people needed them. Just one person we spoke with thought there were not enough staff and this was due to them being busy. One person said, "Someone always comes when I need them. Take the other night when the fire alarm went off by mistake, I was a bit frightened but they were with me straight away and everything was alright." At our last inspection we had identified that consistency of care required improvement due to a high use of agency staff. At this inspection we saw that no agency staff were used for day shifts and only occasionally used for night shifts. One staff member said, "[There are] no agency staff now. There is more continuity of staff." New staff had started working at the home soon after our last inspection and this had led to a consistency of care for people. One head of unit told us a new dependency tool had been introduced. This was completed on a continual basis by the head of units or when a person's care needs changed. It was a system which generated a result of how many staff should be on duty at any time to cope with the dependency needs of people who lived at the home. The head of unit told us that since the introduction of this system there had been adequate staffing levels which had improved the quality of the care provided.

People were supported by staff to take their medicines when they needed them. People told us they were involved in decisions regarding their medicines. One person told us they understood why they needed to take a particular medicine. They said, "If I have a question about my tablets they [staff] explain things and give me an answer – I am always involved." We saw staff supported people to take their medicines when they needed them. One person told a staff member they were in pain. The staff member referred this to nursing staff straight away. The person was given a choice of which pain relief medicine they would like. The nurse explained the benefits of each medicine and the person made their decision based on this information. We saw other people being supported to take their medicine. Staff explained what they were doing prior to giving people their medicine and were calm and reassuring. One person was given their medicine on a spoon because they found it easier to take this way. The staff member ensured the person was comfortable and engaged in what was happening.

Is the service effective?

Our findings

People and relatives all felt that the staff who cared for them knew how to meet their needs and looked after them well and in the right way. They considered staff to be well trained and told us staff were, "excellent", "brilliant" or "very good". We found staff knew people's individual needs well and understood the care and support they needed. They were supported in their roles and received a range of training to ensure they were equipped with the skills and knowledge to deliver care effectively.

Staff understood how their training benefitted the people they supported. One staff member spoke about the learning they had taken from some training they had completed. The training was to help staff work with people who may become anxious. They told us the training had taught them to guide people to re-direct their thoughts, give reassurance and always be smiling and friendly. We also spoke with a group of five care staff who told us the training they received was good and it was on-going. They told us their training increased their understanding and helped them to, "care more effectively and safely". They reinforced this by showing us daily recording charts they had completed. They explained how important it was to keep good records to ensure people were kept healthy and well. One staff member said the training was, "second to none" and they were, "very impressed" with it. Staff received training in areas which were specific to the needs of people who lived at the home. They understood the positive impact good training and development had on the effective delivery of care.

People were supported by staff who had the opportunity to broaden their skills and develop their career beyond their current roles. The registered manager told us they wanted to, "drive staff development". They told us they wanted staff to provide the best care they could which in turn would benefit people. A new role of care practitioner had been introduced where they worked alongside the nursing staff and took a greater responsibility in areas such as wound management and medicines. We spoke with one care practitioner who said, "[The registered manager] has asked where I want to go. The opportunities here now are fabulous. Staff see it so they can see what they can achieve." Staff told us they felt the training provision was very good and they liked the fact that their training was not allowed to lapse in any particular area. We were told the training co-ordinator monitored all staff's training to ensure it was always current. Two of the nursing staff told us they were encouraged to seek out continuing education outside of the home. This continued education and development is required for nurses to retain their professional registration. The head chef told us they were involved in training new chefs to Barchester. They told us they were currently completing a course on diabetes to ensure their knowledge was current.

The home had recently been part of a pilot group to trial Barchester's new 10-60-6 programme to enhance dementia care and was awarded accreditation in May 2016. The 10-60-6 programme consists of four levels of training. By using research and evidence-based interventions it aims to enhance the person-centred care delivered and improve the well-being of individuals living with dementia in a care setting. All staff at the home had completed the levels of training which were appropriate to their roles. They understood how this training was improving people's lives within the home. One staff member said, "It's changing the way we work with people with dementia. We work on triggering memories and the training of staff." On the Memory Lane unit the head of unit told us the programme had a positive impact on the well-being of people. They

told us there had been a reduction in people's need for psychotropic medicines, increased choice for people, less anxiety for people and recognition by staff that Ottley House was people's home and staff were in their home.

