

brighterkind (Domo) Limited

St Oswalds

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

About the service:

St Oswald's is 'care home' and was providing personal care providing personal and nursing care for up to 41 people. At the time of the inspection there were 36 people living at the 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. Accommodation was provided on two levels with access between by lift or stairs.

People's experience of using this service:

Systems were in place to ensure that people were protected from abuse and avoidable harm. People told us they felt safe living at St Oswald's. There were sufficient staff to meet people's needs and safe recruitment procedures were followed. People's medicines were managed and administered safely and staff followed best practice to prevent and control the spread of infection. Health and safety checks were carried out to ensure the environment was a safe place for people to live.

People's needs were assessed and regularly reviewed to ensure they received care that was effective, achieving good outcomes in line with legislation and best practice. Care was delivered by a consistent and well-trained staff group who knew people well. There was a choice of nutritious food available which was freshly prepared on the premise and catered for people's individual dietary needs. People were supported to have maximum choice and control of their lives and the service followed the principles of the Mental Capacity Act 2005 (MCA).

People were cared for by staff who were kind, caring and respectful and their privacy was respected. There was a warm and friendly atmosphere and people were at ease in staff's company. People were supported to maintain their independence.

The service was responsive to people's changing needs. Care and support plans were person-centred and included information about people's likes, dislikes and interests. There was a varied programme of activities available which considered people's individual needs and wishes. People knew who to speak with if they had a concern or complaint, but were keen to tell us that they did not have any.

The service was well-led. People, staff and visitors were complimentary about the difference the current registered manager had made since their arrival. Systems were in place to assess and monitor the quality of the service. The registered manager was pro-active in seeking opportunities to develop and improve the service to provide outstanding care. Staff felt well supported and had opportunities to develop their skills. Staff demonstrated a clear understanding of the provider's values which were at the heart of service delivery.

Rating at last inspection: At the last inspection the service was rated Requires Improvement. (5 April 2018)

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Responsive and Well-led to at least Good. At this inspection we found that the service had improved and all key questions were rated Good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue our on-going monitoring of the service and all information we receive. We will use this information to determine when we next inspect the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

St Oswalds

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector, a specialist advisor and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse.

Service and service type:

St Oswald's is a care home which provides residential and nursing care for up to 41 people. At the time of this inspection there were 36 people living at the home.

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:

The inspection took place on 3 April and was unannounced.

What we did:

Before the inspection we reviewed information we held about St Oswald's and sought feedback from the local authority. We checked whether we had received any notifications about events which the provider is required to tell us about by law. We also used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with the regional manager, registered manager, clinical lead, a nurse, nine

care staff, two activities co-ordinators, the chef, kitchen assistant, Head of Housekeeping, maintenance person and a receptionist. We also spoke with five people who lived at St Oswald's and two visitors. We reviewed six people's care records, a sample of medication administration records (MAR) and other records associated with the operation of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection we found that the registered provider failed to maintain complete and accurate records regarding administration of medicines and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at St Oswald's.
- There was an established policy and procedure to protect people from the risk of abuse and staff were aware of where they were kept.
- Staff had received training, were aware of different types of abuse to be observant for and demonstrated a clear understanding of their responsibilities in this regard.
- Staff told us they felt able to report any incidents of abuse should the need arise and that they would be listened to.
- A policy was in place to provide guidance to staff about whistle-blowing (reporting to external agencies) and staff spoken with were aware of the agencies they would contact.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. There was managerial oversight to identify emerging themes and trends and to ensure that learning was captured to reduce the risk of recurrence.
- Risk assessments based on people's individual needs were in place and regularly reviewed, including when they were in the community. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm.
- Regular health and safety checks were carried out to ensure St Oswald's was a safe place for people to live.
- Fire systems were regularly checked and fire drills were carried out.

Staffing and recruitment

- People told us that staff came quickly when they needed them and that there were sufficient staff. One person stated, "Could do with more" however, was not specific about why they felt that to be the case.
- During the inspection we found that there were sufficient staff available to meet people's needs in a timely manner. Staff were easy to find and readily available to speak with the inspection team when needed.
- People's dependency was assessed and linked to a staffing assessment tool which was updated weekly.
- People were supported by a familiar and consistent staff team and the registered manager gave consideration to the staff skill mix for each shift.
- Information provided by the registered manager showed that the service over-recruited by 10% to cover

usual absence and that staff also offered to cover additional shifts if needed. The service was fully staffed and there were no current vacancies.

- The registered manager informed us that there is currently no use of agency staff. However, if needed, a personal profile would be obtained and the agency worker would be provided with an induction.

