Our Lady and St Benedict's

# Oulton Abbey Residential & Nursing Home

**Inspection report**

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## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Requires improvement |

## Overall summary

We inspected this service on 14 and 16 July 2015. This was an unannounced inspection. Our last inspection took place on 25 July 2013 where we found that the provider was meeting the Regulations that we inspected them against.

Oulton Abbey Nursing and Residential Home, is registered to provide accommodation for up to 30 people who require nursing care or residential care, have mobility problems, may be over 65 years of age and may be living with dementia. At the time we inspected there were 20 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

We had not been notified of important events in the home, such as notifications of the death of people who used the service.

It was not always clear from the record how people were actively involved in the reviews of their care.

We found that people who used the service felt they were safe living at Oulton Abbey. They told us they liked living there and they were treated well. Staff knew how to recognise abuse and the action they should take to report it.

Staffing levels were sufficient to meet people's needs and checks were carried out on staff to ensure they were suitable to work at the home.

Risk assessments had been carried out for each person to ensure that any identified risks were reduced. These assessments were regularly reviewed to ensure they were up to date.

Staff told us they received support and had access to the training they needed. Staff knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) varied, but staff told us and we saw that training sessions were planned. The MCA and the (DoLS) set out requirements to ensure that decisions are made in people's best interests when they lack sufficient capacity to be able to do this for themselves.

People who were at risk of malnutrition and dehydration were closely monitored. Records were maintained of their food and drink intake to ensure they received sufficient amounts to maintain their health.

People had access to health services and the health professionals we spoke with were positive about the care and treatment provided at Oulton Abbey.

Everyone we spoke with during the inspection including people who used the service, their relatives and friends told us that they were well cared for. They gave positive accounts of the treatment they received and how their privacy and dignity was respected.

Assessments of people's care needs were carried out and plans put in place to ensure staff had the information they needed to meet people's needs. Personal histories were recorded to ensure that people's interests could be considered when social and recreational activities were arranged and to support personalised care.

People who used the service told us they didn't have any complaints about the care and support they received. We saw that a complaints procedure was on display in the main entrance of the home to inform visitors how they could complain if they needed to.

The registered manager audited the quality of the service, including complaints, accidents and incidents and risks. Action plans were developed from these audits to support continual improvements in the service.

Staff and people who used the service told us it was well led and the manager was visible and approachable.

# Summary of findings

## 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 safe because staff understood how to recognise and report suspected abuse and individual risk assessments had been completed to ensure risks were reduced. There were sufficient staff to meet people's needs and medicines were managed, stored and administered safely.

**Is the service effective?**

Good

The service was not consistently effective.

Staff received support and the training they needed, MCA and DoLS training was planned.

People received the healthcare and treatment they needed. There were positive comments from health professionals and known health conditions and risks were monitored.

**Is the service caring?**

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect. They were supported to make choices in the way they wanted to receive support.

**Is the service responsive?**

Requires improvement

The service was not always responsive.

People's needs were assessed and care plans had been put in place to ensure they were met. People were not always involved in reviewing their care which meant they were not always included in care decisions.

People knew how to make a complaint if they needed to. No one we spoke with had any complaints about the care and support they received.

**Is the service well-led?**

Requires improvement

The service was not consistently well led.

We were told the service was well led and the manager was visible and approachable. Staff felt supported and attended staff meetings when they were arranged.

Systems were in place to monitor the quality of the service, and people who used the service, relatives and health and social care professional's views were sought. Action plans had been devised from the outcomes of any audit or survey to ensure continual improvement in the service.

# Summary of findings

We were not always informed of significant incidents in the home. The registered manager was reminded of her responsibilities to report to us.

# Oulton Abbey Residential & Nursing Home

**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 14 and 16 July 2015 and was unannounced. Our inspection team consisted of an inspector and an expert by experience. An expert by experience is someone who has experience of providing or receiving this type of care.

We checked the information we held about the service and provider. Information we reviewed included the notifications that the provider had sent to us about incidents at the service, information we had received from commissioners of the service and health and social care professionals and the public. We also received a provider information record (PIR). A PIR 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. On this occasion the PIR contained little information we could use to formulate our plan.

We spoke with seven people who used the service, four visitors, six care staff and the registered manager. We did this to gain peoples and others views about the care and to check that standards of care were being met. We spoke with two health care professionals. We also observed how people were cared for and treated and reviewed the records of two people to ensure the information was accurate and up to date.

We also reviewed records relating to the management of the home, these including quality audits, staff records and rosters, training information and complaints.

Good

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person told us, "Yes, I feel safe enough" another said, "Yes, all the girls are nice". A relative told us, "I have been very happy about [name's] care. They were at risk at home, but I am confident in the staff here". We saw that risks to people were assessed and plans were put in place to reduce the risk of harm. For example we saw that one person had been assessed as at risk of falling out of bed. We saw that an assessment had been completed and equipment had been used to manage this risk. Information we held about the home included an accident to a service user who had fallen down a flight of stairs. This incident had been subject to investigation under safeguarding procedures and had been referred to the Health and Safety Executive and the coroner. The outcome was not known at the time of the inspection. We saw that the provider had undertaken a risk assessment and review of the access to the stairwell.

