

Crown Care Homes Ltd

Oldfield House Residential 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oldfield House Residential Care Home is a residential care home providing accommodation and personal care to up to 18 people in one adapted building. The service provides support to older people and those with dementia. At the time of our inspection there were 18 people using the service.

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

People living at the home told us they felt safe. Staff were recruited safely and there were enough staff to meet people's needs. Staff knew how to raise and escalate safeguarding concerns and medicines were managed safely. Appropriate health and safety checks had been carried out and accidents and incidents were being monitored frequently.

Staff had completed training that was specific to the needs of the people who used the service. There was a development plan in place to improve the home. Improvements had already begun and were observed during the inspection. Staff supported people to meet their nutritional needs effectively. 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 and their relatives spoke positively about the staff approach. Staff demonstrated compassion and patience when supporting people. People were treated as individuals and choice and consent were promoted. People were supported in a way that maintained their independence, dignity and privacy.

Care records were person centred and people received care that was specific to their needs. People were actively involved in activities both at the home and in the local community. Concerns and complaints at the home were being managed effectively and staff were knowledgeable about end of life care.

People who used the service and staff members spoke positively about the management team and culture at the home. Governance systems were in place to check the quality of care delivery and make improvements where necessary. People were engaged in providing feedback about their care and adjustments were made to suit people's needs.

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

Rating at last inspection

This service was registered with us on 17 August 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oldfield House Residential 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 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

The inspection was carried out by 3 inspectors 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

Oldfield House Residential Care Home 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. Oldfield House Residential Care Home 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.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people that used the service and 1 relative. We spoke with 7 staff members including the manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of care records including 3 care plans. We looked at 3 staff files in relation to recruitment. We reviewed records relating to health and safety, medicines management, infection prevention and control, complaints, quality control and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to protect people from the risk of abuse.
- Safeguarding and whistleblowing policies were available. Staff had received safeguarding training and knew how to raise concerns, as well as how to escalate them outside of the home if necessary. One staff member told us, "If I felt the manager wasn't acting on my concerns I would go to the local authority."
- People who used the service told us they felt safe and looked after. One person said, "I do feel safe here", whilst another commented, "I feel safe enough."
- A relative of a person who used the service told us, "I work in care myself and this place is so much better than mum's last place. There were safeguarding issues there which is why we moved mum here. The staff are very good here, always helpful and mum has settled really well."

Assessing risk, safety monitoring and management

- Risks to individuals, staff and the environment were assessed and well managed.
- Some plans relating to the use of equipment for hoisting people were not sufficiently detailed. We discussed this with the registered manager. Following the inspection, they confirmed the plans had been updated.
- Fire safety was managed well. Regular checks of alarms and fire safety equipment were in place. People who used the service had detailed evacuation plans and mock evacuations were carried out frequently.
- Staff members told us about the importance of reading and following risk assessments. One staff member said, "Yes I read them, I have written some as well."
- The registered manager ensured the property was safe for people to use by performing health and safety checks and follow-up actions. These were completed regularly and included checks of the electrics, gas, water supply and general environment.

Staffing and recruitment

- There were safe staffing levels in the home and staff were recruited safely
- We reviewed rotas and staff records which evidenced that there were always enough staff to support people. One staff member told us, "There is plenty of staff, we are never short staffed."
- Staff were recruited safely. All pre-employment checks were completed before staff started working at the service. Staff members received an induction before starting work.
- Staff members knew the people who used the service well. A person who used the service told us. "The staff are very good, always helpful. They hoist those who can't walk well and are very careful."

Using medicines safely

- People were protected as medicines were managed safely
- There was guidance for staff about how to administer medicines that were prescribed 'as and when required', however they were not always person centred. This was raised with the registered manager at the time who agreed to make improvements in this area. .
- Medicines were being managed safely and people who used the service were receiving their medicines as prescribed. Care records included assessments of the support people required with medicines. This included if they could self-administer.
- Medicines administration records (MARs) were reviewed during the inspection. They had been completed in full and were audited regularly.
- The registered manager arranged medicines training and checked staff competencies. This was up to date.
- Controlled drugs storage, administration and records were being managed effectively and there was a robust process for monitoring 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 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 somewhat 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.

We have also signposted the provider to resources to help develop their approach.

