

Crown Care Homes Ltd

Oldfield Manor

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oldfield Manor is a residential care home providing personal care to 15 people at the time of the inspection. The service can support up to 17 people in one adapted building. Bedrooms comprised of 15 single bedrooms and one double bedroom, five of which had en-suite facilities, spread over two floors. There was a lift to access the first floor. There was sufficient washing and toilet facilities for people. People had access to a number of communal areas, including quiet spaces and a garden.

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

People received care and support that was exceptionally person-centred and was embedded in the service. The registered manager and staff had an excellent understanding of people's needs and desired outcomes. Electronic care plans holistically reflected people's needs in a personalised way and identified people's choices, wishes, preferences and things that were important to them. We saw people had achieved extremely positive outcomes. A person told us, "I have a much better quality of life here."

The registered manager and staff were passionate about supporting people to develop and maintain relationships and people were exceptionally well supported to take part in activities to avoid social isolation. We saw exceptional examples of how people had made significant improvements and achieved their goals as a result of the support from the service.

People told us they felt safe. Staff were knowledgeable regarding safeguarding and had access to policies and procedures. Risk assessments had been completed to keep people safe and equipment was regularly serviced. Accidents and incidents were recorded, and evidenced lessons learned. Robust recruitment systems and processes were in place. The premises were clean, and staff followed infection control and prevention procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. People were provided with a nutritious and varied diet. Staff were supported through induction, robust training and regular supervisions and appraisals.

Staff were kind and caring. People told us, "I like the staff, they are caring. They make my life better" and "The staff are good. They talk to me in a kind way. The staff are the best thing about living here." People appeared comfortable around staff. Consideration had been made to the Equality Act 2010 and people were protected against any discrimination. People told us staff respected their privacy and dignity and supported them to be as independent as possible.

The service was well-led. We received positive feedback about the registered manager and staff felt supported in their roles. The registered manager ensured they sought feedback about the service from

people, family, external professionals and staff to drive and improve the service. Systems were in place to monitor the quality of care provided and continuously improve the service.

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 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Oldfield Manor

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for feedback. 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 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.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager, a senior carer and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional. 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.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems and processes in place to protect people from abuse. Staff told us they had received training in safeguarding and knew their responsibilities. People told us they felt safe. One relative told us, "[Family member] is definitely safe." Staff had access to safeguarding policies and procedures.
- The registered manager understood their responsibility to send us notifications of any incident which placed people at risk.

Assessing risk, safety monitoring and management

- The registered manager had effective systems and processes in place to assess and manage risks. Care records contained detailed risk assessments for people's health and wellbeing. The registered manager had also considered risks within the environment and ensured regular reviews of all risk assessments were undertaken.
- The registered manager ensured equipment and installations were checked and serviced regularly. Fire safety systems and procedures were in place. People had emergency evacuation plans in place, detailing the support required in the event of an emergency situation.

Staffing and recruitment

- The registered manager followed safe recruitment systems and processes. This included a full employment history, any gaps in employment, reason for leaving previous roles, obtaining criminal history check from the Disclosure and Barring Service and obtaining references from prior employers.
- Staff told us, apart from times when staff were sick, there was enough staff on duty to meet people's needs. There was a calm and relaxed atmosphere throughout our inspection and staff did not appear rushed. People told us there was always enough staff on duty. One person said, "There always seems enough staff on duty. I never have to wait for long."
- The registered manager told us, and records confirmed, they had a consistent staff team who had worked in the service for many years.

Using medicines safely

- Medicines were managed safely. Processes were in place for the ordering and supply of medicines and medicine administration records demonstrated people received their medicines regularly.
- Staff told us, and records confirmed, they had received training in administering medicines and their competency checked. The registered manager conducted regular audits of medicines to ensure any concerns were identified.

Preventing and controlling infection

- The registered manager ensured effective systems and processes were in place to control the spread of infection. Staff had received training in infection control and knew their responsibilities, for example to wear personal protective equipment.
- The service had a housekeeper and a maintenance person to ensure the cleanliness and up keep of the property.

Learning lessons when things go wrong

- Staff recorded accidents and incidents. The registered manager reviewed all accidents and incidents to spot for themes and trends and ensured lessons learned were shared with the staff team.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager had made three applications to deprive people of their liberty, however, they were awaiting authorisation of these. In the meantime, care and support was being delivered in people's best interests.
- Staff had received training in MCA and DoLS and had a good understanding of their responsibilities. Staff obtained consent for people's care and support. People told us they could make choices and decisions. For example, one person said, "I can do what I want. I am going in town today for a walk around."

Staff support: induction, training, skills and experience

- Staff told us they completed an induction when commencing employment. Records confirmed what we were told.
- The registered manager ensured staff received appropriate training to meet the needs of people using the service and in line with best practice. People and relatives told us staff had to skills to support them effectively. One relative told us, "The staff are brilliant. They are definitely well trained." Another commented, "Staff appear to be well trained. We have no concerns whatsoever."
- Staff told us they received regular supervisions and annual appraisals to support them in their roles and identify any training needs.

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

- People's needs were holistically assessed to ensure their care and support achieved effective outcomes and their needs could be met. The registered manager ensured care plans were updated when people's needs changed.

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

- People were supported to maintain a healthy, balanced diet. The service used an external company which specialised in providing frozen, nutritionally balanced food. The registered manager told us they were able to select options from a wide menu to meet people's nutritional needs and ensure any known allergens were avoided for individuals. A person told us, "The food is good. I like the steak pudding it is my favourite."
- At the lunchtime meal service, 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. There was a relaxed atmosphere and staff offered support to people when needed.