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 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 were encouraged to make their own choices and decisions about their day to day care and support. Where people needed support staff gave them simple choices and gave them the time they needed to make their decisions. One staff member told us, "We always assume capacity, support people to do as they wish." Another staff member said, "We do not assume that they [people] don't do things. It is always important for them to make their own decisions."

People can only be deprived of their liberty so that they can 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw evidence that decisions made on behalf of people were made in their best interests. These decisions were made with the involvement of the person, family, staff and other professionals as needed. The head of unit from the Memory Lane unit explained the systems in place for ensuring people's rights were promoted in accordance with the MCA and DoLS. They had sound knowledge of the process they needed to follow to ensure people's rights were upheld. They told us the least restrictive options were always considered and people's needs were considered holistically. They said, "We do everything we can to make sure people are safe. It is up to us to ensure people's safety and wellbeing." They confirmed that 31 people who used the service were subject to a Deprivation of Liberty with no conditions attached to the authorisations. Further applications had been submitted to the local authority and were waiting to be authorised. Risk management plans were in place to ensure people's safety whilst these applications were being processed.

People were supported to have enough to eat and drink and maintain a balanced diet. One person said, "The food is good and so is the selection. I sometimes would like something more at night not just sandwiches but I can ask, also we get plenty to drink and there is always variety." People who needed assistance with their meal were supported individually by staff. Staff supported people at their own pace and did not rush them. They were attentive to people's needs and supported people in a dignified manner. Some people chose to eat their meals in their rooms and these meals arrived hot. We saw that people were offered choices of what they wanted to eat and drink and these were offered throughout the day. One person said, "I like the food although it has to be soft now. They know I love milk puddings and they make them especially for me." We saw lunchtime was relaxed and there was plenty of conversation and laughter in the dining rooms. The chef told us that depending on the resources available to them they would always offer alternatives when people did not want what was on the menu. We saw this was the case when two people did not want what was on the day's menu. Staff asked if they wanted chef to make something else for them and gave several options. These alternatives were provided with no fuss and both received freshly cooked meals.

People were involved in the development of menus. The head chef told us that individual menus were created from a 'recipe bank'. There was a current initiative by the provider to encourage people, relatives and staff to submit their favourite recipes to add to this 'recipe bank'. The home that submitted the most recipes would receive money towards their 'residents' fund'. The head chef told us they had encouraged

people, relatives and staff to submit as many recipes as they could. They also said that the provider was keen to have regional recipes so these could be shared through the 'recipe bank' for their other homes to try.

Outcomes for people had been improved through good nutrition. The head chef told us that the use of nutritional supplements had been stopped. This was due to the introduction of 'fortified meals' where calorie-dense foods were added to dishes to increase their caloric content. The chefs were familiar with people's nutritional needs. The head chef met with the deputy manager regularly to discuss people's nutritional needs including where people had lost or gained weight. They were also kept updated by staff on any recommendations made by healthcare professionals such as when people required diabetic or soft diets.

People were supported to access healthcare services as required. One person said, "I have just had my eyes tested. They come in and do them here which is excellent for me as getting out is difficult. It was arranged by the home and they are very good, I am very pleased." Another person told us the physiotherapist was due to visit them to help them use a walking frame. Staff made timely referrals to other healthcare professionals and worked with them to ensure people's health care needs were met. Visits from people's doctors, community nursing teams, physiotherapy and chiropody were arranged as needed.

Is the service caring?

Our findings

People were cared for by staff they were familiar with and had opportunity to build positive relationships with. People and relatives told us that staff were caring towards them even when they were busy. One person said, "They [staff] are always very gentle, caring and kind with me and I never feel uncomfortable at all." One relative told us their family member was cared for, "wonderfully". We saw staff interacted with people in a kind and gentle manner. They listened to what people said and spoke respectfully, clearly and with patience. We saw one staff member assist a person with their meal. This person had limited verbal communication and the staff member's approach was kind, thoughtful and measured. The person was engaged with the staff member while they chatted away and responded with smiles and laughter.

