Oriel Healthcare Limited

Oriel Care Home

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 well-led?	Good

Summary of findings

Overall summary

About the service

Oriel Care Home is a residential care home providing personal to 32 people aged 65 and over at the time of the inspection. The service can support up to 33 people across three separate buildings on one site.

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

People were supported by staff who understood the signs of abuse and actions they should take to keep people safe. Staff knew the risks to people's safety and how these risks should be managed. There were enough staff available to meet people's needs. Medicines were managed in a safe way and work was underway to improve guidance for staff on 'as and when required' medicines should be given. There were infection prevention systems in place to reduce the risks associated with COVID-19.

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 had their dietary needs met by kitchen staff who knew their needs. People had access to healthcare support when required. The environment met people's needs, although further work was being undertaken to make outdoor spaces more accessible.

People and staff spoke positively about the leadership at the service. There were systems in place to monitor the quality of care provided and this had identified where records required further detail. People had been given opportunity to feedback on the quality of the service and this feedback had been acted upon.

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 28 March 2020).

Why we inspected

We received concerns in relation to the management of falls and compliance with the Mental Capacity Act 2005. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.
We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oriel Care Home on our website at www.cqc.org.uk.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Oriel Care Home

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
The inspection was completed by an Inspector and an Assistant Inspector.

Service and service type
Oriel Care Home 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.

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 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 four people who used the service about their experience of the care provided. We spoke with seven members of staff including care staff, senior care staff, the care quality advisor, the cook, the registered manager and the provider.

We reviewed a range of records. This included five 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.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke on the telephone with three relatives who regularly visit the service.

Good

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.

Assessing risk, safety monitoring and management

● Prior to the inspection, we had been made aware of concerns relating to the management of falls. At the inspection we found that systems were in place to reduce falls risk where possible.

● Where people were at risk of falls, this had been assessed and measures put into place to reduce this risk. For example, we saw people had access to equipment that would alert staff if the person had experienced a fall. Staff we spoke with understood the reason's people may fall and the action they should take if a fall occurred. Where necessary, referrals had been made to healthcare professionals to support people in reducing their falls. One relative commented on the positive impact this had on their loved one. They told us, "They [staff] did everything they can to make it safe for [person] and they haven't fallen now for a while."

● Where other risks to people's safety had been identified, this had also been assessed and measures put into place to keep people safe. For example, where people were at risk of developing pressure areas on their skin, staff were guided to complete regular repositioning to reduce the risk of the skin breaking down. We saw this had a positive impact for some people whose pressure areas had recently improved.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe. One relative said, "[Person] is safe and they are secure."

● Staff knew the signs of abuse and the actions they should take if they were concerned someone may be at risk of abuse. Staff explained they would escalate concerns to their managers who would then take action to keep people safe.

● Where concerns had been identified, the registered manager had shared these with external agencies as required.

Staffing and recruitment

● People and their relatives told us there were enough staff to keep them safe and meet their needs. One relative commented, "There seems to be enough staff, I usually always see someone around."

● We saw where people required support, this was provided in a timely way. For example, where people's sensor alarms sounded from their bedrooms, staff responded quickly to ensure the person was safe and had not fallen.

Using medicines safely

● People told us they received their medicines when they needed this. One person said, "I know what medicine I am having, if I don't know I will ask. [Staff] give it at the correct time."

● Records showed people had received their medicine as prescribed. Staff spoken with understood any specific directions that needed to be followed in relation to medicines; including those that could only be

given before food, and those that had to be given at specific times.
● Where people had medicines on an 'as and when required' basis there was guidance in place to ensure staff gave this in a consistent way. Although some of these documents required further information, this had already been identified by senior staff who were in the process of including updates to these.

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 using PPE effectively and safely.

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

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Where incidents had occurred, records showed that action had been taken to learn lessons and prevent reoccurrence in future. For example, a monthly analysis of falls took place to identify any patterns to the falls occurring and put actions in place to address this.

Good

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).

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 had the appropriate legal authority and were being met.