Using medicines safely

- Medicines were managed and administered safely.
- We checked a sample of stock and found them to be correct.
- Medicines were administered by trained staff and their competency to do so was checked.
- Staff were knowledgeable about safe medicine administration, following best practice guidelines.
- Medicine administration records (MAR) were signed by staff to show that people had received their medicines as prescribed. The sample reviewed evidenced that they had been completed appropriately.
- The service worked closely with the pharmacy providing medicines to the service to support safe use of medicines.
- Regular audits were carried out within the service and the pharmacy was due to carry out their annual audit in the near future.

Preventing and controlling infection

- The home was visibly clean and tidy throughout.
- When we met with the Head of Housekeeping they told us with great pride that they had achieved a score of 100% in a recent audit carried out by the local Infection Prevention and Control Team.
- There was a plentiful supply of personal protective equipment (gloves and aprons).

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff were supported with an induction programme in preparation for their role.
- Staff received training in a wide range of health and social care topics.
- People and visitors told us that the staff had the knowledge and skills required to provide the necessary care. Comments included, "Yes they certainly do. I'm always confident in the staff's abilities, they know what they are doing"; "I have experienced help myself, and I see others being handled very well" and "They definitely know what they are doing, they are very well trained in using the equipment I need".
- Staff were provided with opportunities to review their work and development needs.

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

- People's needs were assessed before they came to live at St Oswald's and were regularly reviewed.
- Care plans clearly identified people's needs and choices including characteristics protected under the Equalities Act 2010. For example, regarding to culture, religion and sexuality. The registered manager had approached relevant associations to source information about the LGBT community to demonstrate an open and inclusive culture.
- Staff applied learning effectively leading to good outcomes and quality of life for people using the service.

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

- People were supported to eat a varied, good quality and nutritious diet based on individual preferences and cultural needs.
- People's nutritional needs were assessed including any associated risks. Staff monitored people's weight and referrals were made to the relevant professionals when concerns were identified.
- When people were assessed for specialist diets the chef met with the assessors to ensure they had a good understanding of people's requirements.
- Moulds were used to form pureed meals so that they resembled the original food items.
- People could choose where they wanted to eat their meals. For people who ate in their rooms, food carried on trays and was covered with silver domes keeping them warm and free from contaminants.
- People told us that they enjoyed the food served. One person told us, "It's really good, I always enjoy it"; another told us, "It's very good, hot, tasty and you do have a good selection of food to eat."
- We observed the breakfast and lunchtime experience and found both were pleasurable experiences overall. The breakfast service was well co-ordinated, the lunchtime service appeared less so and people waited for some time after being seated before being served. We discussed our observations in detail with the regional and registered managers who confirmed that they would review this service and were keen to capture learning from our observations.

- A 'Destination Station' providing drinks and snacks including home-made cakes was available in the reception area for people and visitors. The registered manager informed us that plans were in place to further improve this facility with the provision of a coffee making machine.

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

- People were supported to maintain their health and well-being with access to a wide range of external professionals including GP, podiatrist, continence service and speech and language therapy team (SALT).
- Staff worked effectively with other agencies, making referrals in a timely manner as and when needed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA.
- The five principles of the MCA were displayed in the staff room to reinforce staff knowledge.
- Assessments considered people's mental capacity and decisions made in people's best interests were recorded.
- DoLS applications had been submitted as required and associated conditions of authorisation were being met.
- People told us, and our observations confirmed, that staff sought people's consent before care interventions. One person told us, "They do ask before helping me stand up or shower etc."
- Care plans evidenced that people, and where appropriate their relatives/representatives, were involved in decisions about their care and support.

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

- A programme of redecoration had taken place since the last inspection which the registered manager told us about enthusiastically.
- The home was tastefully decorated creating a warm and welcoming environment. Homely touches were evident, including a fish tank, photographs and art work. People's bedrooms were personalised with items they had brought with them.
- There was clear signage for people and the layout of the building was easy to navigate.
- A bungalow located in the grounds had been converted into a 'pub' which people living at St Oswald's could enjoy. This was well equipped, thoroughly enjoyed by the people living at St Oswald's and could be accessed by those people not able to access facilities in the local community.

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

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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were kind and caring. We were told, "They are all lovely"; "They really are truly very good" and "They are fantastic".
- There was a warm and friendly atmosphere and people were clearly at ease in staff's company.
- Staff treated people with dignity and respect and with consideration to people's privacy. One person said, "If they have anything to say to you they take you to a private room and discuss out of earshot" and a relative said "They are very good at that".
- Personal care was delivered in private with doors and curtains closed.
- People were treated fairly, as individuals and without discrimination.
- Staff supported people to be as independent as they could be. The registered manager explained how they had supported a person to safely continue an activity they had enjoyed before moving to St Oswald's.
- Visitors told us that they were made to feel welcome in the home; one person said; "Very, feel like part of the furniture."
- The theme that came across strongly from people, visitors, staff and the registered manager was of being part of a 'family'.