People were protected from the risk of abuse. Staff told us how they would recognise and report abuse, and one staff member told us how an incident they had reported had been, "Handled well and everything was done as it should be done". We saw that reporting procedures were readily accessible for people, visitors and staff to follow. A copy of this procedure was located in the reception area of the home for people to refer to if needed.

People gave us mixed comments when we asked if that there were enough staff available to keep them safe. One person said, "Sometimes no, sometimes in the morning, breakfast time now has got very late". Another person said, "I think there are enough, they always come to me when I ring the bell". A third person told us, "They can be a bit thin on the ground at weekends sometimes". We observed there were sufficient numbers of care and other staff available during the time we were at the home. Any call bells that sounded were attended to promptly. We were told that staffing levels were based upon the needs of people who used the service. We saw that there were sufficient staff deployed to meet people's needs. The registered manager told us, "We have enough staff. I have a list of bank staff we can use if we have any shortages. They are staff who we use regularly". We saw a sample of staff rosters which confirmed what the registered manager had told us.

Information we held about the service included a concern that some nursing staff had been allowed to work at the service without a current registration. The manager told us, "I am aware of that, it was an error. I check all of the nurses registrations now". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. We looked at three recruitment files and saw the checks included requesting and checking references of the staffs' characters, criminal records checks and professional qualifications.

Medicines were managed safely. People told us they received their medicines on time. One person said, "Yes, very well" Another told us, "Yes, I do. I couldn't tell you how many though". During our observation we saw nursing staff speak to people about their medicines and what they were for. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Good

# Is the service effective?

## Our findings

People told us they thought the care staff were well trained. One person who used the service said, “Yes, I think they’re very good”. Staff told us they had received training to provide them with the skills they needed to meet people’s needs. They confirmed that there was a training plan in place to ensure any updates needed were scheduled. All of the staff we spoke with told us they had or were training towards a nationally recognised qualification in care. We saw that training had been effective and staff had the skills they needed to provide care and support. For example, staff gave us examples of how they would recognise and report abuse. Staff confirmed they also had regular meetings with the care manager to discuss their development needs, they also confirmed that team meetings were held periodically.

Some people who used the service were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people’s best interests, when they lack sufficient capacity to be able to do this for themselves. Staff told us about the basic principles of the Act but also said, “We have that training planned”. The registered manager was aware of the current DoLS guidance and had identified one person who could potentially have restrictions placed on them. The registered manager had taken advice regarding completing a DoLS referral for this person.

People told us they had access to a varied diet and were supported to eat and drink sufficiently to maintain their well-being and health. One person told us there was ‘too much’ choice. Another told us, “The food is lovely”. We saw where people required ‘special diets’, the cook was knowledgeable about the varied needs of people. For example they told us, “There are three people on pureed diets” and went on to show us how they had pureed each food item separately on the plate. They said, “It’s not just the taste that matters, it’s nice for the food to look attractive for them too”. We saw that where people needed support and encouragement to eat they received this, for example one person showed little interest in their meal. The member of staff supporting them, gently prompted them with much good humour in an effort to encourage them, saying, “Would you like sponge, upside, downside, inside out pudding and custard”? The person using the service responded to this encouragement by eating the food provided. We saw that records of people’s food and drink intake were maintained and checks undertaken to ensure they consumed enough to maintain their health.

People and their relatives told us their health and wellbeing needs were met and monitored. One person said of their GP, “He would come if needed”. A relative told us, “They’re very good on that, yes”. Health professionals commented, “The nursing staff we dealt with were always able and prepared to give us accurate and up to date information on patients under our care. We feel they co-operated fully with instruction on how we wished their team to facilitate independence with patients and have demonstrated an insight into enabling rather than caring". Care records confirmed that people’s health needs were monitored and any action required was taken. For example, one person had a hospital appointment for a minor procedure, the issue had been monitored by the staff and appointments made with the GP to obtain a hospital referral.

Good

# Is the service caring?

## Our findings

Staff knew people's likes, dislikes and life histories. We saw that the activity coordinator, planned activities and events based upon the known preferences of people, and people we spoke with were mainly very enthusiastic about the range of opportunities they had. We saw that care staff knew people's needs. We overheard a member of staff chatting when they had bought one person a cup of tea, they said, "Be careful it's hot. I know you like it hot, but leave it for a little while".

People told us their religious needs were met. One person told us their religion was very important to them and they confirmed that mass was held every morning and they could go if they wanted to. Another person told us they wanted to go to the morning mass, but hadn't been taken that day. The activity co-ordinator said, "Didn't they take you? I'll tell them and make sure you go tomorrow".