- Prior to the inspection, we had been made aware of concerns the service was not working within the principles of the MCA. At the inspection, we found improvements had been made to how the service follows the MCA and this had resulted in referrals to deprive people of their liberty being made.
- The provider informed us that earlier in the year concerns had been raised by other professionals about how the service ensured compliance with MCA. In response to this, all senior care staff had been enrolled on a qualification to learn more about MCA. Staff's feedback about this training was positive. One staff member said, "We applied for a lot of DoLS but this was before we had the training so we didn't always do this right. However since then, we understand it more, so we are reviewing the applications we made previously."
- Staff spoken with all understood the importance of seeking consent prior to providing people with their support. Staff could explain the process they would follow to determine a person's capacity to make a decision and what they should do if a person lacked capacity. Records demonstrated the service was now working within the principles of MCA.
- Some applications to deprive people of their liberty had been made. These were being reviewed in light of the staff training in this area and so not all staff were aware of who currently had a DoLS in place. However, steps were being taken to address this with the information being made available on staff handovers.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs had been assessed and included within their care records. These assessments included

consideration of any protected characteristics under the Equality Act 2010 including their religious needs and any needs relating to their sexuality.

Staff support: induction, training, skills and experience

● Staff told us they received an induction and ongoing training that equipped them with the skills needed to support people effectively. One staff member said, "I have done lots of training. They [management] also support me to complete anything additional that I want to do, they are very supportive in allowing us to follow our passion and mine is end of life care."

● Records held in relation to training showed that a number of staff were overdue updates to their training. The registered manager advised us this was a result of the COVID-19 pandemic and its restrictions but that training was now booked and that all staff were going to be attending refresher courses. The provider had their own trainer who would be facilitating these training updates for staff.

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

● People provided mixed feedback about the meals available to them. One person said, "Food is very good for me. I am happy. I had a glass of wine with my meal." However other people commented that although they have a choice of meal they would like to see more variation in the choices available to them. This was shared with the provider who advised they would discuss this with people and make changes based on their feedback.

● People's dietary needs were being met. The cook was knowledgeable about people's dietary needs, including any allergies or food that may exacerbate certain health conditions for people. They had access to information about people's dietary needs and made this available within the kitchen for all kitchen staff.

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

● People and their relatives told us staff would seek medical support if this was required. One relative told us, "[Person] is as healthy now years later as they were when they went in. They have the chiropodist in and they get the doctor when needed."

● Records showed people had accessed routine health appointments in addition to support when unwell. For example, we saw evidence of visits from opticians and chiropody.

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

● The communal areas had been adapted in response to the COVID-19 pandemic to support social distancing. Communal spaces were spacious and well-lit to support people moving around independently.

● Consideration was being given to how people can be supported to spend more time outdoors independently. Due to the gardens not being secured, people would often require staff support to go outside. However plans were in place to secure the gardens to enable people to go outside alone if they wish.

Good

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.

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

● There were systems in place to monitor the quality of the service. This included regular audits of care records, medicines, infection control and activities. These systems had identified where there were areas for improvement and who was responsible for implementing the actions required.

●Care records had not always included detailed information about people's needs. However, there was no indication that this posed a risk to people as staff could provide accurate descriptions of people's needs and how these should be met. Audits completed at the service indicated that this area for improvement had already been identified and that work was underway to improve the quality of record keeping.

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

● People and their relatives spoke positively about the management team and the impact they had on people. One person said, "I think they are excellent, very kind. I haven't heard anyone grumble." A relative added, "Absolutely chuffed to bits with them. They have been fantastic, they keep us informed, reassure us and [person] has come on leaps and bounds."

● Staff shared similar positive feedback about the management team. One staff member said, "Yes I am supported, I am listened too, I am asked advice, if I do have any moans or groans the door is open for me."

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 and senior members of staff understood their responsibility to be honest when something goes wrong. Relatives informed us they were told where incidents had occurred, and records showed concerns had been shared with CQC and external agencies as required.

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

● People told us they had opportunity to provide feedback to the provider. One person said, "One of the ladies [staff member] comes in to do meetings. It's a good meeting." The service had a care quality advisor who also completed both announced and unannounced visits to the service and gathered people's feedback as part of this visit. The feedback was then shared with the provider to be actioned.

● Throughout the COVID-19 visiting restrictions, relatives continued to be invited to meetings via videoconference. This had been well received with one relative commenting, "They [provider] did do some

meetings over Zoom. They always made sure they sent me the minutes so I could see what was discussed."

Continuous learning and improving care; Working in partnership with others

● Records showed the provider had worked with other professionals to ensure people received the care they needed. This had included work with the local mental health team and district nurses.

● The provider indicated their willingness to continue to learn and improve care. They had employed their own trainer for the staff team. They explained they wanted to ensure all learning had value and this wasn't guaranteed by attending just one session per year. As a result, the provider employed their own trainer to implement a continual learning path for staff based on the specific needs of the people living at the home.