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

- The service linked with a local advocacy service who visited to support people who were unable to make decisions about their care. An advocate is a person who supports people who do not have family or friends to help them. to ensure their rights are protected. The registered manager had sourced a poster to display details of this service within the home.
- People and their relatives were involved in decisions about their care.
- People's communication needs were considered and detailed within their care plans.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection we found that the registered provider failed to maintain complete and contemporaneous record of people's care and treatment and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

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

- Staff knew people well and demonstrated a clear understanding of their care and support needs and preferences.
- Each person had a well-developed personalised care plan which provided staff with the information they needed to provide support responsive to people's needs.
- People and relatives had been involved in developing their care plans. To continuously improve person-centred care delivery, the registered manager was focused on further developing the care planning process.
- Staff were responsive to people's individual needs including with reassuring words or supporting people with meals at their level.
- Activities were co-ordinated by an activities team every day. The programme was varied and inclusive of all as people were supported to participate as much as they wanted and were able.
- When we visited the 'pub' which had been converted from a bungalow in the grounds, we saw that people greatly enjoyed this facility. There was a jovial atmosphere with staff supporting people to play dominos and enjoy drinks of their choice.

This facility gave people the feeling of 'going out' and enabled those who were unable to visit community facilities the opportunity to be involved. The registered manager explained that people and staff had been involved in creating the pub, collecting items and that the local pub had also donated items in support.

- The service had entered a company organised competition and their entry was based on a legend involving the local church. Staff and all of the people living at St Oswald's had taken part in creating their entry which was covered in their handprints. Once completed it will be displayed permanently in the grounds.
- Social events were held which included a 'Summer Festival' which took place last Summer.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to handle and respond to complaints. We saw that any received had been responded to appropriately.
- People knew who to speak with and felt able to do so if they had any concerns, but were keen to tell us that they did not have any. We were told "Yes (I know who to speak with) but I am very contented" and "I am happy with everything".

End of life care and support

- Advanced care plans were in place detailing people's future wishes for end of life care.
- The registered manager explained that staff had been supported to feel comfortable when having conversations about end of life needs. They intended to build on and further develop this area of care planning.
- Advanced care planning had been discussed at resident and relative forums. The service was supported by GP, District Nurses and the Enhanced Care Home Support Team to ensure that compassionate and responsive care was delivered at this stage of life.
- The registered manager explained that they will be registering on an end of life accredited scheme when this becomes available.

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

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; Continuous learning and improving care

- The service was well-led by a manager who had registered with the Care Quality Commission.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. We had received notifications about events which occurred within the service and the rating from the last CQC inspection was displayed as legally required.
- The registered manager was passionate about their determination to make continuous improvements to the quality of the service to deliver outstanding care.
- People told us that the home was well-led and were complimentary about the changes the registered manager had made. People told us, "(Name) has made a tremendous difference" and "She will have a chat with me every day".
- Staff told us that the service had improved since the arrival of the current registered manager, they said, "She is brilliant, she puts her heart and soul into it."
- Staff were well supported by the registered manager.
- There was a detailed and robust suite of audits used to assess, monitor and improve the quality of the service. Where actions were identified we saw that these had been carried out.
- The registered manager was pro-active in making improvements with the auditing systems where she felt learning could be better captured.
- The registered manager supported staff by sourcing training to enhance their individual skills and development.
- Staff had been well supported by the registered manager about what to expect during a CQC inspection. This meant that staff, and the registered manager, were at ease during the inspection demonstrating a welcoming approach in their engagement with inspection team.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- The registered manager and staff promoted person-centred care and outcomes for people were good.
- The service had clear, detailed and up to date policies and procedures in place providing guidance to staff.
- There was a strong sense of team spirit. A staff member said, "Everything is monitored properly now and if there is a mistake we know right away. There is a culture of learning rather than blame."
- Staff had a clear understanding of the provider's values which were at the heart of service delivery.

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

- The registered manager encouraged feedback and acted on it.
- People living at St Oswald's and their relatives were invited to provide feedback in a variety of ways. Surveys were carried out annually; a suggestion box was located in the reception area; regular meetings and reviews were held.
- Staff meetings were held regularly. Staff told us that they found these useful.
- The service worked in partnership with other agencies, including health care professionals and commissioners of services, to achieve good outcomes for people.