

3A Care (Altrincham) Limited

# Oldfield Bank Residential Care Home

## Inspection report

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Date of inspection visit:  
30 May 2023  
01 June 2023

Date of publication:  
12 July 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oldfield Bank Residential Care Home is a residential care home providing accommodation and personal care to older adults, including people living with dementia. Oldfield Bank accommodates up to 28 people in one adapted building. At the time of our inspection, there were 25 people living at the home.

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

People were happy with the care provided. The home had good leadership and regular staff who felt valued and were motivated to carry out person-centred care. People and their relatives were positive about the culture and ethos of the service. Staff reported a high level of job satisfaction.

Staff understood how to safeguard people and when to raise concerns. People received their medicines safely and recruitment practices were safe. Risks associated with people's care were assessed and monitored. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 November 2019) 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.

At our last inspection we recommended that the provider reviewed how they recorded and managed concerns raised that were not managed as formal complaints. At this inspection we found the provider had acted on the recommendation and the necessary improvements had been made.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 1st and 2nd October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

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.

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.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oldfield Bank Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Oldfield Bank 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

This inspection was carried out by 1 inspector and 1 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 Bank 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 Bank 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 professionals who work with the service. 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 5 people and 5 relatives about their experience of the care provided. We spoke to 7 members of staff, including the registered manager, the care manager, the chef and 4 care staff. We reviewed a range of records, including 7 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including quality assurance were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from 2 health and social care professionals.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found the provider was not managing medicines safely. This was 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.

- Medicines were managed safely.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff who administered medicines had been trained to do so and the registered manager completed regular competency checks to ensure staff administering medication did so safely.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the home was safe. Comments included, "I feel very safe here" and "I feel relaxed and safe here, they look after me".
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

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

- Risks were regularly assessed, and clear guidance provided in care plans to manage these risks. People had confidence in the care provided. They told us, "I need to use a hoist and the staff always know what to do, they reassure me because they know I don't like using it."
- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred.
- Staff told us there was an open culture and they were encouraged to report accidents and incidents.
- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electric and regular checks of fire safety equipment.

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)

- We found 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. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Staffing levels were safe. There were enough staff to meet people's needs in a timely way. However, as at our last inspection, communal areas were occasionally left unsupervised for short periods of a few minutes. There was no evidence that people had been harmed as a result. Action was taken during the inspection to ensure staff were deployed more effectively.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

#### 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

- The service supported visits for people living at the home in line with current government guidance.



# 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.

### Continuous learning and improving care

At our last inspection we found the provider did not have robust processes to monitor the safety and quality of the service provided. This was 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.

- The home had introduced a new electronic care plan system prior to the last inspection. This was now fully embedded within the home. The registered manager had resolved the problems concerning the accuracy of information in care plans identified at the last inspection.
- The registered manager carried out a range of audits, which were completed at varying intervals. These included audits of care plans, accidents and incidents, infection control, complaints and medicines.
- Changes were made during the inspection to ensure the monitoring of both oral care and fluid charts were more effective in future. The care was taking place, but the care plan design needed modification, to support improved oversight of these care tasks in future.

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

- The registered manager had a strong presence in the home. There was an open culture and they were accessible to residents, relatives and staff. Relatives told us, "The registered manager is very good and approachable. He listens and is very reassuring."
- Staff retention was good and some staff had worked at the home for a considerable time. This supported a positive person-centred culture within the home as staff new people's needs very well.
- The interactions between staff and residents were friendly, respectful, and pleasant. Relatives told us, "I've been very impressed with the caring nature of the staff. They work very hard" and "Staff are very friendly. I get good feedback from them. It's like being part of a big family."
- The feedback from staff was positive. Staff told us the home was focused on achieving good outcomes for people. They said, "The staff team are motivated to do the best for the residents" and "I love it here. The manager and staff are very good. It is very friendly."
- The provider had continued to invest in the home since our last inspection. This had included a grant for a new sensory room and a newly built staff room in the garden to provide staff with quality space away from

the main home.

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

- The staff team had the skills, knowledge and experience to perform their roles.
- Staff members told us they found the management team supportive and approachable.
- The registered manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.
- A quality assurance system of scheduled audits was in place. This included regular checks of all areas including health and safety and medicines audits. Actions were identified for any shortfalls found.

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

- Staff told us the communication in place was good and they felt they were valued and listened to. Staff told us, "I feel confident to ask for help. I get regular supervision and I have the opportunity to raise concerns. Yes, I feel listened to" and "I get very good support here. They listen to me. Any concerns raised they respond and check it out."
- There was a good level of engagement with people and their relatives. They both told us they felt comfortable to raise concerns if needed.
- A recent relatives survey had been completed. Previous results were displayed in the foyer of the home.
- The feedback we received about the home was overwhelmingly positive. Relatives told us, "The communication is fantastic. The slightest things we are updated. I can ring at any time" and "The staff are very caring. When my [relative] was unwell they called and kept me informed."

Working in partnership with others

- Professional feedback was positive. One health and social care professional told us, "I can confirm that the staff at Oldfield Bank offer the highest standard of care. The staff have a personal one to one relationship with the residents and a full understanding of their individual needs."
- People were supported to access external professionals such as district nurses and podiatrists.
- A local commissioner acknowledged that there had been no complaints made to them and they had no concerns.

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 senior management team was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.