Learning lessons when things go wrong

- Systems were in place for learning lessons when things go wrong People were protected from the risk of mistakes reoccurring.
- Accidents and incidents were being recorded and analysed to identify trends and patterns. The layout of the home and the furniture had been rearranged as a result of this audit process. This had reduced the number of falls in the home.
- There was a lessons learnt section on the accident and incident tracker which outlined steps taken by the provider. This included reviewing care plans and risk assessments, as well as contacting external agencies and debriefing for staff members.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and clear support plans and risk assessments were in place to guide staff. These were person centred and gave detail about how people liked their support to be provided.
- Staff supported people who used the service to exercise choice and preference regarding the care they received. Care plans outlined the individual needs of people who used the service. One staff member told us, "We are told when new residents come in and what their needs are."
- A person who used the service told us, "I love it here, I don't want to leave. All the people here are treated right."

Staff support: induction, training, skills and experience

- The registered manager arranged regular supervision and training, and made sure staff had the right skills and experience
- Staff received regular supervision. We saw supervisions were also used to discuss specific topics, particularly following any incidents where lessons had been learned and information was shared with staff.
- Staff told us they received the training and support they needed to do their jobs well. One staff member said, "I think the training is really good, we have monthly training as well. I do not feel I need any more." A person who used the service said, "I'd say the staff are well trained."
- We reviewed training records at the service. Staff members were being supported to undertake qualifications in health and social care. Mandatory training was being completed as well as training specific to the needs of people who used the service such as diabetes, autism and dementia training.
- The provider was supporting staff members to complete The Care Certificate where required. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

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

- People's nutritional needs were met and they were supported to maintain a balanced diet
- People's food likes, dislikes and preferences were identified. Where people were at risk of losing weight or have a poor intake, records were kept of their weights and food and fluid intake. These were monitored by the registered manager and action taken if needed, including referrals to dieticians and speech and language therapy.
- People were offered choice on what to eat and where to sit. Staff members sat with people and supported them in line with their individual needs. One person told us, "I'm not a foodie person but it is nice. They come around and explain what's on offer each day. You could get fat off their sponge puddings, they are

lovely." Another person said "The food is lovely. There's a choice. I always get as much as I need."

- If staff noticed that people were not eating much, they offered them support in a kind and compassionate way. There was lots of interaction between staff and people during mealtimes.

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

- People had support with their health and staff worked with other professionals to ensure good care was delivered.
- The provider was accommodating health and social care students from the local school for placements, to help with the delivery of care and support.
- People were supported to access a range of health care professionals. Where incidents or concerns about someone's health were raised, we saw advice and referrals for care were sought promptly.
- We observed staff members supporting a person who used the service to attend a hospital appointment. The relative of the person told us, "Like this morning, she is always ready in plenty of time for her appointments and they take care in helping her to always look nice as it's still very important to her."
- One person told us "When I needed the doctor the other week, they got him here straight away."

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

- The home had a development plan for refurbishing all areas. Some of this had already been completed and was seen during the inspection.
- People who used the service chose what colour they would like they bedroom to be painted and got to choose the colour of communal areas.
- Both of the lounges had been renovated and communal areas were bright and clean. The new layout was put in place to promote social interaction between people who used the service and to reduce the number of falls.
- There were plans to refurbish the wet room, add decking to the outside of the home and a new passenger lift had been installed. Peoples' bedroom doors had personal identifiers on them and the rooms themselves had personal touches from the people who lived there.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of MCA.
- Evidence of decision making and people's capacity were in place. A range of decisions had been assessed and those with legal authority were involved in decision making including best interests' decisions. DoLS had been applied for where required.

- Staff members were able to tell us who lacked capacity around certain decisions and how this affected their care and support. We observed staff members asking for consent before delivering care to people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service were treated with respect and equality.
- There were detailed records of the care staff had provided. They were written in a caring, respectful and person-centred way.
- People spoke positively about the staff approach, which was described by people as "patient" and "helpful."
- Peoples religious and cultural needs were respected. Those who wanted to attend church were being supported to do so.

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

- People and their relatives were listened to and involved in decisions about their care.
- People were invited to regular meetings to give feedback about their care and support. Their voice was recorded, and the provider was responding to feedback. More tabletop games had been introduced and a singer was booked to attend the home.
- The provider ensured that people had access to a survey so they could provide feedback. The overall results were very positive, and any individual concerns had been acted on.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that respected their privacy, dignity and independence.
- We observed staff members knocking on doors before entering bedrooms and asking for consent before providing care.
- Staff supported the independence of the people, particularly around moving and handling. This took longer, but staff were aware of keeping people as independent as possible.
- Staff understood the importance of respect and equality when providing care. One staff member told us, "The management are really good at promoting dignity and we treat everyone as an individual."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care records were person centred and gave information about what was important to and for the person.
- Care plans guided staff about risks to people's health and wellbeing, and what actions were needed to keep people safe. They detailed people's preferences and guided staff on how to encourage and support people to make choices.
- Staff knew the people who used the service well and how best to support them. One staff member told us, "It is all in the care plan. For example, [person who lived at the home] becomes anxious in the afternoon so I take him for a walk around outside and he likes this."
- Staff told us how they respond to the changing needs of people who used the service and the importance of knowing them. Regarding care plans, one staff member told us, "I have time to read them and I like to so I can get to know the person." One person told us, "The staff here are excellent. They're run off their feet, but they are excellent. They all do their very, very best with what they've got."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported in a way that promoted their individual communication needs.
- Individual communication needs and styles were respected. Records indicated how to help people make choices and how staff should involve people.
- There was an accessible information policy in place. The provider was able to supply documentation in alternative formats to people who used the service.
- Staff sat or knelt beside people when speaking with them and walked alongside people when they appeared disorientated. Staff were patient when communicating and used touch support appropriately. One person told us, "They are patient with me. We have a laugh as well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records included people's interests and things that were important to them, including aspects of relationships, interests, hobbies and history.
- There was a range of activities available to people within the home. Community-based activities had