Staff knew people living at the home well and had a good understanding of each person as an individual and what they liked. They initiated conversations with people and we heard discussions as diverse as football teams and television choices. People were relaxed with staff and we saw much laughter throughout the day. Staff had smiles on their faces and we heard staff ask people numerous times if they were comfortable or needed anything. Staff placed cushions under the heads of people sleeping in armchairs to make them more comfortable.

People told us they felt involved in what happened to them and that staff took time to explain things to them. People told us they had the opportunity to talk about their lives and personal interests with staff. One person had written about their personal experience of the war. This was displayed for staff and visitors to read. One staff member said, "We learn about people's lives from families if they [people] cannot share this information." One staff member in the Memory Lane unit told us they learnt about people's life history from their families. Each person had a memory box and photos in their rooms which could be used to support people to reminisce. Staff found out about people's personal wishes and views on how they wanted their care delivered. One staff member said, "We respect their wishes, research their culture and find out how they wished to be cared for." Staff recognised that relatives were a valuable source of information and could offer insight into a person's life and personal experiences. One staff member said, "We involve families, they are as important as the resident."

People were involved by staff in making choices and identifying the support they needed. We saw one staff member address a person as 'sir' and ask, "How would you like me to help you?" Another person wanted to change the television channel so they could watch the news. A staff member involved everyone in the lounge and asked if they minded the channel being changed.

People's privacy and dignity was respected by staff. One person said, "Yes my privacy and dignity are always respected at all times and I have to be helped quite a lot. They [staff] always knock before entering my room which is good and I appreciate that courtesy." Another person told us staff respected their wishes around their privacy. They told us that although they were supported in bed they liked their bedroom door left open so they could, "see what's going on." Relatives also told us they felt respected by staff when they visited their family members. One relative said, "The staff are friendly, they always make me welcome."

Is the service responsive?

Our findings

People received care and support that was individual to their own needs. People told us that staff supported them and provided their care the way they wanted it. One person said, "Things are never perfect all of the time and loneliness can be the thing, but I don't get lonely. I have my visitors, activities and the staff. The staff are a great, happy bunch and [registered manager's name] is a very good manager and they sort everything out. I can tell them when I want a bath and I can have it when I want it." One relative said, "They are such great staff here. [Person's name] is much more settled in them self because they care and respond to their individual needs. It really is excellent care, please make that clear."

Staff responded quickly to people's requests for support. One person said, "The staff always respond and come very quickly if I use my call bell." Another person said, "Yes if I need the toilet I ring the bell and they come and look after me. If I need anything I just ask and it is done." People told us that nothing was too much trouble for any member of staff at the home.

People were supported by staff who recognised when their needs changed. We saw one staff member recognised that a person was uncomfortable and asked them if they were in pain. They offered pain relief and this was given without delay. Staff told us they completed daily records of the care and support they gave to people, which included records of weight and food and fluid intake. They understood that when people's health and care needs changed these records were important in case the doctor needed the information. They also told us they could identify changes in people's health, for example, fluctuations in weight and alert the nursing staff to this. Information relating to people's changing needs was shared with staff through shift handover and also a daily head of department meeting.

People were supported to spend their time how they wanted to. People told us there was a programme of events at the home which kept them entertained. We also saw that staff supported people individually with hobbies and interests. One person said, "I don't get bored. I go to the library and we have lots of different activities here. We [people] like things with music, bingo is also good. Staff also make sure the bird feeders outside my room are always filled up as I like to watch them." People had a diverse range of events they could choose to attend. On the day of our inspection there was plenty of music and singing to be heard throughout the home. One staff member told us music sessions were a favourite time for everyone. They said people sang and got involved with the music. However, one person told us they were fed up of hearing the singer Vera Lynn all the time. We also saw kittens had been bought to visit people at the home and these were being used with therapeutic effect. In the Memory Lane unit staff supported three people to do some drawings. They encouraged each person to talk about the pictures they had drawn. The staff member said, "This is their home. They can do what they want as if they were in their own home." Staff took people for walks around the garden, talked with them, put music on and sang with them or supported them with individual games.