People were treated with kindness and compassion. We observed caring interactions between people and staff. For example, we observed one person who had recently been admitted received extra attention to ensure they felt settled. We observed another person being supported during the mealtime and saw that staff were patient, kind and encouraging.

People were treated with respect and dignity and staff had a good understanding of what dignity meant for people. We saw staff offering people choices and being respectful. For example, we observed people were asked what they wanted to do and what they wanted to eat. We observed one member of staff ask one person if they wanted their protective apron removed. When the person agreed they obliged, meaning the staff member did not assume therefore treating the person with respect.

People could receive visitors at times they chose. One person said, "My relative visits whenever I want them to". A relative told us, "I visit at least three times a week". Another told us, "You can visit anytime and you're always made to feel welcome".

People's right to privacy was respected. We saw staff knock at people's bedroom doors before entering. One person told us, "They always do that". A relative told us, "[Name] likes her privacy, but they also like their bedroom door open so they can see what is going on. The staff know and respect that". One relative said, "They asked if [name] wanted to received care from male or female staff when they first came here. They [name] didn't mind but I thought it was respectful".

Requires improvement

# Is the service responsive?

## Our findings

People and their relatives gave mixed accounts when asked if they were involved in planning and reviewing the care provided. One person said, “I was asked what I liked, what I liked to do and what I liked to be called”. A relative told us, “We were asked to provide quite a bit of information, so they knew how to care for [name]”. Other people said, “I’m not sure about that” and, “No I don’t think I have been asked”. We saw that care records contained information about people’s life histories, likes and dislikes were recorded prior to or at the time of admission. However, it wasn’t always evident from the records how people had been involved in reviews of their care. Reviews of care are undertaken periodically to ensure the care provided continues to be appropriate to people’s needs.

People received care that was personalised and based upon their known preferences. We observed how people were supported to participate in a wide range of activities of their choice. One person told us they preferred not to be involved in planned group activities but said, “Some of them do. I just choose not to go. I watch television”. Another person told us, “I like getting involved in everything that goes on here”. We observed an active group of nine people engage in table top games, a sing-a-long and craft activities.

The provider was responsive to people’s needs. A health professional told us, “When our staff have telephoned to arrange appointments the admin staff have been proactive with dealing with our requests often going ‘the extra mile’”.

People and their relatives knew how to complain. We saw a procedure informing people how they should complain was available in the main entrance of the home. One person said, “I have not been happy because I want to get out of my bed more. I’ve told them and they are trying”. Another told us, “I’m not a miserable person, but I know how to complain. I would have to find out who was in charge on the day”. A relative told us, “I’ve not needed to complain” and another said, “If I needed to I would but so far so good, I don’t have anything to complain about”. The registered manager told and showed us how they responded to complaints they received.

Requires improvement

# Is the service well-led?

## Our findings

The provider had a registered manager in post. We found that we had not always been informed of significant events in the home including the deaths of people who used the service. The provider is required by law to tell us of these events. This meant the registered manager may not have always understood their responsibilities.

The Nursing and Midwifery council (NMC) tell us of any concerns about nurses' registration they are aware of in services we CQC regulate. They told us that at least one nurse had been allowed to continue to work and practice at the home with a lapsed professional registration. We spoke with the registered manager about this. They explained the circumstances, provided documentary evidence that the matter had now been resolved and agreed that a more robust monitoring and alert system was needed.

Staff and relatives told us that the manager and management team were approachable. One member of staff told us, "If you have a problem they sort it out". A relative commented, "They are very welcoming and I can talk to them about anything".

The registered manager told us how there were regular audits and quality checks of the service and they met regularly with the provider and trustees to discuss how improvements to the service could be made. It had been recognised that the building was no longer meeting all requirements or expectations and plans to build a new home were being discussed. We saw the architectural plans for the proposed new build which the provider hoped would be completed by November 2016.

The quality checks and audits included an analysis of accidents, incidents and any complaints to ensure that any patterns and trends were quickly identified and any amendments made to improve people's experiences.

People's views on the service were collected and audited. One relative confirmed this by saying, "I've filled in a questionnaire". We saw that surveys were sent out annually to people who used the service and their relatives. A review of the responses was under taken and learning points were identified. For example, we saw that relatives had felt they would like more communication with qualified staff (nurses). Action points recorded that, 'relatives will be asked more frequently to talk about aspects of care with a registered general nurse (RGN)' and 'this will be bought up in RGN supervision'. The registered manager had also discussed the possibility of organising relatives meetings twice per year.

People and their relatives told us there was a positive atmosphere at the home. We observed people gathered together with the activity co-ordinator who were all heartily singing Christmas carols and songs. The atmosphere was happy, jolly and everyone was joining in. There was clear enjoyment shown on the smiling faces of the people which showed how much rapport they had with each other and with the activity coordinator. One person told us, "I am very satisfied" another said, "I like it here". A relative told us, "We found this home and knew straightaway it was the one. Everybody is so lovely".