reduced during the COVID-19 pandemic, but these had restarted. People had recently been to Blackpool lights, shopping and out for a meal. The home has access to its own minibus. People were supported to attend religious services.

- In house activities were taking place such as skittles, tabletop games, foot therapy, armchair exercise, arts and crafts and sensory games. Regarding activities, one person told us, "I definitely think there's enough" and a staff member told us, "The residents become part of your family. We took them out on a trip last week and they were all up singing, and dancing and they loved it. This is the best part of the job." A relative said, "I've noticed on visits that they do quite a lot of different activities."

Improving care quality in response to complaints or concerns

- There was an appropriate system in place for managing complaints and concerns. At the time of the inspection, no complaints had been received. There was a process for reviewing all complaints on a biannual basis.

- People who used the service felt comfortable raising concerns should they need to. One person told us, "The staff are nice. If I had a problem, I think I'd be okay talking to them."

- None of the staff we spoke with had any concerns about the home. Regarding raising concerns, one staff member told us, "You feel relaxed when you talk to her [registered manager], you can definitely raise concerns."

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished.

- Records identified advanced decisions about resuscitation.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and person-centred culture that promoted good outcomes for people
- In the most recent survey, some people who used the service did not feel that the manager was always accessible. This had been identified and acted upon, with the manager having a more noticeable presence within the home.
- People told us that they felt the home was well managed and the manager was approachable. One person told us, "the manager is very nice and very easy to talk to. She will always listen." Another person told us "It seems well run. They are calm and nice with people."
- A relative spoke positively about the management of the home. They told us, "The manager is always approachable, and I can ask her anything about mums care."
- Staff spoke positively about the management and culture within the home. One staff member told us, "The manager is very approachable and if I need anything, I can call her. If she doesn't answer she will always call me straight back. I feel very supported."
- The registered manager was open and transparent in their approach. They were able to describe areas where they wished to make continued developments.

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 had a good governance policy in place which outlined the importance of duty of candour. The registered manager understood the need to be open and honest when things went wrong. Families were updated regularly and there was evidence of action taken to minimise risks going forward from accident and incident analysis.
- The provider had notified CQC of significant events that had happened in the service in line with requirements. Notifications were completed in detail and additional information was provided when requested.

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

- There were systems and processes in place to monitor and improve quality performance.
- The registered manager completed various audits including infection control, health and safety, medicines and falls. Records showed that actions were taken when issues were identified.
- The nominated individual had a separate set of auditing processes which were completed frequently. This

made quality monitoring in the home more comprehensive and robust. The nominated individual understood their role and their regulatory requirements.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff we spoke to told us that they felt "listened to" and all of them said they felt "happy" working in the home. Regular staff meetings were held to keep everyone informed and up to date with developments and provide an opportunity for staff to contribute ideas about the running of the service. One staff member told us, "We have team meetings, and everyone can speak up."
- People were consulted on areas of their care including food in the home, the activities on offer and choices for trips out in the local community.
- Surveys for staff and people who use the service were taking place and the results of these were analysed and acted upon.
- People who lived at the home received care and support from external professionals such as the GP, the dietician and speech and language therapy.

Continuous learning and improving care

- The registered manager was new to the role at this location but was committed to continuous learning and development. We saw evidence of continued learning in staff meeting minutes and supervisions. Issues and concerns had been identified and acted upon including record keeping and medicines management.
- Results from staff and resident surveys were used to drive improvements in the home. Actions had been put in place including modifying the staff approach and promoting dignity.
- Staff were undertaking a comprehensive range of mandatory training modules and the completion rate for these was high. Extra courses were in place to aid staff in their role including sepsis training, LGBT+ awareness and wellbeing training.