Anchor Hanover Group

Oulton Manor

Inspection report

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Oulton
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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Oulton Manor is a residential care home providing accommodation and personal care for up to 77 older people. At the time of our inspection there were 63 people using the service. Oulton Manor is a purpose built home and accommodates people over three floors. People living on the ground floor require support with residential care needs. The first and second floors support people with more complex needs including people who are living with dementia.

People's experience of using this service and what we found
People were safe because systems were in place to make sure risks to people were assessed and actions taken to mitigate the risk. Some documentation in relation to risk required further update and development but the management team were aware of this and were in the process of addressing it. Medicines were usually managed safely with the only issue we found being addressed during our visit.

There were enough staff to keep people safe. People said they did not have to wait when they called for support at any time of day or night. The registered manager was addressing existing staff shift patterns to further improve outcomes for people.

People benefitted from living in a very pleasant, spacious and safe environment. People were protected from the spread of infection because good systems and processes were in place. All people and relatives we engaged with spoke very positively about the staff who cared for them. People felt involved in their care and we saw staff to be extremely caring and attentive. People gave us examples of staff going the extra mile for them.

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.

All people, relatives and staff we engaged with spoke very positively about the new registered manager. One relative said they had "installed a change in the fundamental ethos" of the service and a member of staff said, "Working here has improved a heck of a lot. I hope (registered manager) is here to stay."

Auditing had been used effectively to identify and address issues, whilst some areas needed further improvement, we were confident that these were being addressed. People, their relatives and staff felt involved in the service and there were systems in place to promote this involvement. This included a resident's committee, regular meetings and various opportunities to provide feedback.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 December 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Oulton 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 Health and Social Care Act 2008.

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
This inspection was carried out by 3 inspectors, a medicines inspector 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.

Service and service type
Oulton Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oulton Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 23 June 2023 and ended on 5 July 2023. We visited the service on 29 June 2023.

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 including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with 10 people using the service and 5 relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We spoke with 9 members of staff including the registered manager, deputy manager, care staff and the area manager. We reviewed a range of records. This included 9 people's care plans, risk assessments and associated information. We also reviewed multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found systems were not robust enough to demonstrate the risks to people's health and safety were effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Work was ongoing to make sure all risk assessments were up to date.

- Risk assessments were in place, and most were up to date, detailed and accurate. Risk assessments were linked, and referred to in care plans which demonstrated consistency and thread through the care planning process.
- One person's risk assessment and care plan did not accurately reflect the change in safety equipment in use following a recent fall.
- Fluid charts were in place for people who were at risk of dehydration and required monitoring. These were being completed by care staff accurately detailing the specific amounts of fluid taken. However, we did not see evidence that fluid charts were monitored to demonstrate what action was taken if a person's fluid intake was of concern.
- The management team took immediate action to address the issues described above.
- Accidents and incidents were recorded electronically, and the registered manager maintained an overview of this. The records detailed what had happened, who had been involved and who it had been reported to. Copies of safeguarding referrals, notifications to CQC and any other relevant documentation was added to the incident. A root cause analysis was completed for all incidents.
- All people we spoke with felt they, or their relative was safe. One person said, "Yes, I feel safe, they are always there, when you need them. At night they check on me three or four times, it makes me feel good."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, some improvements were needed to make sure mental capacity assessments, best interest decisions and people's consents were recorded where restrictions to support people's safety were in place.
● For example, 2 people who had sensor mats or beams in place to alert staff of their movement, and a person who had bedrails in place, did not have mental capacity assessments or best interest decision documentation in place to demonstrate proper process had been followed before putting the equipment in place.
● People said they were involved in decisions about their care. One person said, "Yes, I had a long talk to the deputy manager before I came in here. I feel involved with the decisions and they will talk to my son."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to demonstrate people were safeguarded from abuse and neglect which placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● Systems were in place to safeguard people from the risk of abuse. Safeguarding events were recorded and reported appropriately.
● The registered manager had an overview of all safeguarding incidents and worked in partnership with the local authority to make sure all incidents had been followed up and action taken to reduce the risk of the event reoccurrence. Safeguarding incidents remained open until the local authority agreed they could be closed.
● Staff knew what to do if they thought anybody was at risk

Staffing and recruitment

At our last inspection systems were either not in place or robust enough to demonstrate there were enough staff deployed to care for people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● There were enough staff to meet people's needs safely.
● All of the people we spoke with felt there were enough staff available to meet their needs at all times. One said, "Yes if I have needed help, they have always come in to help me. I don't have to wait long, at any time including during the night."
● The registered manager was in the process of introducing new roles and working patterns to make sure staffing was consistent at all times. New staff were being recruited and where agency staff were needed, the same staff were used to provide consistent care for people.
● Staff were recruited safely. References and criminal record checks were obtained prior to people being

offered employment.