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

- The registered manager and staff worked effectively with healthcare professionals, when required, to ensure people received a good standard of care. A person told us, "I am a lot better than I was a few months ago. I was in hospital. People say I look a lot better now and I feel a lot better."
- Care records evidenced that people's health needs had been considered and how staff were to support people. People had access to healthcare services such as GP's, speech and language therapists and dieticians.

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

- People told us they could personalise their own bedrooms. A person told us, "My bedroom is due to be decorated. I like my bedroom, there is enough space for me. I like being on my own." A relative told us, "[Family member] has a collection of photographs so he can personalise his bedroom." The service was undergoing refurbishment during our inspection and the registered manager told us of future plans. People could access outdoor space and enjoy the garden.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well supported and cared for. People unanimously told us the registered manager and staff were compassionate and kind. Comments we received included, "[Name of registered manager] is the best, 'simply the best'. She is kind and good and helps us the best she can", "I like the staff, they are caring. They make my life better" and "The staff are good. They talk to me in a kind way. The staff are the best thing about living here." A relative told us, "The staff are brilliant."
- Staff interacted with people in a kind, caring, sensitive and respectful manner. People appeared comfortable around staff.
- Consideration had been made to the Equality Act 2010 and people were protected against any discrimination. The registered manager ensured equality and diversity training was completed by staff and relevant policies and procedures were accessible.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. Staff knew to knock on people's doors before entering and to maintain dignity when supporting people with personal care.
- Care records described what people were able to do for themselves to maintain their independence. Staff encouraged people be as independent as possible. A person told us, "I set the tables at 4pm. I enjoy it, it gives me more independence."

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

- Care records evidenced people were involved in decision-making and were at the centre of the care planning process.
- People had access to advocacy services. These services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was exceptionally person-centred and was embedded in the service. The registered manager and staff had an excellent understanding of people's needs and desired outcomes. The overwhelming theme of feedback we received was that the registered manager and staff were passionate about meeting people's needs. People told us, "I have a much better quality of life here", "Staff always say, 'you don't need to worry we are here for you'" and "I wouldn't want to live anywhere else." A staff told us, "I think as staff we are very conscientious about the care we give. The registered manager ensures that residents needs are met."
- Electronic care plans holistically reflected people's needs in a personalised way and identified people's choices, wishes, preferences and things that were important to them. We saw people had achieved extremely positive outcomes. For example, one person's health condition had improved to an extent they no longer required medication. Another person who had previously displayed behaviours which may challenge had improved so much they no longer required input from the mental health team. People also had 'happiness care plans' in place. These detailed how staff could support people to be happy. For example, one person said swimming made them happy, therefore staff had supported them to join a swimming group.
- The service and carers were responsive to people's changing needs. Staff and carers constantly reviewed and updated people's support plans and made appropriate referrals to relevant professionals, when required. A person told us, "I don't deal with my care plan, I like my [relative] to do the care plan." Another person could not remember if staff involved them in the care planning process. However, people or their relatives had evidently been involved in the care planning process as their needs and preferences were exceptionally well documented.

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

- The registered manager and staff were passionate about supporting people to develop and maintain relationships. For example, one person had been supported to regain contact with a family member who they had not seen for some time. This had an extremely positive impact on the person's wellbeing. Another person had progressed from being socially isolated in their bedroom to engaging with other service users in communal areas frequently.
- People were exceptionally well supported to take part in activities to avoid social isolation. For example, one person who had previously had a condition which prevented them from going outside, had progressed with support from staff, to accessing the community and public transport on a regular basis. This had been

an extremely positive outcome for the person.

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.

- The registered manager understood their responsibilities in relation to the AIS. They told us, "We had someone who was blind, so we went to the blind society for assistance with the information. We can also get documents in larger print or picture cards etc."

Improving care quality in response to complaints or concerns

- Information relating to how to make a complaint was readily available throughout the service. The registered manager had an 'open door' policy and people were actively encouraged to provide feedback or raise concerns. Concerns and complaints were dealt with in line with policies and procedures.
- People knew who to approach if they had any concerns and told us they had no complaints.

End of life care and support

- No one was receiving end of life support at the time of our inspection. The registered manager ensured end of life policies and procedures were in place which were accessible to staff.
- People had end of life care plans in place to ensure their needs and wishes were met at the end of their life. Staff had received end of life training.

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 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

- The registered manager promoted person-centred care within the staff team, to ensure exceptionally positive outcomes for people. We saw excellent examples of how the service had successfully worked with people to achieve their desired goals as described in the responsive domain of this report. The culture within the service was one of openness and transparency.
- The registered manager knew people well and was a visible presence within the service.

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

- People spoke very highly of the registered manager. A person told us, "[Name of registered manager] is a good manager." A relative told us, "[Name of registered manager] is very approachable." Staff also spoke positively about the registered manager.
- The registered manager demonstrated sound knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary. Staff were clear of their roles and responsibilities.

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

- We found the registered manager was open and transparent throughout the inspection. The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty from staff, for example reporting incidents or complaints.

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

- The registered manager sought feedback from people, relatives, staff and external professionals. Surveys had been sent out, but the results had not been analysed at the time of our inspection. Comments we saw were positive about the service. The registered manager also ensured feedback was sought through regular meetings with people, relatives and staff. Feedback was used to improve the service.
- There were good relationships with other services involved in the person's care and support, such as the local authority, mental health teams, safeguarding teams, and multi-disciplinary teams.

Continuous learning and improving care

- The registered manager has robust quality assurance systems in place to ensure improvements were

made within the service. There was a range of audits being completed within the service. These included audits of equipment, communal areas, bedrooms, medicines, recruitment and training.

- There was evidence that lessons learned from incidents, accidents or near misses were shared amongst the team.