People and relatives were encouraged to give their opinions and feedback on the service provided at the home. They were also encouraged to make suggestions for improvements. Meetings were held at the home that people and relatives were encouraged to attend. There was also information in the reception area of

the home with comments and complaints cards. People and their relatives were also asked to complete surveys and the findings from these were shared through meetings and the monthly newsletter.

People and relatives told us they knew what to do if they had a problem, question or concern. They told us they would not hesitate to speak with any of the staff or the registered manager. There was a system in place to respond to and look into any complaints that were made. One complaint had been received in the previous 12 months. The registered manager had investigated this and had identified lessons that could be learnt from this. We saw these lessons were communicated to staff during a meeting and they were told of improvements to practice that needed to be made.

Is the service well-led?

Our findings

Relatives of people who had lived at the home for over two years confirmed how much they thought things had improved at the home and praised the staff and registered manager. One staff member said, "Things have improved so much since you were here last time, it's such a joy to work here." Feedback from our last inspection had been shared with people, relatives and staff through meetings. Copies of the inspection report and summary had been made available within the home and letters were sent to relatives with details on how to access the inspection report. Staff told us the culture of the home had changed over the last year. One staff member said, "People have fantastic choices. We're taught to always offer choices, this is their home. I was embarrassed two years ago to say that I worked here but now I'm happy to say I work here."

Feedback from people and relatives was used to make improvements within the home. A system called 'you said we did' gave information to people and relatives on what actions had been taken in response to their feedback or suggestions. We saw the most recent feedback was relatives had asked that staff encouraged people to access the garden areas. In response to this new garden furniture had been purchased which meant this area was now more comfortable for them. The registered manager also took action when we raised issues with them during inspection. One person had told us they had nowhere to keep their valuables. The registered manager explained there was a safe that people could use. In response they told us they would speak individually with this person, put a reminder in the next newsletter and ensure all people were aware there was safe storage for their valuables.

Staff told us that leadership at all levels was good and they felt supported at all times. They felt the culture of the home was one of openness and honesty. They understood their roles and were enthusiastic about working at the home. Staff told us they had opportunities to expand their knowledge and their roles. They told us communication was good and information was shared with staff about how the home needed to develop and improve. One staff member told us the registered manager always praised staff when they, "got it right." They said, "It's nice to get a bit of credit. [Registered manager's name] always says thank you. If things are wrong they tell us as well, but in a way that is good." Lessons learnt from investigations into accidents and incidents were shared and discussed with staff at meetings. The registered manager told us that since our last inspection a lot of new staff had started working at the home. They told us they considered all staff were now working well as a team. They said, "I like to think we have got a good team here now. It is so important when trying to deliver consistently good care. We do it because we want the very best for our residents."

One staff member had been asked by the registered manager to look at a CQC report of another nursing home in the local area. The staff member told us the purpose of this was to give them more of an idea of what we looked for in our inspections. They told us that by looking at other home's inspection reports they found areas they could identify with and use this learning at Ottley House to make improvements. They had realised why it was important that staff understood why the deprivation of liberty safeguards were needed rather than just having the training and not implementing that learning. The registered manager told us staff had found this beneficial in helping to make improvements and in understanding what our expectations

were when we inspected.

The provider's approach to quality assurance was integral to providing a good service. People benefitted from effective systems which were in place to assess and monitor all aspects of the care and treatment they received. The provider ensured their senior managers completed quality checks at the home. These managers were responsible for leading the home managers and making sure that improvements were made. Feedback was given from these quality checks and action plans developed to make any necessary improvements. Most recent improvements were to the decoration of the home. Results from internal investigations and quality checks were fed back to the provider. This meant they had the assurance that systems in place were working effectively. The registered manager met with the deputy manager and heads of unit each morning. The purpose of this meeting was to cascade information from the provider down to staff and to also discuss any issues or emerging risks. We found the registered manager had not submitted statutory notifications to us regarding authorised DoL applications. We discussed this at inspection and these were submitted without delay.