Using medicines safely
● People's medicines were usually managed safely.
● The service did not always have individual fire risk assessments in place for people who were prescribed paraffin-based skin products. However, staff rectified this whilst we were on site.
● Detailed guidance specific to each person on how to administer medicines prescribed as and when people required them, known as "when required or PRN" was available to staff.
● When people were prescribed a variable dose i.e., one or two tablets to be given when required at regular intervals, the time of administration had been recorded and the quantity, meaning that records accurately reflected the treatment people had received.
● Where people were prescribed a medicine administered via a patch which needs rotating to different areas of the body, there was a system in place to show the site of application which reduced the risk of skin irritation.
● Topical medication administration records (MARs) were in place to record the use of creams and ointment. Body maps were in place to show staff the site of application.
● Medicines were stored safely.

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

Visiting in care homes
● Visiting arrangements were unrestricted in line with current guidance. We saw relatives and friends were welcomed and spent time with their relative where they preferred.

Learning lessons when things go wrong
● A 'reflective practice' tool was used to look at all incidents that occurred within the service. The tool considered how and why the incident had occurred, what actions had been taken and how effective the actions had been. Learning from this system was shared with staff and other people involved.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Continuous learning and improving care; 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

At our last inspection we found people were placed at the risk of harm through the lack of effective governance systems. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection a new manager had been appointed and registered with CQC. A new deputy manager had also been recently appointed.
- Since their appointment, the registered manager had been pro-active in recognising what had gone wrong previously and introducing changes to drive improvement within the service.
- Auditing had been used effectively to identify and address issues. Work was ongoing and whilst some areas needed further improvement, we were confident that these were being addressed.
- The registered manager had identified that staff needed to be empowered to take a holistic view of how incidents were managed from a person-centred approach. This had resulted in identifiable links between care documentation and approach to managing accidents and incidents and a reduction in their incidence.
- The registered manager and deputy manager worked alongside staff to support people living at the home and to identify any issues. A new rota to provide management support at weekends was about to be introduced.
- The registered manager understood their duty of candour responsibilities. We saw an example of how the registered manager had made apology to a person following an incident and informing them of the actions they were taking to prevent the situation happening again.
- All of the people we spoke with were positive about the registered manager. One said, "Things have improved in the last six months. (Registered manager) has installed a change in the fundamental ethos, recruiting the staff with who have the right attitude and training them. One particular strength is the junior management. The quality of leadership on each unit is good now. It seems they are more responsible, and I generally feel I have more confidence in them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider promoted a positive culture, achieving good outcomes for people. They effectively involved people obtaining their feedback.
● People felt involved and able to give their views about the service. One relative told us, "I have had a survey, where you sign in or out, there is a mini questionnaire, where you can put your opinions in when check out. You can email them, there are notices in each lift."
● People were invited to be a part of the 'Residents committee' which met once a month to discuss how people felt about the care and support they received and what changes they would like to see.
● A regular newsletter kept people, their families and friends up to date with what was happening at the service, how people could become involved, feedback the service had received and what had been done in response.
● One person had made a comment about the food in a compliments and complaints book in the dining room. The chef had responded to the comment and the person had then commented that the chef had met with their request.
● We saw money raised from an event at the service had been used to buy special lights which replicate sunlight for people who needed to be cared for in bed. A member of staff told us this was to try to alleviate some of the health effects of not receiving enough natural light and vitamin D.
● People commented about the good outcomes they received because staff had time to spend with them. We had seen one person having a chat with a member of staff. They later told us, "She (member of staff) said she hadn't had a chance to get to know me yet and wondered if I was free for a chat? I said yes. It makes you feel good about yourself."

Working in partnership with others
● Professional visits logs were kept for visiting health and social care professionals including district nurses and GPs. These were detailed and captured involvement from other professionals.
● Communication logs were kept when contact had been made with or by families. This was also detailed and showed a good relationship and open communication maintained by the provider.